Oregon
John A. Kitzhaber, M.D., Governor

Department of Human Services
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2013-15 Ways and Means Hearings
Director's Letter from Department of Human Services
Erinn Kelley-Siel, Director

The mission of the Department of Human Services (DHS) is to help Oregonians in their own communities achieve safety, well-being and independence through services that protect, empower, respect choice and preserve dignity. DHS is responsible for the care of some of Oregon's most vulnerable citizens – children, families, people with intellectual and developmental disabilities, and seniors. DHS is also responsible for serving Oregonians at times when they are most in need – when they have experienced abuse, when they are hungry, when they are homeless.

The Department's ability to achieve its mission and carry out that responsibility has been significantly affected by several biennia of program reductions and the unprecedented increase in demand for services during the economic recession. Even so, agency employees and partners have redoubled their efforts to provide excellent customer service and maximize outcomes with the resources available.

The results of those efforts are evident in the following data:

- A 41 percent increase in the number of abused/neglected children who are served safely at home with their parents and avoid the trauma of foster care;
- Nearly 12,000 vulnerable adults (seniors, people with disabilities) protected over the course of one year;
- Wait-time for food stamp benefits going from nine days to same day/next day service for more than 90percent of the nearly 820,000 Oregonians served;
- A total of 1,671 seniors choosing to transition from nursing facility care to in-home and community-based settings;
- 67 percent of children and adults with developmental disabilities served in their own homes; and
- 11,064 people with disabilities and low-income parents going to work.

Proud of those accomplishments, but recognizing that the challenges of today demand a transformative, proactive approach to the ongoing and future delivery of human services, the Department is guided by the following principles:

- Focus on the needs of customers and communities, not on individual programs.

- Invest upfront to prevent the need for crises and higher cost services. Where possible, target investments to supports that will promote independence and avoid, delay or reduce the need for services.
- Transform service delivery models to address current gaps, anticipate future needs and to repurpose the time of people delivering services to allow for more time serving people and less time on paperwork and process.

To that end, the Governor's Recommended 2013-15 Budget for DHS advances those principles and improved results for Oregonians through support for several key areas of focus, including: Innovation and financial sustainability for Oregon's long-term care services for seniors and people with disabilities; Employment services and quality of care for people with Developmental Disabilities; and a transformed delivery of child welfare services in support of safe and equitable foster care reduction.

Recognizing that there will be difficult choices to make in the 2013-15 biennium, the Department is looking forward to the opportunity to work with the Legislature to break through traditional barriers and build capacity through outcome-oriented models and person-centered approaches. As discussions continue about what services Oregon can afford in these difficult times, DHS will maintain its commitment to innovation and transparency, prioritizing improvements that will use scarce resources efficiently and effectively. DHS's success in that effort depends upon nearly 7500 employees across the state, as well as upon thousands of community and service delivery partners, all of whom are dedicated to supporting and improving the lives of Oregonians.

Every year, more than one-million people rely on DHS services to meet their most basic needs, to be safe, to live as independently as possible, and to support their efforts to achieve economic independence.

It is on behalf of those Oregonians that I respectfully present this DHS budget.

Erinn Kelley-Siel, Director

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Governor's Recommended Budget for 2013-15 by DHS Program Area

Every year, more than one million people rely on services offered by the Department of Human Services (DHS) and our partners to meet their most basic needs: to be safe, to live as independently as possible and to support their efforts to achieve economic independence. DHS's success in that effort depends upon nearly 7,500 employees across the state, as well as upon thousands of community and service delivery partners, all of whom are dedicated to supporting and improving the lives of Oregonians.

Even though the revenue available for next biennium is less than what would otherwise be required to continue current services across state government, the Governor's Recommended Budget for 2013-15 (GRB) proposes to take advantage opportunities to re-focus Oregon's human services delivery model away from a reactive and expensive crisis oriented model toward a model with increased investment in early intervention, prevention and in-home services.

The GRB for DHS is guided by the following principles:

- Focus on outcomes, rather than on individual programs;
- Focus on the needs of customers and communities, considering changing demographics and anticipating future needs;
- Invest upfront to prevent the need for higher-cost services. Where possible, target investments to supports that will promote independence and avoid, delay or reduce the need for services; and
- Support the transformation of service delivery models to address current gaps, anticipate future needs and to repurpose the time of people delivering services to allow for more time serving people and less time on paperwork and process.

The following is a summary of the program investments proposed by the Governor to balance the DHS budget in a long-term, sustainable manner that -- as much as possible within current funding limitations -- serves the needs of Oregon's most vulnerable citizens.

Aging and People with Disabilities

The Aging and People with Disabilities program area provides services and supports to Oregonians over the age of 65 and to adults with physical disabilities. In 2011, more than 27,800 seniors and people with disabilities received Medicaid long-term care services as a result of the work of APD and its partners. Oregon's senior population is projected to grow from 502,000 to 950,000 by 2030. Currently, only about 4% of Oregon's senior population uses Medicaid-funded long-term care services. In order to

avoid a significant increase in demand on publicly-funded long-term care supports and services as the eligible population grows, it is critical to begin implementing strategies now that support healthy aging, meet the needs of an increasingly culturally diverse population and prevent or delay entry (as appropriate) into costly long-term care services.

The GRB provides a net $14.9 GF decrease (2.0%) and a $159.6 million TF increase (7.0%) in APD programs. The GRB assumes the continuation of the Nursing Facility Provider Tax and corresponding increases in Nursing Facility rates. In addition, the GRB assumes that Oregon receives additional Medicaid funding through transition of many services into a State Plan K Amendment. More specifically, the GRB includes:

- A $7.3 million GF investment ($13.7 million TF) to improve services to older Oregonians with mental illness, traumatic brain injury, and other dementia related diseases.

- An investment of $1.8 million GF ($6.8 million TF) in options counseling services to help Oregonians and their families make informed choices when long-term care services are needed.

- Investment of $3.0 million GF ($6.0 million TF) to implement a modern assessment, service planning and case management system to serve Oregonians.

- A $3.2 million GF investment to pilot innovative approaches to improving long-term services and supports and outcomes.

- A $675,000 GF investment ($2.0M TF) to improve the quality of nursing facility care by increasing staffing ratios for certified nurse assistants.

- A $2 million GF ($5.3 million TF) investment to support critical community capacity that can meet the needs of individuals with special needs.

- A $9.1 million GF ($29.2 million TF) investment in proposed rate increases for in-home and community-based providers to strengthen the Oregon home and community-based model.

- Investment of $2.5M GF ($5M TF) to increase access and quality of eligibility, case management and adult protective services through implementation of the workload model. This investment would result in APD staffing levels reaching approximately 95% of the workload model overall.

Developmental Disability Programs

The Developmental Disabilities program area serves over 21,000 children and adults with intellectual and developmental disabilities (I/DD) throughout their life span, and the

number of eligible individuals requesting services is increasing. The State, Counties, Brokerages, Providers, Families and Self-Advocates are all critical parts of Oregon's Developmental Disabilities service system that focuses on individuals with I/DD living in the community and having the best quality of life at any age.

To maintain the high level of customer satisfaction, and to maximize the system's efficacy and financial sustainability into the future, the GRB makes several strategic investments that depend on the state's ability to leverage additional federal funding targeted to I/DD services through transition of some services into a State Plan K Amendment.

More specifically, the GRB includes a net GF increase of $32.0 million over current LAB (6.1%) with a TF investment of $173.0 million (12.3%) in DD Programs, including:

- An investment of $1.2 million GF to expand family-to-family networks from 4 to 10.

- An investment of $9.4 million GF ($30.1 million TF) to increase integrated employment options and outcomes for transition age youth and for working-age adults with intellectual and developmental disabilities.

- Restore the Fairview Trust to pre-11-13 levels, adding $6.9 million GF.

- An investment of $2.4 million GF ($4.9 million TF) to implement a statewide electronic record keeping system that will improving the quality of care and increase the efficiency of the system.

- An investment of $7.4 million GF ($20.0 TF) to increase available funding for personal care workers and adult foster care providers, improving quality, stability and availability of services.

Child Welfare Programs

Child Welfare Programs serve children and families when children are subject to abuse and neglect in their home environment. Child protection workers respond to all reports of familial child abuse/neglect and, if a child cannot be safe at home, place children in foster care. In the last five years, Oregon has reduced its foster care population, concentrating on safety and is moving toward a system that prevents out-of-home placement (even of abused children) and increases timely and safe return to families. The cost of abuse and neglect – to children, to families, and to the state – is significant.

The GRB targets resources across programs designed to strengthen families, reduce the incidence of abuse and neglect, and transform the state's ability to respond to families in distress and at risk of entering the child welfare system. For vulnerable children and their families, these proposals will also strengthen health and education outcomes as the system innovations depend in part on local communities partnering in

new ways with Child Welfare and on locally driven decisions about filling service gaps that are specific to the needs of abused/neglected children and families.

The GRB recommends a GF increase of $68.3 million (17.5%) and a TF change of $109.7 million (13.9%) in Child Welfare programs, including:

- An investment of $23.6 million GF ($40.1 million TF) to transform the front-end of the Child Welfare system through the implementation of a Differential Response Model. This investment brings Child Welfare staffing levels to 80% of the workload model.

- An investment of $11.5 million GF ($29.5 million TF) in support of outcome-based, locally prioritized child welfare services that support statewide implementation of programs to strengthen, preserve and reunify families (SB 964 (2011).

- Two additional investments totaling $2.3 million GF ($3.7 million TF) to improve Indian Child Welfare Act compliance and enhance outcomes for Tribal children and their families.

- Continuation of the post-adoption program to 11-13 levels by backfilling one time funds of $108,000 GF.

- An investment of $750,000 GF to increase services available to runaway and homeless youth.

- An investment of $0.1 mil GF ($0.2 mil TF) in the DHS Oregon Licensing and Regulatory Oversight program to improve the safety of licensed child caring agencies.

Self Sufficiency Programs

Self Sufficiency programs are designed to help families achieve economic security with temporary supports for their most basic needs, such as food, health insurance coverage and child care, while working to meet their employment goals. The GRB provides a net GF increase of $89.7 million (29.4%) and a TF change of $116.4 (8.8% with non-limited FF SNAP funds, or a 13.3% increase without non-limited FF SNAP funding).

TANF: Oregon has recognized TANF as a prevention program that can support self sufficiency and family stability. To qualify, families with children must be living below 40% of the federal poverty level (FPL) ($616 per month for a family of 3). TANF has experienced unprecedented caseload growth since the downturn of the economy in 2008, and federal funding for the program has remained unchanged since 1996, making it increasingly difficult to adequately resource the program. The GRB makes the following recommendations regarding the TANF program:

- $1.1 million GF investment to support the increase in caseload costs.

- Investment of $46 million to maintain 2011-13 program eligibility levels (this represents a backfill of one-time revenues).

- Program elements are funded to reflect 2011-13 reductions (in pre- and post-TANF, etc.), and the HB 2049 (2011) sunset is extended for another two years.

- JOBS funding remains unchanged from 2011-13 levels of just under $60 million GF.

- Implementation of a 36 month, full family time-limit starting October 1, 2013 (with some exceptions). This would impact approximately 1,100 families per month.

- Continues funding the Modernization of DHS technology systems with investment of $7.1 million GF ($56.1 million TF).

- Self Sufficiency staffing levels at 71% of the workload model overall, including an increase in TANF case management staffing levels from about 35% to about 65%.

ERDC: The Employment Related Day Care program (ERDC) provides child care subsidies to approximately 8500 employed parents with incomes up to 185% ($2,823 per month for a family of 3), helping them to stay employed.

As part of his investments to enhance school readiness and improve services and supports to young children through the Early Learning Council, the GRB:

- Invested $11.2 million to backfill one time funds used in 11-13.

- Increases ERDC to over 9,000 cases on average for the 13-15 biennium (investing $1.5 million GF, $1.5 TF).

- In partnership with ELC, improve the quality of care through the training and other supports available to child care providers.

- Continues 2011-13 co-pay levels for parents.

Vocational Rehabilitation

The Office of Vocational Rehabilitation Service (OVRS) assesses, develops service plans and provides vocational rehabilitation services to youth and adults whose disabilities present impediments to employment. A total of 383,381 working-age adults experience a disability, but only 36% are employed.

The GRB proposal for OVRS:

- Invests $0.74 million GF ($2.7 million TF), strategically focusing on enhancing OVRS's ability to support the employment of individuals with Developmental Disabilities. This will allow OVRS to serve an additional 318 individuals.

Agency Administration

The Governor included an across the board reduction for all state agency administrative budgets, including DHS. DAS will be leading a process with state agencies which ultimately will result in a proposal to the Legislature recommending how best to meet the overall administrative reduction target.

Conclusion

In his budget message, Governor Kitzhaber says:

"My recommended budget for 2013-15 is guided by one simple premise: that all Oregonians deserve their shot at the American dream… There is no quick fix to the economic challenges Oregonians have faced over the last four years. Central to our success will be having the courage and discipline to look beyond the next two years to where we want Oregon to be in a decade and beyond. We share a vision that includes a strong middle class and expanding economic opportunity for every Oregonian in every community in the state. We share an expectation to raise our families in safe, vibrant neighborhoods with excellent, well-funded schools. And we are committed to the future generations of Oregonians whose prosperity depends on the decisions we are making today to wisely deploy the natural, human and financial capital of this great State. Let's take the next steps together."

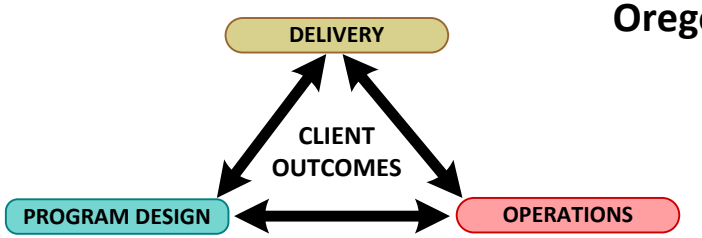
At the Oregon Department of Human Services, we support the Governor's vision for Oregon's future. The release of the GRB this week is the first step in a long process. Between January and the end of June 2013, there will be opportunity to provide input into the final Legislatively Approved Budget for the Department.

As discussions continue about what services Oregon can afford, DHS will maintain its commitment to innovation and transparency, and to prioritizing improvements that will use scarce resources efficiently and effectively.

If you have questions about the GRB budget proposal for the Department, please send them to communications.dhs@state.or.us and we will do our best to promptly get you the information you need.

~Erinn Kelley-Siel, DHS Director

Oregon Department of Human Services



DHS DIRECTOR
Erinn Kelley-Siel

- COMMUNITY ENGAGEMENT – Margaret Carter
- EQUITY/MULTI-CULTURAL SERVICES – Gloria Anderson
- TRIBAL AFFAIRS – Rick Acevado
- MEDICAL DIRECTOR – Vacant

DELIVERY

- Brokerages (13)
- Community DD Programs (29)
- State Operated Community Program Homes (23)
- Local APD Offices (34)
  District Offices (12)
- Area Agencies on Aging (17)
- Disability Determination
- Adoption Assistance
- Local Child Welfare Offices (45)
  District Offices (16)
- Local Self Sufficiency Offices (74)
- Vocational Rehabilitation Offices (34)

PROGRAM DESIGN

Developmental Disabilities
Patrice Botsford / Trisha Baxter

Aging and People with Disabilities
Mike McCormick (d) / Trisha Baxter

Safety and Permanency for Children
Lois Day / Jerry Waybrant

Self Sufficiency
Liesl Wendt / Jerry Waybrant

Vocational Rehabilitation
Stephaine Taylor / Jim Scherzinger

OPERATIONS

Chief Financial Officer
Eric Moore

- DHS Budget
- Budget Center*
- Forecasting*
- Financial Services*

Human Resources
Carolyn Ross

- Human Resources Center*

Communications
Gene Evans

- Publications*
- Forms/Distribution*

Legislative and Client Relations
Mickey Serice

- Legislative Relations
- Legal Relations
- Rules and Contested Hearings
- Governor's Advocacy Office

Chief Operating Officer
Jim Scherzinger

Internal Audits*

Business Intelligence
Angela Long

IT Business Supports
Trina Lee

Licensing and Regulatory Oversight
Donna Keddy

Adult Abuse Prevention & Investigations*
Marie Cervantes

DHS Continuous Improvement
Christy Williams

Performance Excellence*
Wes Charley

Program Integrity
Chuck HIbner

Payment Accuracy & Recovery*

Shared Services Liaison*
Jeremy Emerson

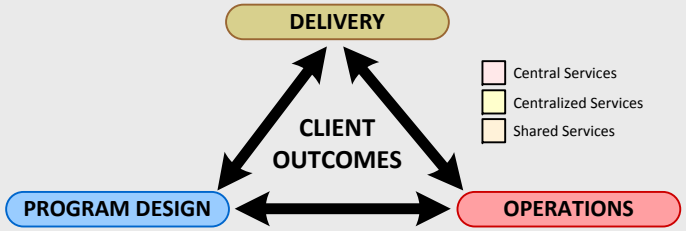
- Procurement*
- Imaging and Records Mgmt.*
- Facilities*

* Denotes a shared services provided to DHS and OHA

DHS Operations and Administration

Organizational Structure

LAST UPDATED 02/05/2013



Central Services
Centralized Services
Shared Services

DHS Director
Erinn Kelley-Siel

ADMINISTRATION

- **Executive and Administrative Support** — *Karrie Pitrof*
- **Community Engagement** — *Margaret Carter*
- **Tribal Relations** — *Rick Acevedo*
- **Medical Director** — *Vacant*
- **Multicultural and Service Equity** — *Gloria Anderson*
- **Communications (dedicated)** — *Gene Evans*
- **Human Resources (dedicated)** — *Carolyn Ross*
- **Legislative and Client Relations** — *Mickey Serice*

FINANCIAL OPERATIONS

Chief Financial Officer
Eric Moore

- **Resource Analysis and Mgmt** — *Wendy Gibson*
- **Budget (dedicated)** — *Ralph Amador*

- **Financial Services** — *Shawn Jacobsen*
- **Budget Center** — *Sara Singer*
- **Shared Services Budget** — *Dawn Werlinger*
- **Forecasting Research & Analysis** — *Betsy Jensvold*

BUSINESS OPERATIONS

Chief Operating Officer
Jim Scherzinger

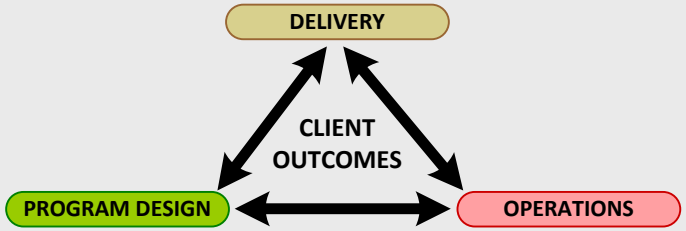
- **OBI - Business Intelligence** — *Angela Long*
- **OLRO - Licensing & Regulatory Oversight** — *Donna Keddy*
- **OPI – Program Integrity** — *Chuck Hibner*
- **OCI – Continuous Improvement** — *Christy Williams*
- **ITBS – IT Business Supports** — *Trina Lee*
- **OAAPI – Adult Abuse Prevention & Investigations** — *Marie Cervantes*

- **Payment Accuracy and Recovery** — *Chuck Hibner*
- **Internal Audits and Consulting** — *Dave Lyda*
- **Performance Excellence** — *Wes Charley*
- **Contracts and Procurement** — *Vacant*
- **Investigations and Training** — *Marie Cervantes*
- **Shared Services Liaison** — *Jeremy Emerson*
- **Facilities** — *Linda Riddell*
- **Imaging Records Management Services** — *Wendy Nelson-Baca*
- **Governor's Advocacy Office** — *Naomi Steenson*
- **Human Resources Center** — *Lisa Harnisch*
- **Publication and Design** — *Nick Kern*

DHS Office of Developmental Disabilities Services (DD)

Organizational Structure

LAST UPDATED 01/31/2013



PARTNERS

Chief Operating Officer DD/APD
Trisha Baxter

Developmental Disabilities Director
Patrice Botsford

DD Deputy Director
Mike Maley

State Operated Community Programs (SOCP)
Bob Clabby

- SOCP Administration
- SOCP houses statewide (23)

Support Service Brokerages (13)
- Full Access
- Inclusion, Inc.
- Child, Youth & Family Integrated Services Network, LLC
- Mentor Oregon Brokerage Metro
- Resource Connections of Oregon
- Creative Supports, Inc.
- Independence Northwest
- Self Determination Resources Inc.
- Southern Oregon Regional
- Eastern Oregon Support Services
- Mentor Oregon Brokerage Mid-Valley
- Community Pathways
- United Cerebral Palsy Association

Community DD Programs (CDDP)
- Baker County
- Benton County
- Clackamas County
- Clatsop County
- Columbia County
- Coos/Josephine/Curry (CLCM)
- Crook County
- Deschutes County
- Douglas County
- Gilliam/Morrow/Wheeler Counties
- Grant County
- Harney/Lake (EOHSC)
- Jackson County
- Jefferson County
- Klamath County
- Lane County
- Lincoln County
- Linn County
- Malheur County
- Marion County
- Multnomah County
- Polk County
- Tillamook County
- Umatilla County – State Operated: Bob Clabby
- Union County
- Wallowa County
- Wasco/Sherman/Hood River (Mid-Columbia)
- Washington County
- Yamhill County

Community Provider Entities
Providing: Residential Services
Employment / Day Supports

DD Program Administration
Patrice Botsford

Program Policy and Service Delivery
Corissa Neufeldt

Provider Support
Mike Maley

Children's Services and Family Supports
Bruce Baker

- Children's Residential
- Children's In-home
- Children's Behavior Wavier

ReBAR Program and Assessment Unit
Jan Morgan

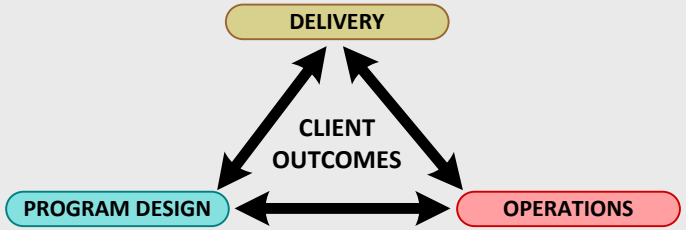
PROGRAM DELIVERY

PROGRAM DESIGN

DHS Office of Aging and People with Disabilities (APD)

Organizational Structure

LAST UPDATED 02/11/2013



PARTNERS

Chief Operating Officer DD/APD
Trisha Baxter

Aging and People with Disabilities Director
Vacant

APD Deputy Director
Mike McCormick

APD Field Services
Angela Munkers

District 1 / 16 Administration - *Jessica Soletez*

District 6 Administration - *(Jeanne Wright – County) Merry Bailey*

District 7 Administration - *Mike Marchant*

District 8 Administration - *(Dave Toler – County) Kathie Young*

District 9 Administration - *Carol Mauser*

- APD Hearings Representatives

District 10 Administration - *Vacant*

District 11 Administration - *Vacant*

District 12 Administration - *Vacant*

District 13 / 14 Administration - *Sandy Hata*

District 15 Administration - *Gene Sundet*

Delivery Partners

District 2 – Multnomah Co. (AAA) – *Peggy Brey*

District 3 – NWSDS (AAA) – *Rodney Schroeder Melinda Compton*

District 4 – Cascades West (AAA) – *Scott Bond*

District 5 – LCOG (AAA) – *Kay Metzger*

Collaborative Disability Determination
Erika Miller

- Presumptive Disability Determination
- Children's Benefit Unit
- State Family SSI / Pre-SSI

Disability Determination Services (DDS)
Mary Gabriel

PROGRAM DELIVERY

LONG TERM CARE POLICY SECTION

Financial Eligibility & Waiver
Dale Marande

Medicaid Long Term Care Policy
Jane Ellen Weidanz

Long Term Services and Supports
Elaine Young

ADVOCACY & DEVELOPMENT SECTION

Home Care Commission
Cheryl Miller

Advocacy and Development
Bob Weir

CENTRAL DELIVERY SUPPORTS SECTION

Central Delivery Supports
Nate Singer

MMA Buy-in and Kids Eligibility
Melvena Gorman

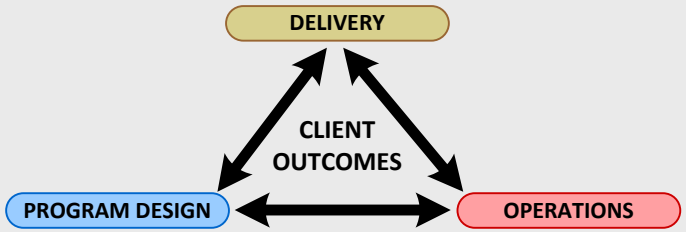
Provider Relations
Patty Hall

PROGRAM DESIGN

DHS Office of Child Welfare (CW)

Organizational Structure

LAST UPDATED 01/30/2013



Chief Operating Officer CW/SS
Jerry Waybrant

Child Welfare Director
Lois Day

CW Deputy Director
Maurita Johnson

PROGRAM DELIVERY

Field Services Administration
Sandy Dugan

- Field Services Administration
- Level of Care Unit
- EBT Replacement Unit
- CW Hearings Representatives

District 1 Administration
Lee Coleman

District 2 Administration
Jerry Burns

District 3 Administration
Rene DuBoise

District 4 Administration
Marco Benavides

District 5 Administration
John Radich

District 6 Administration
Lisa Lewis

District 7 Administration
Betty Albertson

District 8 Administration
Doug Mares

District 9 Administration
Tyler Flaumitsch

District 10 Administration
Pat Carey

District 11 Administration
Vacant

District 12 Administration
Linda Olson

District 13 Administration
Marilyn Jones

District 14 Administration
Wendy Hill

District 15 Administration
Jerry Buzzard

District 16 Administration
Kevin Aguirre

PROGRAM DESIGN

CW Innovations
Vacant

- Program Rules and Policy
- Technical Assistance and ICPC
- CW Training Unit
- OR-Kids

Well Being
Kevin George / AJ Goins

- Foster Care and Independent Living
- Residential Treatment and Licensing

Permanency
Kathy Prouty / Gail Schelle

- Post-Adoption Services
- Permanency
- Legal Services

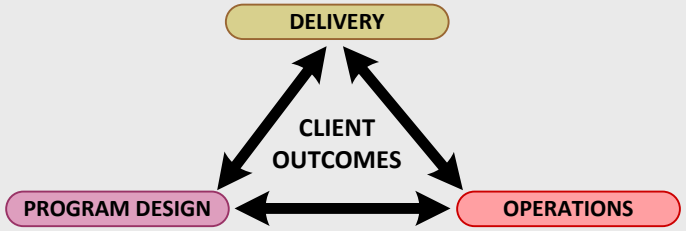
Safety
Stacey Ayers / Stacy Lake

Federal Compliance
Sherril Kuhns

DHS Office of Self Sufficiency (SS)

Organizational Structure

LAST UPDATED 02/11/2013



Chief Operating Officer CW/SS
Jerry Waybrant

Self Sufficiency Director
Liesl Wendt

SS Deputy Director
Carol Lamon

PROGRAM DELIVERY

Field Services Administration
Sandy Dugan

- Field Services Administration
- Level of Care Unit
- EBT Replacement Unit
- CW Hearings Representatives

District 1 Administration
Lee Coleman

District 2 Administration
Jerry Burns

District 3 Administration
Rene DuBoise

District 4 Administration
Marco Benavides

District 5 Administration
John Radich

District 6 Administration
Lisa Lewis

District 7 Administration
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District 9 Administration
Tyler Flaumitsch

District 10 Administration
Pat Carey

District 11 Administration
Vacant

District 12 Administration
Linda Olson

District 13 Administration
Marilyn Jones

District 14 Administration
Wendy Hill

District 15 Administration
Jerry Buzzard

District 16 Administration
Kevin Aguirre

PROGRAM DESIGN

SS Program Administration

- Administration Support
- SS Training Unit

SNAP and Youth Services
Belit Burke

- SNAP Program
- Youth Services
- Americorps / HOPE
- Business Analysts

TANF and Employment/Training
Xochitl Esparza

- TANF Programs
- JOBS Program
- TANF - Domestic Violence Survivors
- Family Support & Connections

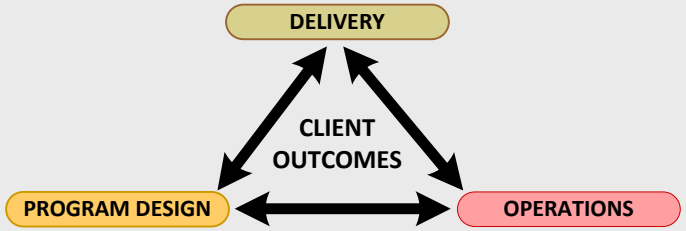
Child Care and Refugee
Rhonda Prodinski

- Child Care Program
- Refugee Program
- Direct Pay Unit

DHS Office of Vocational Rehabilitation Services (OVRS)

Organizational Structure

LAST UPDATED 01/30/2013



VR Operations
Jim Scherzinger
(DHS COO)

Vocational Rehabilitation Services Director
Stephaine Parrish Taylor

PROGRAM DELIVERY

OVRS Field Services
Joseph Miller / Vacant

- District Business Consultants
- **North Portland Branch** *Donna Duff*
- **Central Portland Branch** *Mary Shivell*
- **East Portland Branch** *Robert Costello*
- **Clackamas Branch** *Patrick Foster*
- **Washington Branch** *Vacant*
- **North Salem Branch** *Martha Dodsworth*
- **South Salem Branch** *Rhonda Meidinger*
- **Linn / Benton / Lincoln Branch** *Peter Norman*
- **Eugene Branch** *Bryan Campbell*
- **Springfield Branch** *Rocky Hadley*
- **Medford Branch** *Pete Karpa*
- **Roseburg Branch** *Amy Kincaid*
- **Bend Branch** *Gary Daniele*
- **Eastern Oregon Branch** *Susan Hughes*

PROGRAM DESIGN

OVRS Program Administration
Stephaine Parrish Taylor

- Admin and Support
- State Rehabilitation Council (SRC)
- Grant Coordination

Policy and Program Development
Travis Wall

- MIG Grant Unit
- Training Unit
- Project Access
- Policy and Program Support

Budget and Performance
David Ritacco

- Quality Assurance
- ORCA
- Contracts and Vendor Relations

State Independent Living Council (SILC)
Tina Treasure

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
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-
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
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
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.

Department of Human Services
2013-15 POLICY OPTION PACKAGES with subcomponents

					2013-15 DHS - GRB - POLICY OPTION PACKAGES								
Lead Program Area	**Summary Cross Reference (SCR)**	**Program Funding Team Policy Area**	**Comments (45 Character Limit)**	**Subtitle**	**General Fund**	**Other Funds**	**Federal Funds**	**Total Funds**	**POS**	**FTE**	**POP #**	**ORBITS POP #**	**LC #**
Central & Shared Services	010-40	Improving Government		C&SS Directors & Policy Workforce Strategy Investment	193,065	-	191,832	384,897	2	1.76	101-1	101	
Central & Shared Services	010-45	Improving Government		C&SS Shared Services OIT Workforce Strategy Investment	-	188,391	-	188,391	1	1.00	101-7	101	
Central & Shared Services	010-50	Improving Government		Computer Replacement and network infrastructure	1,071,139	7,068	1,071,139	2,149,346	-	-	101-8	101	
Central & Shared Services	010-50	Improving Government		C&SS Shared Services OIT Workforce Strategy Investment - SS Funding	135,564	-	53,464	189,028	-	-	101-9	101	
				SUBTOTAL POP 101	**1,399,768**	**195,459**	**1,316,435**	**2,911,662**	**3**	**2.76**			
Self Sufficieny	060-01	Healthy People		SS Workload Model Staffing POP				-	(13)	(5.37)	102-1	102	
Self Sufficieny	060-01	Healthy People		SS Modernization	7,121,232	14,360,000	34,655,471	56,136,703	-	-	102-4a	102	
Self Sufficieny	060-01	Healthy People		SS Modernization - Debt Service	878,597			878,597			102-4b	102	
				SUBTOTAL POP 102	**7,999,829**	**14,360,000**	**34,655,471**	**57,015,300**	**(13)**	**(5.37)**			
Self Sufficiency	060-01	Econ & Jobs	See Reduction List	Remove Inflation	(4,059,518)	-	-	(4,059,518)	-	-	103-2	103	
Self Sufficiency	060-01	Econ & Jobs	See Reduction List	Continue NNCR	(6,838,272)	-	-	(6,838,272)	-	-	103-3	103	
Self Sufficiency	060-01	Econ & Jobs	See Reduction List	Continue Job Quit	(910,234)	-	-	(910,234)	-	-	103-4	103	
Self Sufficiency	060-01	Econ & Jobs	See Reduction List	Continue Up Front Eligibility	(3,079,764)	-	-	(3,079,764)	-	-	103-5	103	
				SUBTOTAL POP 103	**(14,887,788)**	**-**	**-**	**(14,887,788)**	**-**	**-**			
				SUBTOTAL POP 104	**-**	**-**	**-**	**-**	**-**	**-**			
Self Sufficiency	060-01	Education		SS ERDC Increase Caseload	6,900,000	-	-	6,900,000	-	-	105-1	105	
Self Sufficiency	060-01	Education	See Reduction List	Remove inflation	(31,521)			(31,521)	-	-	105-2	105	
Self Sufficiency	060-01	Education	See Reduction List	Remove ERDC Self Employment	(1,971,022)			(1,971,022)	-	-	105-3	105	
Self Sufficiency	060-01	Education	See Reduction List	Remove ERDC Reduced Co-Pay	(3,414,691)			(3,414,691)	-	-	105-4	105	
				SUBTOTAL POP 105	**1,482,766**	**-**	**-**	**1,482,766**	**-**	**-**			

Department of Human Services
2013-15 POLICY OPTION PACKAGES with subcomponents

					2013-15 DHS - GRB - POLICY OPTION PACKAGES								
Lead Program Area	**Summary Cross Reference (SCR)**	**Program Funding Team Policy Area**	**Comments (45 Character Limit)**	**Subtitle**	**General Fund**	**Other Funds**	**Federal Funds**	**Total Funds**	**POS**	**FTE**	**POP #**	**ORBITS POP #**	**LC #**
Child Welfare	060-04	Safety		CW Post Adoption Program Buy Back	108,480	-	325,439	433,919	-	-	106-1	106	
Child Welfare	060-06	Safety		CW Diff Resp Positions	23,563,050	2,645,376	2,852,169	29,060,595	281	205.69	106-2	106	
Child Welfare	060-06	Safety		CW ICWA 25 Positions	2,245,746	-	1,313,170	3,558,916	25	18.75	106-3	106	
Child Welfare	060-06	Safety		CW ICWA Shift Diff	83,202	-	83,202	166,404	-	-	106-4	106	
Child Welfare	060-06	Safety		CW IV-E Foster Care Eligibility Rate	11,302,586	3,063	232,479	11,538,128	3	3.00	106-6	106	
Child Welfare	060-06	Safety		CW Licensing	90,793	-	90,230	181,023	1	0.88	106-7	106	
Child Welfare	060-02, 060-03, 060-04	Safety	See Reduction List	Inflation Removal	(4,186,523)	(381,087)	(4,071,607)	(8,639,217)	-	-	106-8	106	
				SUBTOTAL POP 106	**33,207,334**	**2,267,352**	**825,082**	**36,299,768**	**310**	**228.32**			
				SUBTOTAL POP 107	**-**	**-**	**-**	**-**	**-**	**-**			
APD	060-08	Healthy People		APD - APD Innovations and Pilots	3,200,000			3,200,000	-	-	108-1	108	
APD	060-08	Healthy People		APD-H&CBC Rate Increase	9,100,000	-	20,120,628	29,220,628	-	-	108-2	108	
APD	060-08	Healthy People		APD - Mental Health Enhancement	7,300,000	-	3,433,056	10,733,056	-	-	108-3	108	
APD	060-08	Healthy People		APD - Special Populations	1,983,845	-	3,324,523	5,308,368	-	-	108-5	108	
APD	060-08	Healthy People	See Reduction List	Reinstate NF Rates & Provider Tax	(18,724,663)	53,588,250	58,078,096	92,941,683	-	-	108-6	108	APD-12
APD	060-08	Healthy People	See Reduction List	Decrease NF Caseload	(19,043,254)	(1,826,568)	(35,594,637)	(56,464,459)	-	-	108-7	108	
APD	060-08	Healthy People	See Reduction List	K Plan Community Facilities	(33,981,384)	-	33,981,384	-	-	-	108-8	108	
APD	060-08	Healthy People	See Reduction List	K Plan In-Home	(29,173,206)	-	29,173,206	-	-	-	108-9	108	
APD	060-08	Healthy People	See Reduction List	Reinstate MFP	(770,180)	-	770,180	-	-	-	108-10	108	
APD	060-08	Healthy People		APD - Care Coordination and ADRC Development	1,800,000	-	5,022,752	6,822,752	5	4.40	108-11	108	
APD	060-08	Healthy People		APD - Implement Workload Model	2,518,044	-	2,504,125	5,022,169	32	32.00	108-12	108	
APD	060-08	Healthy People		LTC 3.0 Infrastructure	3,000,000	-	3,000,000	6,000,000	9	7.92	108-13	108	
APD	060-08	Healthy People		APD - Mental Health Enhancement	675,000	120,000	1,215,309	2,010,309	-	-	108-14	108	
				SUBTOTAL POP 108	**(72,115,798)**	**51,881,682**	**125,028,622**	**104,794,506**	**46**	**44.32**			

Department of Human Services
2013-15 POLICY OPTION PACKAGES with subcomponents

					2013-15 DHS - GRB - POLICY OPTION PACKAGES								
Lead Program Area	**Summary Cross Reference (SCR)**	**Program Funding Team Policy Area**	**Comments (45 Character Limit)**	**Subtitle**	**General Fund**	**Other Funds**	**Federal Funds**	**Total Funds**	**POS**	**FTE**	**POP #**	**ORBITS POP #**	**LC #**
DD	060-09	Healthy People		Family to Family Network	1,200,000	-	-	1,200,000	-	-	109-1	109	
DD	060-09	Healthy People		ReBar Rate Conversion for Employment	3,055,152	-	5,170,891	8,226,043	-	-	109-2	109	
DD	060-09	Healthy People		Employment First Impact to OVRS	743,055	-	1,992,550	2,735,605	10	8.80	109-3	109	
DD	060-09	Healthy People		Refill Fairview Trust	6,950,134	-	-	6,950,134	-	-	109-4	109	
DD	060-09	Healthy People		Contracted Service Costs Roll Up	4,856,426	-	8,219,574	13,076,000	-	-	109-5	109	
DD	060-09	Healthy People		In Home Support Services	7,426,020	-	12,568,648	19,994,668	-	-	109-6	109	
DD	060-09	Healthy People		Quality Assurance	3,428,160	-	3,407,600	6,835,760	40	35.20	109-7	109	
DD	060-09	Healthy People		Provider Capacity Conversion TA & Training	2,895,055	-	2,895,055	5,790,110	-	-	109-8	109	
DD	060-09	Healthy People		Electronic Record Keeping System	2,445,998	-	2,444,866	4,890,864	2	1.66	109-9	109	
				SUBTOTAL POP 109	**33,000,000**	**-**	**36,699,184**	**69,699,184**	**52**	**45.66**			
				SUBTOTAL POP 111	**-**	**-**	**-**	**-**	**-**	**-**			
				SUBTOTAL POP 112	**-**	**-**	**-**	**-**	**-**	**-**			
				TOTAL DHS POPs - not including OHA crossover POP	**(9,913,889)**	**68,704,493**	**198,524,794**	**257,315,398**	**398**	**315.69**			
APD	060-08	Healthy People	APD - Program transfer to OHA	Transfer of Medicare Buy-In programs back to OHA	(125,968,532)	-	(221,783,403)	(347,751,935)	-	-	201-1	201	
				SUBTOTAL POP 201	**(125,968,532)**	**-**	**(221,783,403)**	**(347,751,935)**	**-**	**-**			
				Grand TOTAL DHS POPs including OHA crossover POP	**(135,882,421)**	**68,704,493**	**(23,258,609)**	**(90,436,537)**	**398**	**315.69**			

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Central Services
Program Name: Central Services
Policy Option Package Initiative: N/A
Policy Option Package Title: Workforce Strategy Investment Central Office
Policy Option Package Number: 101-1
Related Legislation: N/A
Program Funding Team: Improving Government

Summary Statement:

DHS seeks to expand the funding related central services. This additional funding will allow the department to better serve program and provide support for personnel and management of program funding. This strategic funding proposal would add:

- Staff (OPA3 and OPA4) in support of increasingly complex agency wide projects in the Directors Office.

This investment will provide needed workforce in support of the Department of Human Services central offices which provide financial, employment, training and management support to allow the department to meet its goals of keeping people healthy, independent and safe.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$193,065**	**$0**	**$191,832**	**$384,897**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?**
Central Services for the Department of Human Services will hire additional staff in the Directors Office to increase support for staffing, policy and financial functions providing more oversight and training for program staff.

2. **WHY DOES DEPARTMENT OF HUMAN SERVICES PROPOSE THIS POP?**

3. **This funding proposal will allow the department to more effectively manage the resources available and provide training and oversight to improve outcomes.**

4. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?**
Improving client outcomes furthers the agency's goal of cultural competency and safety regarding clients we serve.

5. **IS THIS POP TIED TO A DHS/OHA PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS/OHA MEASURE THE SUCCESS OF THIS POP**?

6. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**
No.

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

8. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Although Central Office would continue to support the agency programs, the amount of support would be diminished and would delay implementation of training, fiscal policy decisions and staffing related issues.

9. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

10. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

This POP assumes that the positions will be phased in during the 13-15 biennium and will be starting at step two of the salary range.

Implementation Date(s): 9/1/2013 and out

End Date (if applicable): N/A

a. Will there be new responsibilities for DHS/OHA? Specify which Program Area(s) and describe their new responsibilities.
No.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

f. What are the ongoing costs?
See the budget figures below.

g. What are the potential savings?

h. Based on these answers, is there a fiscal impact?
Yes, see budget, below.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$193,065	$0	$191,832	$384,897	2	1.76
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Other	$0	$0	$0	$0		
Total	**$193,065**		**$191,832**	**$384,897**	**2**	**1.76**

DHS - Fiscal Impact Summary by Program Area:

	Diversity	Director's Office	Human Resources	Budget, Planning & Analysis	Legislative / Client Relations	Total
General Fund	**$0**	**$193,065**	**$0**	**$0**	**$0**	**$193,065**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$191,832**	**$0**	**$0**	**$0**	**$191,832**
Total Funds	**$0**	**$384,897**	**$0**	**$0**	**0**	**$384,897**
Positions	**0**	**2**	**0**	**0**	**0**	**2**
FTE	**0**	**1.76**	**0**	**0**	**0**	**1.76**

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Statewide Assessments and Enterprise-wide Costs
Program Name: Office of Adult Abuse Prevention and Investigation
Policy Option Package Initiative: N/A
Policy Option Package Title: Shared Services - Office of Investigations and Training
Policy Option Package Number: 101-7, 101-9

Program Funding Team: Improving Government

Summary Statement:

"This POP reflects changes to allow for balancing the Governor's budget based on recommendations from the Improving Government leadership team. Funding amounts on page 5 have been updated to reflect the reduced amounts in the Governors Balanced Budget."
The Office of Adult Abuse Prevention and Investigation is essential for ensuring safety for vulnerable populations groups including adults who receive mental health and/or developmental disability services, children in therapeutic services programs and adults over the age of 65 or who have a physical disability that reside in a long-term care setting or the community. This proposal provides an additional resource for quality assurance in this critical adult safety program.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$135,564**	**$188,391**	**$53,464**	**$377,419**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

Office of Adult Abuse Prevention and Investigations (OAAPI) has statewide responsibility for assuring protective services are provided; and for investigations of abuse and neglect for adults who receive mental health and/or developmental disability services, children in therapeutic services programs and adults over the age of 65 or who have a physical disability that reside in a long-term care setting or the community.

The Office is responsible for abuse and neglect responses in more than 6,053 licensed, certified or registered facilities and responded to more than 29,600 reports of abuse or neglect in 2010. OAAPI also ensures the provision of protective services and investigation responses by more than 278 staff in counties and local offices throughout Oregon.

This policy option package would fund one additional FTE to provide resources for appropriate level of quality assurance, quality improvement, technical assistance and oversight to 278 individuals currently in the delivery system through regional program coordination for performance of mission critical work.

2. WHY DOES DHS PROPOSE THIS POP?

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This proposal ties directly to the DHS mission of ensuring people are safe and living independently as possible as it increases safety assurance.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**
No.

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**
Not funding this proposal would create resource shortages in a critical safety area and adversely affect the quality of services. The Office of Adult Abuse Prevention and Investigation is essential for ensuring safety for vulnerable populations groups including adults who receive mental health and/or developmental disability services, children in therapeutic services programs and adults over the age of 65 or who have a physical disability that reside in a long-term care setting or the community.

8. **WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?**
None.

9. **WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?**

Implementation Date(s): _____

End Date (if applicable): _____

a. Will there be new responsibilities for DHS? Specify which Program Area(s) and describe their new responsibilities.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

None.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

None

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

One Program Analyst 2 – 21 months (phase in 10/13), permanent

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

None

f. What are the ongoing costs?

g. What are the potential savings?

h. Based on these answers, is there a fiscal impact?

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$153,435	$0	$153,435	1	1.00
Services & Supplies	$0	$34,956	$0	$34,956		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$135,564	$0	$53,464	$189,028		
Other	$0	$0	$0	$0		
Total	**$135,564**	**$188,391**	**$53,464**	**$377,419**	**1**	**1.00**

DHS - Fiscal Impact Summary by Program Area:

	OIT	Shared Services Funding	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$135,564**	**$0**	**$0**	**$135,564**
Other Fund	**$188,391**	**$0**	**$0**	**$0**	**$188,391**
Federal Funds- Ltd	**$0**	**$53,464**	**$0**	**$0**	**$53,464**
Total Funds	**$188,391**	**$189,028**	**$0**	**$0**	**$377,419**
Positions	**1**	**0**	**0**	**0**	**1**
FTE	**1.00**	**0.00**	**0.00**	**0.00**	**1.00**

What are the sources of funding and the funding split for each one?

(OIT) Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	$0	$0	$0
Medicaid (Comp Srce 0995)	$0	$0	$0
Other (Comp Srce 0975)	$189,028	$0	$189,028
Other (Comp Srce 0995)	$0	$0	$0
Other (Comp Srce XXXX)	$0	$0	$0

(Shared Services Funding) Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	$0	$0	$0
Medicaid (Comp Srce 0995)	$0	$0	$0
Other (Comp Srce 0995)	$0	$53,464	$53,464
Other (Comp Srce XXXX)	$0	$0	$0
Other (Comp Srce XXXX)	$0	$0	$0

2013-15 Policy Option Package

Agency Name:	Department of Human Services (DHS)/Oregon Health Authority (OHA)
Program Area Name:	Shared Services
Program Name:	Office of Information Services
Policy Option Package Initiative:	N/A
Policy Option Package Title:	Computer and Network Infrastructure Investments
Policy Option Package Number:	101-8
Related Legislation:	N/A
Program Funding Team:	Improving Government

Summary Statement:

"This POP reflects changes to allow for balancing the Governor's budget based on recommendations from the Improving Government leadership team. Funding amounts on page 2 have been updated to reflect the reduced amounts in the Governors Balanced Budget."
DHS and OHA will have up to 66% of active computers over five year of age which is beyond industry standard lifecycle and slows down productivity. The State Data Center has also not upgraded DHS/OHA network infrastructure in over nine years in many buildings including the Barbara Roberts and Portland State Office Buildings. Both the Network and outdated computers cause inefficient work processes due to how slow systems operate on these computers and systems. In addition, as modern systems such as HIX and Eligibility Modernization are implemented, a further strain on the performance of DHS and OHA IT systems will occur. The worst case scenario is that some computers will not support these modern applications. Older computers will also not support Windows 7 and Windows XP; support for these systems will be soon phased out by Microsoft. Due to DHS and OHA's reliance on IT systems to provide services and ensure safety of clients, modernizing the IT tools and Infrastructure is critical to the long term success of DHS and OHA in achieving program outcomes and ensuring health and safety of Oregonians.

Total GBB Reduced	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	1,737,806	2,366,211	1,737,806	$ 5,841,823
DHS	$1,070,139	$7,068	$1,071,139	2,149,346
OHA	$666,667	$2,359,143	$666,667	3,692,477

Total Agency Request	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	5,213,417	2,373,125	5,213,417	$ 12,799,959
DHS	$3,213,417	$7,068	$3,213,417	6,433,902
OHA	$2,000,000	$2,366,057	$2,000,000	6,366,057

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

The focus of activity for FY13-15 is on increasing program performance and delivery, caseworker effectiveness and efficiency; and client support. By addressing existing and growing gaps in three key areas (PC refresh, network performance and mobile computing/communications) OHA and DHS will be able to better meet agency and client needs while delivering increased performance through the support of transformation and modernization efforts.

a) PC Refresh—Meeting Client and Caseworker Needs

Establish a program for the regular replacement of agency information technology assets as required by the Department of Administrative Services. The Information Technology Asset Inventory/Management policy IRM 107-004-010 requires agencies to support standard lifecycles for agency Information

Technology (IT) assets. In 2011, DHS began replacing PCs that were incapable of supporting future needs (e.g. Windows 7, Office 2010). The allocation of $1 million by DHS represents a significant investment, but was slightly more than one third of what is needed to simply upgrade platforms that must be replaced. This Policy Option Package represents a long-term effort to fund for the replacement of systems at their end-of-life in order to meet ongoing technology needs for both DHS and OHA.

b) Network Infrastructure—Supporting Modernization, Improving Efficiency

Ensure the building infrastructure across all OHA and DHS facilities is capable of support the next generation of network-centric solutions. As modernization investments continue to place increasing demands on the OHA and DHS information technology infrastructure, a commitment to establishing and maintaining a high-performance network environment will be critical to meeting the needs of human services programs, health insurance plans and medical assistance efforts (i.e. Health Insurance Exchange, Health Information Exchange, Coordinated Care Organization web portals, health care analytics, etc.) will. Maintaining a responsive IT network that meets caseworker/client performance/usability demands is essential to the success of virtually all transformation/modernization efforts.

c) Mobile Computing—Increasing Responsiveness and Productivity

The increasing use of mobile devices—particularly smartphones and tablets—represents a significant shift in the way clients and caseworkers interact with technology. Legacy BlackBerry solutions are incapable of supporting the needs of the OHA and DHS community going forward, and this POP proposes replacement of the entire inventory with more modern hardware (Apple IOS, Windows 8 mobile, or Android). Replacement of the legacy BlackBerry phone infrastructure with a device that functions as a combination email agent, voice messaging agent, telephone (cellular/landline), video conferencing client and remote application delivery platform can provide OHA and DHS users with a range of capabilities unavailable in the current platform.

2. WHY DO DHS and OHA PROPOSE THIS POP?

As new software applications supporting Coordinated Care Organizations, Health Systems Transformation and the modernization of human services programs are released, performance problems associated with aging computer hardware and network infrastructure will become increasingly severe. The need for more processing power and higher network performance has already been experienced by users of two systems: MMIS and OR-Kids (memory in older systems was more than adequate at the time of purchase, but aging systems failed to meet agency needs and MMIS/OR-Kids users required memory upgrades).

During the 2011–13 biennium the Windows 7 operating system and Office 2010 will be rolled out to all users. The operating system and software applications are the current generation of products from Microsoft and will ensure OHA and DHS computers and computer generated products remain compatible across the agencies and with our public and private counterparts as they move in a similar direction. These changes will tax the capabilities of older systems. The resulting poor performance at the desktop PC level will reduce productivity and service delivery.

A 4-year PC lifecycle replacement is the accepted industry best practice for mainstream users to maintain acceptable computer performance for staff productivity. In addition, Microsoft operating system lifecycles typically follow a 4-year cycle from the release to obsolescence. The Windows 7 operating system is the current replacement for the decade old Windows XP platform. As part of the replacement of agency PCs, the technology consulting firm Gartner recommends refreshing the client operating system. This makes the next biennium a critical time for PC upgrades. Failure to replace all systems incapable of running Windows 7 will incur significant support costs to both agencies for the maintenance of the obsolete XP platform.

Maintenance costs on new PCs are covered under warranty, while those associated with an aging, out of warranty inventory are handled as a current expense covered by the business. Current PC vendors provide a 3 to 4-year warranty on systems. Extending the lifecycle beyond the 4-year warranty incurs additional costs (e.g. labor, parts and lost productivity) to maintain increasingly obsolete systems. The lost productivity associated with using and remediating installed systems causes resource issues/impacts, delays client service

delivery and shifts technical resources away from operations and toward remediating failing computers and infrastructure.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

Establishing a PC replacement program executed in parallel with efforts to remediate applications to run in the Windows 7 environment is essential. Given the limitations associated with an aging PC inventory and the operational demands of OHA transformation and DHS modernization, outdated legacy systems should be targeted for immediate replacement. Based on industry best practice, software demands, and hardware maintenance needs, DHS and OHA should strive to achieve a 4-year PC lifecycle replacement plan. In practice this would necessitate replacing approximately 2,750 systems per year (5,500 per biennium). Implementing a PC lifecycle refresh program requires significant investment—there are currently over 3,000 PCs that are greater than 5 years old. The replacement of these aging PCs has been deferred several times due to budget cuts.

4. IS THIS POP TIED TO A DHS or OHA PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS and OHA MEASURE THE SUCCESS OF THIS POP?

No.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No statutory changes are required.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

There are no practical alternatives. Windows XP has reached its end-of-life. The average PC in the inventory is already beyond replacement age. Network hardware in many buildings is nearly a decade old. The wide

area network infrastructure is demonstrably incapable of effectively supporting current needs, let alone future demands.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

The risks to OHA and DHS program delivery will be significant if the legacy PC inventory is not replaced, the network infrastructure is not upgraded and a forward-looking mobile communications solution are not implemented. IT functionality for both OHA and DHS with degrade increasingly over time until it is no longer supportable. The results will be severe for caseworkers and clients.

A key part of the caseworker environment is the personal computing platform used by staff. Microsoft's XP operating system has been at the center of OHA and DHS computing for over a decade. The majority of PCs in use are aging and many cannot support migration to Windows 7 or Office 2010. IT industry data indicates it can take 18 to 32 months to completely transition to a new operating system environment. While both OHA and DHS are a generation behind in operating systems and general office productivity applications, the problem will be further compounded when the next generation of products is released in late 2012.

Network infrastructure across the OHA and DHS agencies (both internal to buildings and Internet/SDC connectivity) is aging and in need of upgrade/replacement. A majority of the networking hardware in OHA and DHS facilities is 5 to 9 years old. The current wide area network transport infrastructure has been in place for over a decade at a majority of OHA and DHS locations and performance is sub-standard at many of these sites. Without a concerted effort to increase performance, the network as a whole will be unable to support currently projected demands.

The mobile communications solution that is currently fielded across OHA and DHS is the BlackBerry phone. These phones represent an aging platform, and the communications network run by Research-In-Motion (RIM) that is required to use the phones with email and instant messaging is both proprietary and outdated. The emergence of Apple's IPhone and Android smartphones (from various vendors) has

dramatically shifted the mobile market. In addition to increased usability and functionality, more modern mobile phones can execute applications beyond anything the legacy BlackBerry is capable of supporting.

Transitioning to a more open platform that does not require a proprietary network simplifies the architecture and opens up a range of potential solutions, including "Bring Your Own Device—BYOD." A final and quite serious concern is the viability of the RIM corporation (maker of the BlackBerry) going forward. RIM is facing serious challenges that make newer technologies, open platforms, agency specific application storefronts and the risk associated with the current solution critical considerations for OHA and DHS business operations.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

N/A

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): July 1, 2013

End Date (if applicable): _____

a. Will there be new responsibilities for DHS or OHA? Specify which Program Area(s) and describe their new responsibilities.

No new responsibilities.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

No.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

PC Refresh	**# of months**	**Type**
One (1) ISS5 PC Build Team	21 months	Permanent
Four (4) ISS4 PC Build Team	21 months	Permanent
Network Infrastructure	**# of months**	**Type**
Four (4) ISS6 Infrastructure Techs	21 months	Limited Duration
Mobile Computing	**# of months**	**Type**
One (1) ISS6 Tech	21 months	Permanent
Two (2) ISS4 Tech	21 months	Permanent

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

Start-up Cost Estimates

PC Refresh	
Replace personal computers in 2013-15 to achieve 4 yr lifecycle	$702,487
Network Infrastructure	
LAN/WAN Infrastructure upgrades	$300,000
Mobile Computing	
Mobile Phone Replacement	$25,000
Collaborative Infrastructure Servers	$75,000

f. What are the ongoing costs?

Ongoing Cost Estimates

PC Refresh	
Replace 260 PCs each month (6,240 per biennium)	$8,005,920
Mobile Computing	
Mobile Device Management (MDM)	$48,000
Collaborative Infrastructure Servers	$336,000

g. What are the potential savings?

N/A

h. Based on these answers, is there a fiscal impact?

PC Refresh	GF	OF	FF	TF	Position	FTE
Personal Services	$ 0	$ 628,795	$ 0	$ 628,795	5	4.40
Services & Supplies	$ 348,075	$ 343,827	$ 354,412	$1,046,314		
Special Payments	$ 488,862	$ 0	$ 486,386	$ 975,248		
Subtotal	**$836,937**	**$ 975,622**	**$840,798**	**$ 2,650,357**	**5**	**4.40**

Network Infrastructure	GF	OF	FF	TF	Position	FTE
Personal Services	$ 0	$ 609,213	$ 0	$ 609,213	4	3.52
Services & Supplies	$ 150,000	$ 238,300	$ 150,000	$ 538,300		
Special Payments	$ 426,186	$ 0	$ 423,872	$ 850,058		
Subtotal	**$ 576,186**	**$ 847,513**	**$ 573,872**	**$ 1,997,571**	**4**	**3.52**

Mobile Computing	GF	OF	FF	TF	Position	FTE
Personal Services	$ 0	$ 417,351	$ 0	$ 417,351	3	2.64
Services & Supplies	50,000	$ 128,725	50,000	228,725		
Special Payments	274,683	$ 0	273,136	$ 547,819		
Subtotal	**$ 324,683**	**$ 546,076**	**323,136**	**$ 1,193,895**	**3**	**2.64**

Note: OF Limitation is built into this POP to support Shared Services Funding.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	0	$ 1,655,359	0	$ 1,655,359	12	10.56
Services & Supplies	$ 548,075	$ 710,852	$ 554,412	$ 1,813,339		
Special Payments	$ 1,189,731	0	$ 1,183,394	$ 2,373,125		
Other	0	0	0	0		
Total	**$1,737,806**	**$ 2,366,211**	**$ 1,737,806**	**$ 5,841,823**	**12**	**10.56**

DHS/OHA - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**0**	**0**	**0**	**$0**	**$ 1,737,806**
Other Fund	**0**	**0**	**0**	**$0**	**$2,366,211**
Federal Funds- Ltd	**0**	**0**	**0**	**$0**	**$1,737,806**
Total Funds	**0**	**0**	**0**	**$0**	**$5,841,823**
Positions	**0**	**0**	**0**	**0**	**12**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**10.56**

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Field Services
Program Name: Self Sufficiency Program Delivery and Design
Policy Option Package Initiative:
Policy Option Package Title: Self Sufficiency Staffing Initiative
Policy Option Package Number: 102-1
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:				

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

We will repurpose and re-class 176 eligibility workers in stages throughout the biennium with approximately 100 positions being re-classed at the beginning of the biennium and the rest in the 2nd half of the biennium as efficiencies are gained through technology of an Eligibility Automation associated with modernizing our service delivery.

2. WHY DOES DEPARTMENT OF HUMAN SERVICES PROPOSE THIS POP?

Appropriate and timely services to families living on less than 43% of the Federal Poverty level is crucial to ensuring that citizens of Oregon or Healthy and Safe. The addition of case management staff will allow engagement services for Self Sufficiency clients in the TANF program. This doesn't create a new program but allows the existing program to operate at improved potential.

Case managers are responsible for services to TANF clients in providing family stabilization supports, referrals and assessments to assist families to improve their health, safety and independence through increase employment outcomes. Without additional case managers DHS will continue to not be available to families in need of services. The addition of case managers will have an impact on our JOBS program providers by increasing referral for services, supporting clients to attend and participate in activities for Self Sufficiency. This increase is expected to result in caseload containment, potential caseload reduction (dependent on economic conditions) and increase participation in meeting federal participation standards.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

The mission of the Department of Human Services is to help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity. Self Sufficiency case managers support this mission by working directly with TANF families to identify barriers, develop case plans, conduct home visits and provide community referrals to address barrier removal in support of employment placement and family stability. Improvements in the staffing of case managers will:

- Directly support people to be safe and live as independently as possible by providing the ability for clients to receive timely and appropriate services to remove barriers and receive assistance for self sufficiency
- Improve the ability to provide equal access, service excellence and equity for all
- Support strong community and business relationships by increasing referral for JOBS services, providing more immediate response to business partners experiencing concern with client outcomes.
- Retain a highly qualified effective and valued workforce. Currently the workload greatly exceeds the ability to provide an effective service and is affecting our staff ability to remain employed.
- Increase Employment Outcomes for citizens we serve

4. IS THIS POP TIED TO A DEPARTMENT OF HUMAN SERVICES PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DEPARTMENT OF HUMAN SERVICES MEASURE THE SUCCESS OF THIS POP?

Increased employment;
TANF Re-Entry;
TANF Family Stability;
Teen Pregnancy;
Participation rate;

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No change in existing statute is required
No new statute is required.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

The only alternative is to not increase the number of case managers available to provide supports to TANF clients. This alternative will result in continued caseload and client instability.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Caseload will continue to be unstable (continued growth); Federal Participation Penalty will continue for future Federal Reporting years; Family stability efforts will further erode.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

None known at this time.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

- Eligibility Automation is delivered on time in 2013
- Continued increase in on-line application submittals
- Acceptance of the system is achieved by July 2014 and workload savings of approximately 10 minutes (averaged) per intake and recert are realized
- Initial positions are funded at 21 months
- There are vacant HSS3 positions to repurpose in the re-class package
- Case Managers continue to be filled at 100% of allocation

- Caseload savings are re-invested in JOBS to further support caseload reduction through outcomes
- Vacancy fill rates return to 100% in the 2013-15 biennium for all classifications

Implementation Date(s):

October 1, 2013 person/position re-class of 100 eligibility workers to X number of HSCM's (will need to prepare package ahead of time and will use some of the HSS3's to fund the reclassification to SR 21).
July 1, 2014 position re-class of remaining 76 eligibility worker positions to X number of HSCM's (will need to prepare package ahead of time and will use some of the HSS3's to fund the reclassification to SR 21)

End Date (if applicable): Ongoing

a. Will there be new responsibilities for Department of Human Services? Specify which Program Area(s) and describe their new responsibilities.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

Additional case managers will provide increased service to current caseload providing a stabilizing factor for the TANF caseload with potential reduction of 10% over the biennium. This reduction

would be realized through program outcomes of increased TANF Employment, reduced TANF re-entry, TANF Family Stabilization and reduced Teen Pregnancy.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

Existing positions will be modified.

It is estimated the added responsibility for managing performance-based contracts and adding contracted services will impact both central office and field staff.

Modified existing positions:

- Repurpose/Re-class positions: Re-class 100 eligibility worker (HSS3) positions to HSCM and fill at 21 months as HSCM's – will not be 100 HSCM's as some of the HSS3's will need to be used for funding the reclassification.
- Re-class the remaining 76 eligibility worker (HSS3) positions to HSCM and fill at 12 months as HSCM's (will not be 76 HSCM's as some of the HSS3's will be used to fund the reclassification)

Future Biennia all repurposed/re-classed positions will be 24 months.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

f. What are the ongoing costs?

g. What are the potential savings?
Caseload savings (10% of TANF caseload reduction) reinvested to fund positions.

h. Based on these answers, is there a fiscal impact?

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0	(13)	(5.37)
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Other	$0	$0	$0	$0		
Total	**$0**	**$0**	**$0**	**$0**	**(13)**	**(5.37)**

DHS - Fiscal Impact Summary by Program Area:

	SS - Delivery	SS – Design	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Positions	**(13)**	**0**	**0**	**0**	**(13)**
FTE	**(5.37)**	**0.00**	**0.00**	**0.00**	**(5.37)**

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name:	Department of Human Services (DHS)
Program Area Name:	DHS
Program Name:	DHS Modernization
Policy Option Package Initiative:	DHS has the capacity to meet client's needs
Policy Option Package Title:	DHS Modernization
Policy Option Package Number:	102-4
Related Legislation:	N/A
Program Funding Team:	Healthy People

Summary Statement:

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. 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.

Oracle software (called a "stack") purchased by DHS and OHA facilitates agency ability to establish a foundation based on business functions - comprehensive case management (intake, assessment, determination, authorization of services) including intelligent, informed referrals to community and provider services. DHS will be able to track service success and send enhanced referrals based on outcomes with a system that tracks provider services and quality and who we send. Instituting and leveraging data warehouse and master data management capabilities will enable DHS to establish performance metrics and share data in ways not currently possible because of the limitations of existing siloed systems. Technology solutions will enable expanded service access providing increased flexibility for clients through increased client touch points. Combined business service transformation and technology solutions will maximize client self service and improve client choices with respect to how much they need to engage in person.

This initiative includes re-engineering the client experience, the way case workers interact with clients, the interface between the client and DHS, delivery of benefits and replacement of aging technology systems far past their usability. Current manual, paper intensive processes are cumbersome and make information sharing extremely difficult will be automated and streamlined.

DHS Modernization has expanded from a singular technology focus to include modernization of the approach DHS uses to perform work and deliver services. This request recognizes the connection between transforming service delivery and technology. Technology re-engineering and replacement are one tool supporting a myriad of service delivery elements including access, eligibility, enrollment, notification, service/benefit utilization, from maintenance to closure.

Automating eligibility determination will lead to increased accessibility, quality, accuracy, timeliness and improved accountability. Information will be stored and accessed through a data warehouse that supports federal, state and local operational management and statistical reporting.

Strategically, technology solutions will enable unified case management, a data warehouse based on the principles of master data management, data strategy and data architecture, and a payments system that will replace multiple, disparate payments solutions. The solutions implemented will lay a technology foundation that will further leverage and extend support for other DHS services including intake and screening, case management, permanency, certification, case planning, licensing, provider systems, protective services and developmental disabilities.

More broadly though, our efforts include examining and transforming how we design our facilities, the facility needs, how we connect with our clients and how we expand choices for client engagement. Service delivery locations will utilize the new technology in concert with the need for face-to-face contact.

To achieve these goals and the expanded view of agency modernization, we've extended the end date for overall modernization from the initial estimate of 6 years to 10+ years. This will extend overall costs, but the end result will be a significant reduction in the total technology systems used to support DHS – from the current 80+ to a handful of enterprise solutions. This will result in far greater efficiency for case workers in all areas – the ability to view clients and cases in a holistic manner, and having just one version of the truth for data. Technology support will be dramatically improved, time spend implementing policy and other requests will improve significantly and total cost of technology ownership should decline over time.

Continued funding is needed to support business process re-engineering efforts within the business and implement technology solutions leveraging the Oracle solution set purchased by DHS/OHA in 2011. Additional funding is necessary to continue to support and maintain both existing legacy solutions until their functionality has been replaced and they are retired as well as support in new capabilities as they are implemented.

The Department of Administrative Services, (DAS) authorized the use of Certificate of Participation, (COP) to fund the project. The first payment for Principal in the amount of $605,000 and Interest in the amount of $273,597 is due in 2013-25 for a total of $878,597.

	General Fund	General Fund Debt Service	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$7,121,232**	**878,597**	**$14,360,000**	**$34,655,471**	**$57,015,300**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This POP will enable clients to access benefit information, receive assistance easily at all hours, apply for benefits online and make changes to their circumstances in real time or in person. Case workers will be able to focus their time on activities that maximize the value added to clients and further the agency's mission. Staff will have processes and technology that minimize their administrative work, create additional efficiencies, and ensure accuracy, adequate documentation and consistency in outcomes. The entire system will cost less and produce data to access progress and manage service delivery. Staff will be able to shift from an eligibility focus to a case management and problem-solving approach. Strategically, this shift will build capacity within the client's circumstances to enhance self sufficiency, safety and choice.

DHS client service begins with client interest, and then moves through the application process into client intake, eligibility determination, then benefit authorization and coordination. DHS Modernization will

transform eligibility services by providing clients with online access channels to determine availability of programs and services, apply for services electronically and track and manage their accounts remotely. One key goal of DHS Modernization is to automate complex eligibility determination, which benefits clients and improves caseworker accuracy and efficiency.

This policy option package continues efforts that began in 2007-09 to improve Oregonians' access to DHS services, automate manual processes and modernize aging systems. DHS case worker staffing levels are significantly below demand, based on current client populations and approved workload model estimates. This gap increases wait times for clients to be assessed for eligibility and receive services. Case workers spend a significant amount of time processing paperwork, performing data entry in multiple systems and manually determining eligibility. Eligibility determination is an error-prone process which compromises data sharing for comprehensive case management. Unified case management is critical to long-term efficiency and accuracy.

Legacy technology solutions are aging and fragile with many custom-built, non-standard interfaces between systems. The result is a technical environment that makes case worker tasks difficult and inefficient, requiring them to enter the same data multiple times into different systems. Information is not readily shared between systems – reporting is extremely challenging in this environment. Current technology is expensive and cumbersome to support. It is complicated, time-consuming and expensive to make system and interface changes in response to federal or state mandates and support caseworker needs.

DHS Modernization efforts are anticipated to continue through the 2015-17 biennium and represent an estimated investment of over $85 million to fully automate and modernize systems and services.

When realized, DHS clients, case workers, policy and technology will have a fully modernized service delivery and technology environment. Case workers will have automated solutions that support efficient and accurate eligibility determination. Clients will have access to multiple channels to apply for programs/services, update changes to their information, renew their benefit claims, check claims status, or schedule and confirm appointments. Eligibility determination will be automated. Data will be captured electronically at its source, reducing paper and paper management for caseworkers. Case workers will have a cohesive system for capturing and maintaining client information, notes, tracking family stability, safety, needs, assessments and employment readiness activities. Data will be available for accurate reporting. Changes in response to policy will be predictable, rapid, and much less expensive to implement than the current legacy systems.

Technology solutions will be enterprise class, architecturally sound, adhere to industry best-practices, and emphasize solution configuration over custom development in alignment with the DHS/OHA strategic technology plan. Data for management and decision making will be robust, complete and accurate. Error rates will be reduced so there are fewer over-payments and associated recoveries, and ratings will improve for program electroni review (PERM). Duplicate data will be reduced or eliminated and data will be maintained in a secure systems environment which can be scaled to meet business needs.

Primary focus of 2013-15 Project Activities

The primary focus of DHS Modernication in 2013-15 will be to continue the incremental, modular approach to transform the business service model and implent technology solutions. Planned efforts will focus on solution delivery case management, financial payments and data architecture, strategy and data warehouse functions.

This functional focus applies to business and technology transformation activities and lays the foundation for future DHS Modernization activities beyond eligibility.

1. **Case Management**
   - Implement base case management solution on the Oracle platform and begin migrating functionality and data performed by various DHS systems such as Oregon ACCESS and TRACS to an enterprise level platform.
   - Expand solutions implemented in 2011-13, which include configuration and implementation of a client portal allowing clients to apply for SNAP, Medical, TANF and ERDC benefits using an integrated, on-line application to schedule online appointments with case workers and access their case information.
   - Update Oregon Rules configured in Oracle Policy Administration (OPA) across SNAP, TANF and Medical providing rules information needed to support full eligibility determination.
   - Integrate eligibility determination for SNAP, TANF and Medical.
   - Continue transforming case management from existing partial case management legacy systems (e.g., TRACS and Oregon Access) to the Oracle platform, moving toward a unified DHS Case Management system.

- Configure and implement an Oracle case worker portal to manage intake, assessment and client eligibility determination for SNAP, TANF, Medical, and ERDC. Create accessibility, functionality and data sharing with other DHS programs (Developmental Disabilities, Adult Protective Services, Child Welfare, and Vocational Rehabilitation).
- Implement telephony solutions including call routing, interactive voice response and web chat.
- Automate notices to clients including appointments, benefits, approvals, closures and reductions.

2. **Financial Systems**

- Configure interfaces for key legacy systems including SNAP, case manager (CM) and the Medicaid Management Information System (MMIS) for seamless continuation of benefit payments using existing legacy solutions while transferring functionality to the Oracle platform.
- Develop foundational capabilities to delivery financial payments and benefits using Oracle. This capability will be leveraged and extended to ultimately replace more than 20 different financial payments systems.

3. **Data Management – Strategies, Architecture, Warehouse**

- Extend Master Data Management system to integrate additional sub-systems as defined and approved. Examples could include: MMIS, OR-ACCESS, Client Maintenance, Food Stamps Management Information System, etc., moving towards retirement of the existing legacy Client Index system.
- Establish analytical reporting for service analytics, partner analytics, case management analytics and contact center analytics.
- Utilize benefit delivery systems (electrical benefits transfer (EBT) card) as a passport of additional client information.

Total Estimated Cost: 2007-2017 (in millions)

	2007-09	*2009-11*	*2011-13*	*2013-15*	*2015-17*	*Total*
DHS Transformation / Business Process Re-engineering	$0	$0	$1.50	$2.60	$10.00	$14.10
Support and maintenance *(new solutions, infrastructure and services in parallel with sustaining legacy systems)*	$0	$0	$1.00	$16.80	$6.00	$23.80
Case Management • *Client Portal* • *Caseworker Portal* • *Eligibility Automation* • *Telephony*	$3.20	$8.64	$17.50	$21.50	$3.00	$53.84
Data Warehouse / Financial Systems *(replacing Legacy Back end Systems)*	$0	$0.80	$3.20	$15.00	$20.00	$39.00
Total	**$3.20**	**$9.44***	**$23.20**	**$55.90**	**$39.00**	**$130.74**

**** 2009-11 funding of $12.76 million was estimated as follows for projects:***
Client online application - $2.5 million
Caseworker online application processing - $2.5 million
Eligibility automation - $5.0 million
Telephony - $0.5 million
Modernization planning - $1.5 million

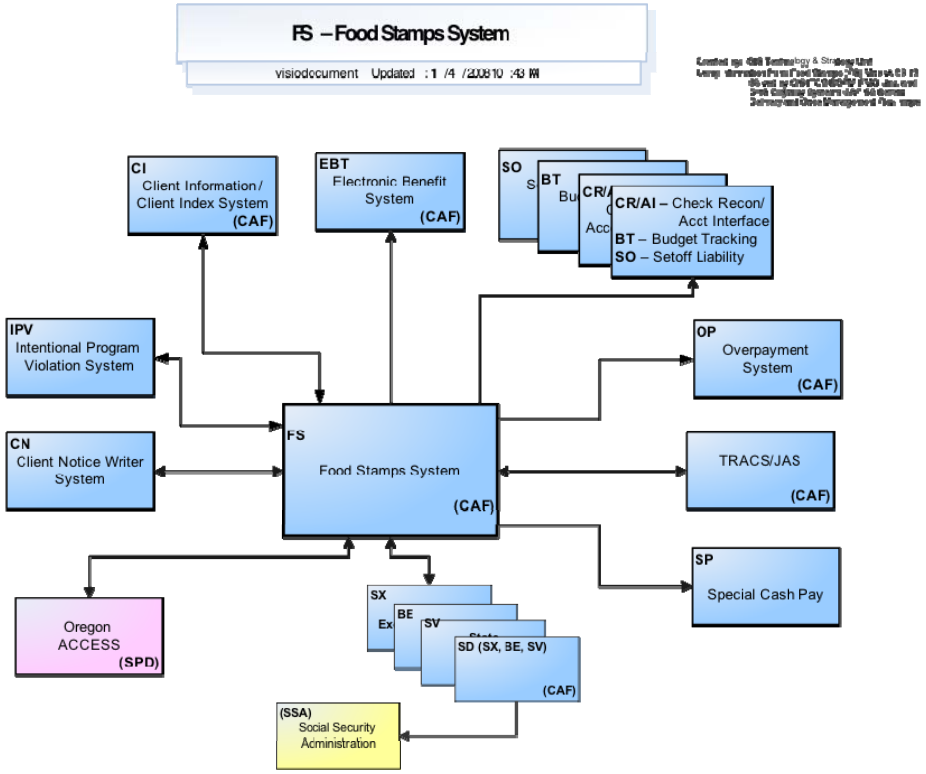
2. WHY ARE DHS AND OHA PROPOSING THIS POP?

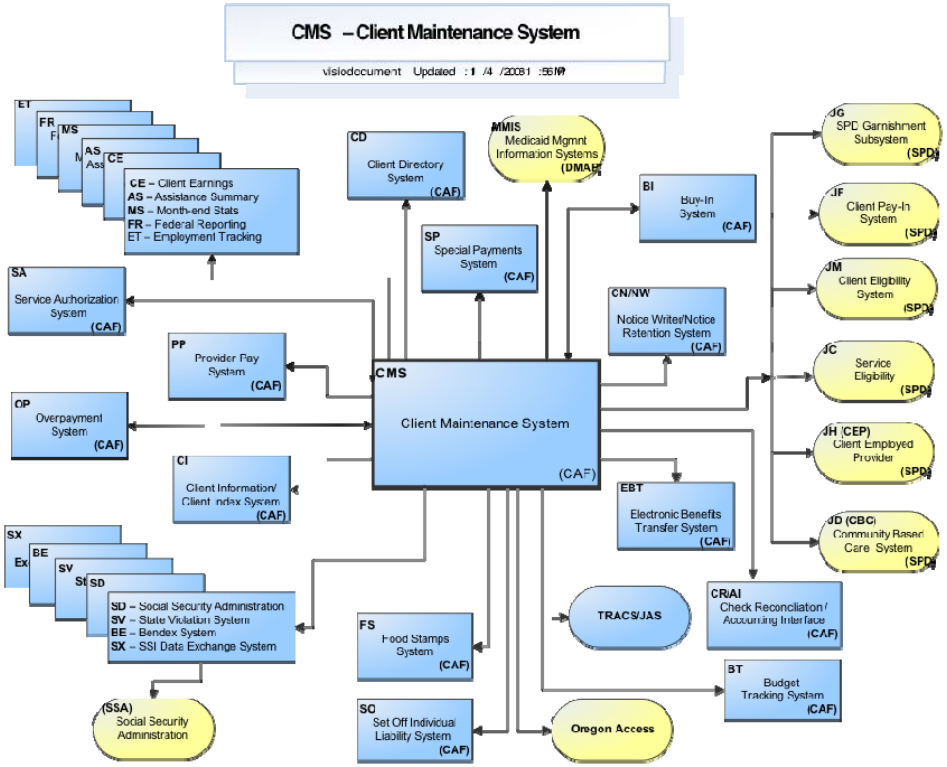
Oregon's self eligibility systems were designed and implemented in the 1970s and early 1980s and were primarily meant to generate payments. The eligibility process is still mostly manual and paper-driven. DHS has incorporated the LEAN system to streamline and increase service delivery efficiencies. However the touch points and basic service delivery model remain unchanged. DHS is now assessing transformational ways to improve service delivery and increase the right level of client interaction and support without increasing staff levels.

Transformation of DHS services, initially focused on eligibility is critical to ensure uniform access for clients across the state; current access to data and management of case files are largely branch office dependent. Client information required to determine eligibility is heavy touch and paper based. Substantial manual effort including keying of data into systems and calculation of eligibility is manual. Case files and case management is paper-based and therefore not readily transferable between caseworkers.

Existing systems do not meet the needs of caseworkers or clients, and continue to put children and families in need at risk. There are two primary legacy systems -- SNAP (FSMIS) and the Client Maintenance System (CMS). There are over 35 additional subsystems used to provide, track and maintain caseworker/client interaction information for SNAP, TANF, ERDC and Medical benefits to clients. These systems have over 100 interfaces to other systems within DHS and OHA and with other external entities.

Graphics showing the two current primary state systems – Food Stamps and Client Maintenance





Both the current Food Stamp and Client Maintenance systems:

- Were developed in the 1970s and early 1980s making them 30-40 years old. Both systems have weak interoperability and require manual and duplicate data entry.
- Require significant caseworker time to perform data entry and deal with system inefficiencies – time that could be much better spent providing direct services to clients.
- Require significant effort to implement code changes in response to policy and legislative actions. These code changes are time consuming, repetitive, and expensive because of the systems complexity. Using

these outdated technologies does not employ service-oriented architecture and re-use principles. The programming languages used for these systems are no longer readily supported by the general IT industry.

- Increase error rate probability due to manual decision processes and complexity of eligibility rules. These errors lead to both over- and under-payment of program benefits.
- Require staff with a unique talent-set to maintain. Because the legacy systems utilize outdated programming languages, it has become increasingly difficult to hire new staff that understands the legacy technology. Furthermore, DHS understands that significant numbers of currently employed technicians will soon qualify for retirement. Comprehensive succession planning is critical.

Utilizing updated rules-based systems will reduce staff calculation errors and increase accuracy of eligibility review audits mandated the federal government. This will in turn improve data accuracy and strengthen the eligibility determination processes.

The limitations of existing systems supporting Oregon's eligibility services include:

1. There is no comprehensive view of a client's service support. Caseworkers only have access to partial case data, limiting information on services a client is receiving and the ability to track other services essential to improving family well-being.
2. System inefficiencies reduce case worker contact with families. Inefficient systems and lack of automated medical determination contribute to high medical eligibility error rates, and excessive administrative and clerical workload for caseworkers, resulting in less time spent providing direct services to clients in need.
3. Data duplication increases security risks and reduces data integrity. This also impacts reporting accuracy and efficiency for client-based programs. SNAP, TANF, ERDD and Medical systems do not use a data warehouse for retrieving uniform data. Duplicate information is stored in multiple systems, with different data structures, security protocols, access and authentication processes.
4. Mandatory reporting is time-consuming, burdensome and more difficult because of the current manual processes. Mandated reports require pulling information from multiple, unconnected systems to produce program outcome information and provide data on accuracy, improvements and accountability. Report data are summary only, requiring staff to manually extrapolate detail for reporting purposes.

There are significant potential points of technical failure in the more than 35 systems supporting support self sufficiency service delivery and one hundred interfaces between these systems and other systems within and outside of the agency. Many systems utilize obscure or outdated programming languages for which there are very limited technical resources and which require unique staff skill sets. It's almost imposible to secure "emergency" staff to make the mandatory code changes. This creates significant risk in the department's ability to support and sustain these solutions.

5. Technical staff who support these systems spend the majority of their time providing maintenance (break-fix). Any system modifications or changes, whether to repair an existing problem or respond to legislative mandates, require extensive testing because of system complexity and interfaces. Changes to any system have a very high probability of impacting others. Resolving system problems is challenging, time consuming and expensive. Support is further complicated by the multitude of platforms and languages used in the various systems. This complexity requires staff to be well-versed in a broad variety of computing disciplines. The risk profile for systems support is high, because staff is highly fragmentation, there's a low ratio of staff to individual systems, and a lack of system documentation.

Field staff and DHS clients will benefit through improved internal processes and external client experience.[1] Benefits that Oregon expects from self sufficiency modernization include:

1. **Adding new channels of access for customers to improve the client experience:**
   - Streamlined decision cycles and improved service response time
   - Increased avenues of client access to DHS services
   - Increased client satisfaction through use of modern, interactive, accessible technology
2. **Improving caseworker capacity and retention due to ability to focus more time on direct client services:**
   - Increased productivity for caseworkers due to heightened ability to focus on case work
   - Increased ability for field supervisors to manage caseworker caseloads and monitor case work

[1] Kost, J. *Strategic Technology Map for Government Human Services Agencies*. Gartner, Research Paper ID Number G00149643. 23 July 2007

- Increased process efficiency due to workflow refinements

3. **Reducing training time for new staff due to automation of complex medical determination:**
   - Reduced case-worker learning curves
   - Reduced error rate due to automation of manual decision trees
   - Reduced errors due to reduction of repetitive and duplicative manual data entry

4. **Improving system and reporting information for management staff:**
   - Improved tracking of program outcome measures through improved data accuracy and access
   - More efficient interfaces with Child Welfare, Seniors and People with Disabilities and Public Health
   - Improved monitoring and tracking;
   - Ability to provide adequate and efficient documentation of services and referrals
   - Improved system response time and ease of use
   - Improved accuracy and completeness of client case forecasting using on-line session statistical data
   - Improved accuracy of federal and state reporting by capture of essential reporting criteria and data
   - Improved data accuracy due to reduction of repetitive and duplicative data entry
   - Reduced response time and risk of implementing new policies, legislative mandates, business rules and operational changes, and time and cost to implement federal guidelines through standardized development protocols
   - Reduced technology response time to code policy changes and legislative mandates
   - Improved security to bring DHS into compliance with state and federal requirements

5. **Reducing internal process complexity for staff and managers:**
   - Increased accuracy of forecasting for DHS budget allowances
   - Increased accuracy of benefit level determination resulting in reduced overpayments
6. **Improving program information for DHS management:**
   - More efficient data and program support for service programs and federal grant programs
   - Ability to provide information needed to improve performance, increase efficiency and deploy limited resources more effectively, supporting integrity, stewardship and responsibility
   - Comprehensive service statistics including accuracy, timeliness and performance in meeting key outcome goals
   - Information across program services assisting resource allocation, budgeting processes and legislative requests
   -
7. **Enabling and supporting strategic initiatives, and meeting DHS infrastructure needs:**
   - Aligned technology systems and support for CAF needs
   - Aligned to the DHS technology roadmap
   - Aligned to industry-standards and best-practices
   - Aligned to the principles of code re-use and service oriented architecture principles
   - Reduced system and procedure complexity
   - Reduced number of technology platforms and interfaces, and reduced development and testing time for system changes
   - Technologies with sustainable architecture
   - Transition planning and training to transform the skills of current maintenance and development staff from obsolete technologies to current technology skill sets

- Improved ability to hire technical staff that have the skill sets needed to make system modifications

As underlying technology shifts to a modular architecture, changes to application systems in response to legislative rule changes will be easier to develop, test and implement. This change will lead to long-term improvements in technology support efficiency and effectiveness. These improvements will provide caseworkers more time to focus on improving the accuracy, timeliness and quality of the support they provide to Oregonians in need.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

Modernization of business service delivery coordinated with dynamic technology solutions will allow DHS to serve Oregon citizens more effectively and assist them on their path to become independent, healthy and safe. Improved access to data will help program administrators, management and supervisors improve performance, identify outcomes accurately and deploy limited resources more effectively. These solutions help serve Oregon's most vulnerable populations.

4. IS THIS POP TIED TO A DHS or OHA PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS and OHA MEASURE THE SUCCESS OF THIS POP?

This POP directly supports the following DHS Key Performance Measures:

- #4 – SNAP UTILIZATION: The ratio of Oregonians served by SMAP to the number of low-income Oregonians.
- #5 – SNAP ACCURACY: The percentage of accurate SNAP payments.
- #17 – CUSTOMER SERVICE: Percentage of DHS customers rating their satisfaction with the agency's customer service as "good" or "excellent."

The following performance measures also will be supported through this POP:

- Percentage of accurate payments

- Percentage of total client applications submitted online
- Utilization rate for caseworker tools

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No statutory changes are required.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

DHS procured enterprise-class Oracle software solution in 2011 which serves as the foundation for modernization and delivery of expanded technology capabilities. A brief summary of options is listed below:

1. Expand and enhance current systems.

   Neither feasible nor cost effective.

2. Purchase or transfer a comprehensive self sufficiency system solution secure system integrator capabilities to support implementation.

   This approach establishes an on-going dependency on a system integrator for long term system support which is very expensive over time.

3. Purchase an enterprise solution set with the flexibility to configure to Oregon needs without the long-term support of a system integrator.

   Oregon has chosen and is actively using this is the approach which is providing a high level of flexibility, relatively quick to market implementation and the benefits of a sustainable technology solution highly applicable for enterprise level use.

4. Custom develop a comprehensive new self sufficiency system.

   This alternative was used to deliver some interim capabilities while determining the best overall solution to

support eligibility needs and serve as an enterprise level foundation for other technology and business transformation. Custom developed solutions are expensive to develop and costly to maintain over time. It is also virtually impossible to keep custom applications up with technology progress and is challenging to establish solutions robust enough to serve as enterprise class platforms.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Not funding this package will compromise Oregon's ability to meet client needs as efforts to realize a full case management system, enable retirement of existing system which are now at high risk of catastrophic failure and will prevent DHS from transforming its service delivery model to one that can improve its service capabilities without continued increases in the cost of providing those services. The result will be compromises and heightened risk to client safety and wellbeing, along with diminished case workers ability to serve them as the population at risk increases. Oregon's ability to support Health Care Reform requirements will also be compromised. Investments made to date will not leveraged without integration.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

A number of agencies will be affected by the approval of this POP. These include:

- AAA Community Partners – improved access to solutions, data and reporting for services to Senior Citizens
- Oregon Employment Department – improved access to data and reporting for Employment Related Daycare hearings
- Oregon Department of Justice – improved access to data on services to children
- The Commission for the Blind will have access to more timely and accurate statistics of people with vision challenges. This supports better identification of needs and improves services to the vision-impaired

- Children and Families Commission access to improved reporting supports better coordination, community mobilization and coordination among community groups, government agencies, private providers and other parties of programs and initiatives for children 0-18 and their families
- The Economic and Community Development Department will have access to improved reporting. This supports improved investing in human capital and promotes innovation
- Housing and Community Services access to better statistics will result in better forecasting

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): July 1, 2013

End Date (if applicable): June 2017-19 retirement of remaining legacy systems, final migration of solutions to maintenance.

Key assumptions affecting this POP are:

- All QA Vendor and QC Vendor costs are development costs, not maintenance costs
- Unspent COP and limitation will be carried forward into base for funding 2013-15 efforts. This amount is anticipated to range between $2-4 million.
- Hosting services and costs are accurately estimated
- Hardware, software and hosting services are available and the systems environment supports current versions of technology such as web sphere
- Federal funding will be at 90% for all Medical efforts
- Resources with the necessary skills including project managers and developers will be readily available
- Business partners will have adequate capacity to engage in requirements definition, design review and approval, solution selection and user acceptance testing
- Staffing estimates include a mix of permanent, limited duration positions and consulting services
- Annex facilities will be needed to house the project team

a. *Will there be new responsibilities for DHS or OHA? Specify which Program Area(s) and describe their new responsibilities.*

For the Department of Human Services: Field service staff will have new data to capture decision points for client benefit applications. There will be a new responsibility for information retrieval and an additional system to manage while the project is in development and being implemented. When technology solution implementation is completed the overall number of system interactions will be reduced and data retrieval improved. DHS Program staff will be responsible for ensuring that rules are communicated timely and input into the Eligibility Automation system to avoid inaccurate benefit determinations.

For the Oregon Health Authority: OIS will have new systems to support including interfaces to other major systems such as MMIS. Until the existing legacy systems are modernized and/or replaced, OIS will be supporting a more significant technology environment on behalf of DHS in terms of both number of systems and complexity.

b. *Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).*

1. Human Resources – additional hiring for project resources
2. Information Security/Privacy – additional workload to protect data
3. Document Management – support management of document workflow
4. Audit and Consulting
5. Information Services (computers) – training for maintaining new systems; additional staff until new systems fully implemented and legacy systems sunset
6. Financial Services (accounting) – additional interfaces and finances, additional accounting costs for COP

7. Facilities – additional space to house project team and contractors, and analysis of the effects of service delivery changes to current field structure of buildings, leases, etc.
8. Contracts and Procurement – additional contracts and amendments
9. Budget, Planning and Analysis – additional budgeting and planning to assess and track project costs
10. DHS Office of Communications – additional communications during development and after as workers learn and share information

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

Clients will have access to benefits through their online accounts. Potential clients will be able to assess programs/service availability online and have improved access options to DHS services.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

Additional permanent and limited duration positions will be needed within DHS business and OHA: OIS technology areas to effectively develop, manage, and interface with the development and implementation of new technology solutions. Permanent positions within the business are necessary to perform new functions for the business which include: define a business-centric data management strategy, develop new approaches to service delivery from a caseworker/field perspective and to be heavily involved in the core business analytics required to establish master data management, develop Oregon specific rules for eligibility, and long term manage updates and changes to business rules required due to legislative and other policy actions.

Additionally, these resources will function as data stewards which are another new responsibility for the business. New permanent positions are necessary in OIS to support new solutions including the Oracle infrastructure which do not exist today. Business Systems Analysis functions, including documenting requirements, configuring workflow and managing workflow changes in Oracle are new roles and

responsibilities which do not exist today. The BSAs are also responsible for creating test plans, test scripts and managing and facilitating the testing process for initial solution implementation and on-going enhancements. These resources will work in concert with existing staff, contractors and integration vendor consultants in the development and planning efforts and will shoulder the on-going support within the business and technology areas into perpetuity.

Permanent Positions	**Strategy**	**Type**
Business Analysis (DHS program) Four (4) Administrative Specialist 2 One (1) Electronic Pub Design Spec 3 One (1) Procurement & Contract Spec 1 Two (2) OPA3 Business Analysts One (1) OPA1 Business Analysts Four (4) OPA4 Business Analysts One (1) PEME Manager	Create permanent position authority and on-going funding within the DHS program area.	Permanent
Business Systems Analysis & Project Managers (OIS) Four (4) OPA4 Business Systems Analysts Two (2) OPA3 Business Systems Analyst One (1) OPA2 Business Systems Analyst Three (3) PM3 Project Managers Three (3) PM2 Project Managers Two (2) PM1 Project Coordinator One (1) PEMD Manager	Permanent positions reside in OIS. These positions will be needed to support incremental modernization activities throughout development and once operational.	Permanent
Oracle Infrastructure & Service Desk Support (OIS) Four (4) ISS8 Technical Support Three (3) ISS7 Technical Support Two (2) ISS6 Technical Support Two (2) ISS4 Technical Support	Permanent positions supporting operations & maintenance of new functionality.	Permanent

Limited Duration Positions	# of months	Type
Business Analysis (DHS program) Four (4) OPA4 Business Analysts	24 months	Limited Duration
IT Project Positions (OIS) One (1) PEMF Three (3) PEME Two (2) PEMD One (1) PEMC Eight (8) ISS8 Three (3) ISS7 Four (4) ISS6 Five (5) ISS5 One (1) ISS4 Two (2) ISS3 Three (3) PM2 One (1) PM1 Two (2) TDS2 Eleven (11) OPA3 Two (2) OPA2 Four (4) OPA1 One (1) Accountant 4 One (1) AS2 One (1) AS1	24 months	Limited Duration

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

Start up costs for DHS Modernization include SDC services, system development, consulting services, software licensing and training.

Start-up Cost Estimates

SDC Services	$1,500,000
Consulting Services - Oracle consulting services - Insight into National trends, solutions, etc	$20,000,000 $500,000
Oracle support costs for On Demand, software, Exa services and Exa software (represents DHS Modernization share of total cost) Oracle Software Support for Siebel, and Tech ($1,122,328) Oracle Exa Software TX ($333,333) Oracle Exa Hardware Support TX ($28,166) Oracle Exa Software Support UT ($297,297) Oracle Exa Hardware Support UT ($253,353) Peoplesoft Support ($263,145) On Demand Support (4,925,077) Subtotal $7,222,699	$7,222,699
Training	$500,000
Start-up Costs	**$29,722,699**

f. What are the ongoing costs?

On-going costs for DHS Modernization are for SDC costs and software licensing. When existing mainframe solutions are retired at end of 2015-17 biennium there is potential for reduction in SDC costs. Additional staff to support the releases of the systems are required throughout the development lifecycle. Permanent position authority and funding will be needed in OIS to support the new technology solutions which replace manual, paper-driven processes.

On-Going Cost Estimates

Oracle support costs for On Demand, software, Exa services and Exa software (represents DHS Modernization share of total cost) Oracle Software Support for Siebel, and Tech ($1,122,328) Oracle Exa Software TX ($333,333) Oracle Exa Hardware Support TX ($28,166) Oracle Exa Software Support UT ($297,297) Oracle Exa Hardware Support UT ($253,353) Peoplesoft Support ($263,145) On Demand Support (4,925,077) Subtotal $7,222,699	$7,222,699
Training	$300,000
Debt Service	**878,597**
On-Going Costs	**$8,401,296**

g. What are the potential savings?

Anticipated savings include improved client access; streamlined client benefit application capabilities; automation of eligibility determination; and increased accuracy of client benefit placement which will leverage federal dollars more effectively and potentially result in tangible savings of state funds. System support is expected to be more efficient as the self sufficiency technology shifts from the complex, aging

solutions environment in place today to a modern, streamlined non-duplicative one. Technology improvements are expected to enable caseworkers to focus on client services, supporting Oregon citizens toward the goal of being independent, healthy and safe.

*Caseworker productivity is anticipated to benefit as a result of decreased manual, duplicate data ent*ry, automation of manual processes and complex business rules for program eligibility determination and case management functions. Future caseload related staff workload based modeling will incorporate changes to work model resulting from these efforts. Benefits to OIS will result from decreased time to market for development and implementation of technology solutions. Reduced testing cycles and increased product quality are other benefits of the technology shift.

Potential savings associated with implementation of a modernized self sufficiency system include:

i. Reduced data storage costs due to consolidation of duplicate data from disparate systems
ii. Reduced data security costs and risks due to data consolidation in the data warehouse
iii. Reduced number of batch jobs due to integration of two major self sufficiency systems into one
iv. Reduced number of distributed servers due to technology streamlining sunset of side-systems
v. Reduced number of reports needed to support the field, reduces State Data Center processing costs
vi. Cost avoidance due to increased accuracy and reduced over payments

h. Based on these answers, is there a fiscal impact?

	GF	OF	FF	TF	Position	FTE
Permanent Positions						
Personal Services	$3,484,031	$0	$10,346,568	$13,830,599		
Services & Supplies	$3,637,201	$0	$24,308,903	$27,946,104		
Limited Duration Positions						
Personal Services	$0	$3,344,196	$0	$3,344,196		
Services & Supplies	$0	$586,421	$0	$586,421		
Oracle Hosting & SDC						
Services & Supplies	$0	$3,373,809	$0	$3,373,809		
Other S&S (non-employee)						
Services & Supplies	$0	$6,880,568	$0	$6,880,568		
COP Cost of Issuance	$0	$175,006	$0	$175,006		
Debt Service						
Debt Service	$878,597	$0	$0	$878,597		
Total	**$7,999,829**	**$14,360,000**	**$34,655,471**	**$57,015,300**	**0**	**0.00**

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$3,484,031	$3,344,196	$10,346,568	$17,174,795		
Services & Supplies	$3,637,201	$11,015,804	$24,308,903	$38,786,902		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Debt Service	$878,597	$0	$0	$878,597		
Total	**$7,999,829**	**$14,360,000**	**$34,655,471**	**$57,015,300**	**0**	**0.00**

DHS/OHA - Fiscal Impact Summary by Program Area:

	Self Sufficiency Program Design	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$7,999,829**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$14,360,000**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$34,655,471**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$57,015,300**	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

DHS/OHA Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	$0	$0	$0
Medicaid (Comp Srce 0995)	$0	$0	$0
Total	**$0**	**$0**	**$0**

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Office of Self Sufficiency Programs
Program Name: Child care Program
Policy Option Package Initiative:
Policy Option Package Title: Increase the Employment Related Day Care (ERDC) caseload cap
Policy Option Package Number: 105-1
Related Legislation:
Program Funding Team: Education

Summary Statement:

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 over 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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$6,900,000**	**$0**	**$0**	**$6,900,000**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?** The ERDC caseload is currently capped at 8,500. This policy option would increase the ERDC caseload cap to allow more low income working families to access high-quality child care.

2. **WHY DOES DHS PROPOSE THIS POP**? ERDC helps very low income working families from a variety of cultural and linguistic backgrounds arrange and pay for quality child care. Stable high-quality child care contributes positive outcomes to early childhood development and school readiness. To be eligible for the program, a family's income must be less than 185 percent of the 2012 Federal Poverty Level. For a family of three, this amounts to $2,944 gross income per month. ERDC and families share the cost of child care. Families choose their child care provider and ERDC pays the provider directly for the State portion of the payment. The amount ERDC pays is based on the type of care and hours needed. Families pay a portion, called a copayment, of the child care bill. The copayment is based on a sliding scale depending on the family income and size. As the family's income increases, the parent's share of the child care cost increases while still remaining affordable. Currently, the ERDC program serves less than 20 percent of eligible Oregon families. This POP would allow more low income working families to receive ERDC. The ERDC program is a vital support that helps parents stay employed and gain self sufficiency. Providers employed by ERDC clients are contributing members to local economies throughout the state.

3. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?** Child care that supports children's development, especially in the early years, helps children succeed in school and better prepares them for their future. Early learning opportunities for children are generally provided for by the parents. Access to quality child care for low-income families is important so that their children also have the same

opportunities to develop cognitive, social, emotional and behavioral skills to be ready for school. Low-income families are faced with difficult choices when it comes to child care expenses. They may rely on an older sibling, or a variety of family or friends. This may lead to inconsistent or unstable care that interferes with the employment of the parent. Research shows that ERDC is critical in helping low-income families maintain employment. The Governor's Early Learning Council (ELC) embraces the importance of investing in measureable, progressive qualify child care.

4. **IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP**? Yes, this is tied to the access to quality child care performance measure and aligns with the goals of the Early Learning Council.

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE?** No **IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?** N/A

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?** If families are not able to receive ERDC supports they may not be able to access quality child care and maintain employment. This may lead to instability in the family and may cause them to access other more costly services. Child care providers may also be affected as more parents are unable to pay for child care.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?
Oregon Employment Department as the lead agency for CCDF would be affected because this reduces the amount of state expenditures that count toward MOE.

The following Child Care stakeholders, and advocate groups would be in support of this policy option package: Children First, Oregon Association for the Education of Young Children, One Voice for Child Care, Children's Institute, Oregon ASK, Oregon Community Foundation, child care providers and provider unions – AFSCME (American Federation of State, County and Municipal Employees) and SEIU (Service Employees International Union), Head Start and Oregon Child Care Resource and Referrals. The Oregon Employment Department Child Care Division also supports increasing the ERDC caseload cap.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP? The pricing of this POP is based on the Spring 2012 forecasted cost per case.

Implementation Date(s): Immediate upon passage

End Date (if applicable): Ongoing

a. Will there be new responsibilities for DHS? No **Specify which Program Area(s) and describe their new responsibilities.**

b. Will there be new administrative impacts sufficient to require additional funding? No **Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be**

affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

c. Will there be changes to client caseloads or services provided to population groups? No
Specify how many in each relevant program.

d. Will it take new staff or will existing positions be modified? No **For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**

e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?** N/A

f. **What are the ongoing costs?** N/A

g. What are the potential savings? N/A

h. Based on these answers, is there a fiscal impact? Yes

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$6,900,000	$0	$0	$6,900,000		
Other	$0	$0	$0	$0		
Total	**$6,900,000**	**$0**	**$0**	**$6,900,000**	**0**	**0.00**

DHS - Fiscal Impact Summary by Program Area:

	ERDC	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$6,900,000**	**$0**	**$0**	**$0**	**$6,900,000**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$6,900,000**	**$0**	**$0**	**$0**	**$6,900,000**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one? This would be 100% general fund.

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Child Welfare Programs
Program Name: Adoption Services
Policy Option Package Initiative:
Policy Option Package Title: Post Adoption Program Buyback
Policy Option Package Number: 106-1
Related Legislation: Not applicable
Program Funding Team: Safety

Summary Statement:

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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$108,480**	**$0**	**$325,439**	**$433,919**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

Post adoption services will end on June 30, 2013 without a policy option package. This POP will allow us to continue our contract with ORPARC for post adoption and guardianship services for families who provide permanency to 12,000 Oregon DHS children.

2. WHY DOES DHS PROPOSE THIS POP?

Most adopted children, because they suffered early deprivation or maltreatment, come to their new families with elevated risks for developmental, physical, psychological, emotional, or behavioral challenges. The issues and dynamics present in these permanent placements are often not understood by adoptive parents or the professionals they contact, or the families understand the issues but still struggle to meet the demands of parenting very high needs and challenging children. Post adoption services provides information and referral, education and training, support groups, mentoring, advocacy, and crisis intervention. Crisis intervention is a crucial part of this service in keeping these families intact. Allowing post adoption and guardianship services to expire is first a potential disincentive for families to adopt or become guardians of special needs children because families will know that the supports they receive in foster care will end with adoption or guardianship. It will also potentially increase the number of children returning to foster care or residential treatment because families in crisis will be unable to receive the support and advocacy they need within their homes. The 1,619 initial and follow up contacts received in a one year period by the post adoption services program will be deferred to branch offices who neither have the staff to respond, nor the expertise and competency to provide the needed level of services and advocacy for these families.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

Safe and equitable reduction of children in foster care is a primary goal of the Office of Child Welfare Programs within DHS. Post adoption services provide incentives to get children out of foster care and to keep children in permanent homes once they get there.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

Yes, this POP is tied to two key performance measures. Timeliness of Adoptions; exits to adoption in less than 24 months, and Timely Adoptions; the median number of months from date of latest removal from home to finalized adoption. The availability of post adoption services can help families make decisions towards adoption or guardianship and once a child is placed can help avoid disruption and lead to quicker finalizations.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Alternatives to consider other than the POP are to absorb the workload with existing field casework staff and to train existing field casework staff on the complexities of working with these families. The reasons for rejecting these alternatives are the already existing high caseloads for caseworkers and the time and costliness of developing their post adoption services competency.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

The volume of contacts made to ORPARC will be deferred to either branch offices or to the adoption/guardianship coordinators in central office in order for families to get the information, referral, advocacy, and crisis intervention services they need to support their children. There will not be the level of competency, service delivery and advocacy that are currently provided by ORPARC staff who are experts in post adoption and guardianship family dynamics. Adverse effects of not funding the POP could include a disincentive to provide permanency for high special needs children, and more children returning to substitute care from permanent placements.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Private adoption agencies that place DHS children and Oregon Tribes would be affected by this POP. Families studied by private agencies and Tribes are eligible for ORPARC services for the DHS children that they adopt or provide guardianship for.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Foster or residential care rates would likely increase with more children adopted or in guardianships re-entering substitute care because families cannot get the crisis intervention they now rely on. Preventing only a small number of children re-entering DHS care makes this POP cost effective.

Implementation Date(s): July 1, 2013

End Date (if applicable): _____

a. Will there be new responsibilities for DHS? Specify which Program Area(s) and describe their new responsibilities.

No.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

No

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

This POP will prevent an elimination of a program rather than adding a new one so no new staff or existing positions will be required if implemented.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

None

f. What are the ongoing costs?

IV-B, part 2 funds

g. What are the potential savings?

h. Based on these answers, is there a fiscal impact?

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$108,480	$0	$325,439	$433,919		
Other	$0	$0	$0	$0		
Total	**$108,480**	**$0**	**$325,439**	**$433,919**	**0**	**0.00**

DHS - Fiscal Impact Summary by Program Area:

	Post Adoption Services	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$108,480**	**$0**	**$0**	**$0**	**$108,480**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$325,439**	**$0**	**$0**	**$0**	**$325,439**
Total Funds	**$433,919**	**$0**	**$0**	**$0**	**$433,919**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

Post Adoption Services Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	$0	$0	$0
Medicaid (Comp Srce 0995)	$0	$0	$0
Other (Comp Srce 0995)	$0	$325,439	$0
Other (Comp Srce XXXX)	$0	$0	$0
Other (Comp Srce XXXX)	$0	$0	$0
Total	**$0**	**$325,439**	**$0**

2013-15 Policy Option Package

Agency Name:	Department of Human Services
Program Area Name:	Child Welfare Programs
Program Name:	Child Welfare Program Delivery
Policy Option Package Initiative:	
Policy Option Package Title:	Differential Response Positions
Policy Option Package Number:	106-2
Related Legislation:	not applicable
Program Funding Team:	Safety

Summary Statement:

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. Adding differential response allows greater flexibility for an earlier and more collaborative process of addressing families' 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. Differential response allows for a focus on engaging the family in the identification of stressors that led to their children being unsafe in the first place. This 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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$23,563,050**	**$2,645,376**	**$13,852,169**	**$40,060,595**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

The overall CW staffing level is projected to only move from 70.1% to 73.3% of need in 2013-15. The request for additional staff is to address workload concerns and to support the implementation of Differential Response as directed by the 2011-13 Legislative session. The safety of children depends on an appropriate staffing level within Child Welfare which allows for proper assessment of need, provision of service, follow-up on compliance and connection to resources within communities. This initiative will increase the overall number of Child Welfare staff to 80% of need over the 2013-15 biennium ensuring that children who are at risk of abuse and/or neglect receive appropriate services to impact safety, stabilization, reunification and permanency.

To reach 80% of need based on the workload model an additional 175 case workers, 57 support staff and 25 Supervisors need to be funded. These positions will be brought in on phases to accommodate the training need and coincide with the roll-out of Differential Response.

2. WHY DOES DEPARTMENT OF HUMAN SERVICES PROPOSE THIS POP?

Appropriate and timely services to children at risk of abuse or neglect are paramount to prevent escalating harm and hasten the ability to reunite or provide permanent families to Oregon children. The additional Child Welfare staff will support appropriate response, address and facilitate implementation of differential response, and support the integrated system goal of:

- Keeping children safely at home
- Increasing and enhancing effective preventive and family reunification services

- Improving the disporportionality of placement and length of stay for African-American and Native American children
- Strengthening partnerships between Child Welfare, community-based organizations, and families.

The expected outcomes of Differential Response and increased staffing are;

- An increased number of children will safely remain at home where possible;
- Parents and/or caregivers will demonstrate improved protective capacities and additional skills in adequately protecting their children by meeting their needs at the end of their service referral;
- Families are connected to timely services that meet their needs and are culturally specific, resulting in increased participation and better outcomes;
- Providers will observe child safety and will identify and respond to changes in family conditions or circumstances that indicate potential safety threats or harm to children, as they emerge;
- Longer periods between incidents without the need for Child Welfare intervention and fewer overall reports of suspected child abuse and/or neglect;
- Increased partnership between Child Welfare and community providers and partners;
- Increased overall worker satisfaction.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

The mission of the Department of Human Services is to help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity. Improvements in the staffing of Child Welfare will

- Directly support people to be safe and live as independently as possible by providing improved staff resources to provide timely and appropriate services to facilitate children safety and improve outcomes for children to remain at home when possible.
- Improve the ability to provide equal access, service excellence and equity for all through improving the disproportional representation of African-American and Native American children in care along with length of stay.

- Support strong community and business relationships by increasing partnering with communities to support families and children, within their communities, to be safe. This is achieved by addressing resources for parents as needed either directly or through referral.
- Retain a highly qualified, effective and valued workforce. Currently the workload greatly exceeds the ability to provide an effective service and is affecting our staff ability to remain employed.

4. IS THIS POP TIED TO A DEPARTMENT OF HUMAN SERVICES PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DEPARTMENT OF HUMAN SERVICES MEASURE THE SUCCESS OF THIS POP?

Child re-abuse rate
Number of Children in Foster Care
Number of Children receiving In-Home services

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No change in existing statute is required
No new statute is required.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

The only alternative is to not increase the number of Child Welfare staff available to implement the Differential Response system and to remain grossly understaffed. This alternative and not fully implementing Differential Response will result in continued risk to children.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

By not funding this POP, we will expect to see an increase in the number of Oregon children that come into and/or remain in foster care. Additionally, the system of Differential Response will not be adequately funded and the expected outcomes not achieved.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

None known at this time

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

- In-Home caseload will increase overtime (could be closer to the end of the biennium)
- Sub-care caseload will decrease overtime (could be closer to the end of the biennium)
- Training has the capacity to adequately train staff as they come on board
- Differential Response plan will be delivered and approach will be accepted
- Engagement of the community and partners will be successful
- Current case staffing is maintained
- Vacancy fill rate of 100% for SSS1's is maintained
- DHS meets the requirements of HB 4131 enabling the filling of supervisor positions to support the SSS1's

Implementation Date(s):

- October 1, 2013 (1st stage of hiring);
- January 1, 2014 (2nd stage of hiring);
- July 1, 2014 (3rd stage of hiring)

End Date (if applicable): Ongoing

a. Will there be new responsibilities for Department of Human Services? Specify which Program Area(s) and describe their new responsibilities.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

Additional computers would be necessary to ensure staff have tools necessary to perform duties, facility costs may be impacted to guarantee staff have place to perform work (depending on service delivery models), desk chairs and basic office equipment would be required.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

Additional staff will support the efforts of safely retaining or returning children to their home, an expected caseload factor will be a shift from sub-care to in-home care. There is an expected increase in workload time associated with conducting screening and assessments.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

This will take new staff:

- Case worker (SSS1) - 175 positions
- Supervisor (PEMC) - 25 positions
- Support staff (OS2) - 57 positions
- Accounting Technician 3 - 1 position
- Accountant 4 - 2 positions

- Human Resource Analyst 3 - 1 position
- Info Systems Specialist 6 - 3 positions
- Info Systems Specialist 7 - 5 positions
- Info Systems Specialist 8 - 2 positions
- Operations Policy Analyst 3 - 8 positions
- Operations Policy Analyst 4 - 2 positions

Total – 281 positions

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

Bandwidth must be able to support additional staff in field offices
Some offices may require additional space
PSU will need to add 6 case worker cohort sessions and 1 supervisor cohort
Computer and basic office equipment will be required (including chairs)
Some staff will require blackberries or equivalent (if in assessment)

f. What are the ongoing costs?

Travel for training (will be an increase in overall budget)
Phone equipment

g. What are the potential savings?

Reduction in sub-care but increase in the In-home caseload (not aware of an overall decrease)

h. Based on these answers, is there a fiscal impact?

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$15,759,864	$2,234,150	$9,525,418	$27,519,432	281	205.69
Services & Supplies	$5,793,220	$402,980	$3,524,716	$9,720,916		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$2,009,966	$8,246	$802,035	$2,820,247		
Other	$0	$0	$0	$0		
Total	**$23,563,050**	**$2,645,376**	**$13,852,169**	**$40,060,595**	**281**	**205.69**

DHS - Fiscal Impact Summary by Program Area:

	Child Welfare Delivery	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$23,563,050**	**$0**	**$0**	**$0**	**$23,563,050**
Other Fund	**$2,645,376**	**$0**	**$0**	**$0**	**$2,645,376**
Federal Funds- Ltd	**$13,852,169**	**$0**	**$0**	**$0**	**$13,852,169**
Total Funds	**$40,060,595**	**$0**	**$0**	**$0**	**$40,060,595**
Positions	**281**	**0**	**0**	**0**	**281**
FTE	**205.69**	**0.00**	**0.00**	**0.00**	**205.69**

What are the sources of funding and the funding split for each one?

Child Welfare Delivery Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	$0	$0	$0
Medicaid (Comp Srce 0995)	$0	$0	$0
Other (Comp Srce 0975)	$2,645,376	$0	$0
Other (Comp Srce 0995)	$0	$13,852,169	$0
Other (Comp Srce XXXX)	$0	$0	$0

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Child Welfare Programs
Program Name: Child Welfare Program Delivery
Policy Option Package Initiative:
Policy Option Package Title: Indian Child Welfare Act (ICWA) 25 Positions
Policy Option Package Number: 106-3
Related Legislation: Not Applicable
Program Funding Team: Safety

Summary Statement:

The current Child Welfare caseload is higher than prior to the beginning of the biennium. The number of families and children receiving services from Child Welfare, without additional staffing and program resources to meet the need, has affected the department's ability to provide timely, individualized and active efforts. The department has been forced to prioritize services impacting family stability. In addition, the ability of the department to meet federally mandated requirements has also been eroded.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$2,245,746**	**$0**	**$1,313,170**	**$3,558,916**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

The Indian Child Welfare Act (ICWA) requires attainment of active efforts for children receiving services from Child Welfare. Currently all cases are required by the federal government to receive reasonable efforts to qualify for federal funds, however both state and federal law requires active efforts of Native American children due to historical experience of Native American children in Child Welfare systems across the Country. Active efforts are distinguished from reasonable efforts by the additional effort necessary to ensure compliance, understanding and culturally specific experiences through increased:

- Face to face contact;
- Coordination of services so it doesn't fall solely on the parent;
- Hands on service provision; efforts to provide services which are culturally specific;
- Efforts to ensure children in care receive cultural experience opportunities to remain connected with their culture; and
- Efforts to remove barriers for parents to fully access services.

This initiative provides necessary resources to help the department to achieve better outcomes for the Native American populations being served by Child Welfare through active efforts. Failure to provide active efforts can result in loss of federal funding.

The workload model does not account for staff working at the level of Active Effort (AE) for ICWA cases which is projected to be 25% additional work effort per case to meet this standard.

2. WHY DOES DEPARTMENT OF HUMAN SERVICES PROPOSE THIS POP?

Through coordinated partnerships with the Tribes in the State of Oregon, the Department of Human Services Child Welfare have identified a need to increase active efforts for Native American children and families to further support compliance with state and federal law.

This request will provide the resources to support increased face to face contact and coordination of services so it doesn't fall solely on the parent. It will support more hands on provision of services and efforts to provide culturally specific services and experiences for Native American children and families.

Expected results are to positively affect the length and quality of stay for Native American children when they are removed from their family homes and to positively affect those who can be safely retained in their family homes without the need for further intervention.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS? HOW DOES THIS FURTHER THE PROGRAM FUNDING TEAM OUTCOMES OR STRATEGIES?

The mission of the Department of Human Services is to help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity. Improvements in the staffing of Child Welfare to better achieve Active Efforts for Native American children and families will:

- Directly support people to be safe and live as independently as possible by providing improved staff resources to provide timely and appropriate services to meet active efforts and improve outcomes for children to remain at home when possible.
- Improve the ability to provide equal access, service excellence and equity for all through improving the disproportional representation of African-American and Native American children in care along with length of stay.
- Support strong community and business relationships by increasing partnering with communities to support families and children, within their communities, to be safe. This is achieved by addressing resources for parents as needed either directly or through referral.
- Retain a highly qualified, effective and valued workforce. Currently the workload greatly exceeds the ability to provide an effective service and is affecting our staff ability to remain employed.

4. IS THIS POP TIED TO A DEPARTMENT OF HUMAN SERVICES PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DEPARTMENT OF HUMAN SERVICES MEASURE THE SUCCESS OF THIS POP?

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No known statute changes required

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Not increasing resources to better achieve active efforts. This would be staying status quo as we have for several years and further impacting disproportionally Native American Children.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Oregon can lose federal funding for not meeting active efforts which could have a cost potentially higher than the investment to assure active efforts can be met.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

There will be a positive impact to Tribal agencies when the expected outcomes are achieved of positively impacting the length and quality of stay for Native American children in out of home care.

9. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?

The Statewide ICWA council have reviewed the need for better achieving active efforts, have encouraged this initiative and support the request moving forward.

10. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

These positions will be focused specifically on ICWA only
Specific training is available for these positions regarding active efforts and ICWA
Service costs may increase due to added efforts to meet active efforts requirements
Length of stay for Native American children will decrease eventually (not likely in 2013-15 biennium).

Implementation Date(s): January 1, 2014

End Date (if applicable): Ongoing

a. Will there be new responsibilities for Department of Human Services? Specify which Program Area(s) and describe their new responsibilities.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (pages 12-13).

Additional computers would be necessary to ensure staff have tools necessary to perform duties, facility costs may be impacted to guarantee staff have place to perform work (depending on service delivery models), desk chairs and basic office equipment would be required.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

It will take some time to have an impact, however eventually the length of stay for Native American ICWA children will be reduced.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

This initiative requires New staff phased in for 2013-15 as noted below:

- Caseworker (SSS1): 22 positions at 18 months
- Supervisory (PEMC): 3 positions at 18 months

Future biennia: all positions will be 24 months

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

Bandwidth must be able to support additional staff in field offices
Some offices may require additional space
PSU will need to add 1 caseworker cohort training session
Computer and basic office equipment will be required (including chairs)

f. What are the ongoing costs?

Travel for training (will be an increase in overall budget)
Phone equipment

g. What are the potential savings?

None quantifiable in the 2013-15 biennium

h. Based on these answers, is there a fiscal impact?

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$1,788,346	$0	$1,044,595	$2,832,941	25	18.75
Services & Supplies	$448,100	$0	$263,150	$711,250		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$9,300	$0	$5,425	$14,475		
Other	$0	$0	$0	$0		
Total	**$2,245,746**	**$0**	**$1,313,170**	**$3,558,916**	**25**	**18.75**

DHS - Fiscal Impact Summary by Program Area:

	CW Program Delivery	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	$2,245,746	$0	$0	$0	**$2,245,746**
Other Fund	$0	$0	$0	$0	**$0**
Federal Funds- Ltd	$1,313,170	$0	$0	$0	**$1,313,170**
Total Funds	**$3,558,916**	**$0**	**$0**	**$0**	**$3,558,916**
Positions	**25**	**0**	**0**	**0**	**25**
FTE	**18.75**	**0.00**	**0.00**	**0.00**	**18.75**

What are the sources of funding and the funding split for each one?

Child Welfare Delivery Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	$0	$0	$0
Medicaid (Comp Srce 0995)	$0	$0	$0
Other (Comp Srce 0995)	$0	$1,313,170	$0
Other (Comp Srce XXXX)	$0	$0	$0
Other (Comp Srce XXXX)	$0	$0	$0

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Child Welfare Programs
Program Name: Child Welfare Program Delivery
Policy Option Package Initiative:
Policy Option Package Title: Indian Child Welfare Act (ICWA) Shift Differential
Policy Option Package Number: 106-4
Related Legislation: not applicable
Program Funding Team: Safety

Summary Statement:

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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$83,202**	**$0**	**$83,202**	**$166,404**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

The Indian Child Welfare Act (ICWA) requires attainment of active efforts for children receiving services from Child Welfare. Currently all cases are required by the federal government to receive reasonable efforts to qualify for federal funds, however both state and federal law requires active efforts of Native American children due to historical experience of Native American children in Child Welfare systems across the Country. Active efforts are distinguished from reasonable efforts by the additional effort necessary to ensure compliance, understanding and culturally specific experiences through increased:

- Face to face contact;
- Coordination of services so it doesn't fall solely on the parent;
- Hands on service provision; efforts to provide services which are culturally specific;
- Efforts to ensure children in care receive cultural experience opportunities to remain connected with their culture; and
- Efforts to remove barriers for parents to fully access services.

This initiative provides necessary resources to help the department to achieve better outcomes for the Native American populations being served by Child Welfare through active efforts. Failure to provide active efforts can result in loss of federal funding.

2. WHY DOES DHS PROPOSE THIS POP?

Through coordinated partnerships with the Tribes in the State of Oregon, the Department of Human Services Child Welfare have identified a need to increase active efforts for Native American children and families to further support compliance with state and federal law.

This request will provide the resources to support increased face to face contact and coordination of services so it doesn't fall solely on the parent. It will support more hands on provision of services and efforts to provide culturally specific services and experiences for Native American children and families.

Expected results are to positively affect the length and quality of stay for Native American children when they are removed from their family homes and to positively affect those who can be safely retained in their family homes without the need for further intervention.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS? HOW DOES THIS FURTHER THE PROGRAM FUNDING TEAM OUTCOMES OR STRATEGIES?

The mission of the Department of Human Services is to help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity. Improvements in the staffing of Child Welfare to better achieve Active Efforts for Native American children and families will:

- Directly support people to be safe and live as independently as possible by providing improved staff resources to provide timely and appropriate services to meet active efforts and improve outcomes for children to remain at home when possible.
- Improve the ability to provide equal access, service excellence and equity for all through improving the disproportional representation of African-American and Native American children in care along with length of stay.

- Support strong community and business relationships by increasing partnering with communities to support families and children, within their communities, to be safe. This is achieved by addressing resources for parents as needed either directly or through referral.
- Retain a highly qualified, effective and valued workforce. Currently the workload greatly exceeds the ability to provide an effective service and is affecting our staff ability to remain employed.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No known statute changes required

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Not increasing resources to better achieve active efforts. This would be staying status quo as we have for several years and further impacting disproportionally Native American Children.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Oregon can lose federal funding for not meeting active efforts which could have a cost potentially higher than the investment to assure active efforts can be met.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

There will be a positive impact to Tribal agencies when the expected outcomes are achieved of positively impacting the length and quality of stay for Native American children in out of home care.

9. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?

The Statewide ICWA council have reviewed the need for better achieving active efforts, have encouraged this initiative and support the request moving forward.

10. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

These positions will be focused specifically on ICWA only
Specific training is available for these positions regarding active efforts and ICWA
Service costs may increase due to added efforts to meet active efforts requirements
Length of stay for Native American children will decrease eventually (not likely in 2013-15 biennium).

Implementation Date(s): July 1, 2013

End Date (if applicable): ongoing

a. Will there be new responsibilities for DHS? Specify which Program Area(s) and describe their new responsibilities.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (pages 12-13).
No

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.
n/a

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.
No

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?
No

f. What are the ongoing costs?
5% salary costs

g. What are the potential savings?

h. Based on these answers, is there a fiscal impact?
yes

Child Welfare Delivery Fiscal Impact:

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$83,202	$0	$83,202	$166,404	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Other	$0	$0	$0	$0		
Total	**$83,202**	**$0**	**$83,202**	**$166,404**	**0**	**0.00**

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$83,202	$0	$83,202	$166,404	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Other	0	0	0	0		
Total	**$83,202**	**$0**	**$83,202**	**$166,404**	**0**	**0.00**

DHS - Fiscal Impact Summary by Program Area:

	Child Welfare Delivery	Program Area 2	Program Area 3	Program Area 4
General Fund	**$83,202**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$83,202**	**$0**	**$0**	**$0**
Total Funds	**$166,404**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

Child Welfare Delivery Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	$0	$0	$0
Medicaid (Comp Srce 0995)	$0	$0	$0
Other (Comp Srce 0995)	$0	$83,202	$0
Other (Comp Srce XXXX)	$0	$0	$0
Other (Comp Srce XXXX)	$0	$0	$0
Total	**$0**	**$83,202**	**$0**

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Child Welfare Programs
Program Name: Child Welfare Program Delivery & Design
Policy Option Package Initiative:
Policy Option Package Title: Title IV-E Foster Care Eligibility Rate
Policy Option Package Number: 106-6
Related Legislation: Not Applicable
Program Funding Team: Safety

Summary Statement:

Department of Human Services must change their formula for calculating the Title IV-E eligibility rate which would create an $11 million loss of federal revenue. With three additional policy analyst in the Federal Advocacy and Integrity unit, Child Welfare could increase their Title IV-E eligibility rate. For each 1% the eligibility rate is increased the federal revenue loss will be reduced by $2 million. The goal is to achieve a 5.9% eligibility increase, which would offset POP position request as well as cover the loss of Federal Fund revenue.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$11,302,586**	**$3,063**	**($10,767,521)**	**$538,128**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

In April 2012, the Administration for Children and Families' clarified how states are to calculate their foster care Title IV-E eligibility rates. As a result, Child Welfare must correct the formula used to calculate its eligibility rate. By correcting the formula, it is estimated that Child Welfare will lose $11 million in federal funds per biennium. These funds are used to pay Child Welfare and Central Services administrative costs, paid through a cost allocation methodology.

Add three Operations and Policy Analyst 2 positions to the Federal Advocacy and Integrity unit.

2. WHY DOES DEPARTMENT OF HUMAN SERVICES PROPOSE THIS POP?

The three additional analysts are needed to mitigate the potential reduction of $11 million in federal funds. The three additional analysts would be responsible for working with the Title IV-E eligibility specialists in the field to clean up approximately 800 pended cases and develop processes and procedures to ensure timely determinations of Title IV-E eligibility. The goal is to increase the eligibility rate by 5.5% to mitigate the loss of $11 in million federal funds. An increase of just 1% reduces the loss by $2 million in federal funds (per biennium). On-going duties would include training, technical assistance, monitoring and quality assurance of all Child Welfare federal eligibility programs (Title XIX, TANF-EA and Targeted Case Management). The main responsibility of these positions will be to improve and maintain the eligibility rates for Title IV-E, Title XIX, TANF-EA and documentation of Targeted Case Management to maximize federal reimbursement for Child Welfare programs.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

Without these positions the Office of Child Welfare Program would be unable to meet two of the Financial Breakthrough goals for 2012 and 2013. These goals are:

- Federal funds increased thru increased eligibility percentages.
- Financial program integrity is improved.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

It's related to the NOW Fundamentals Outcome Measurement of O6 – Fiscally Responsible. With a significant loss of federal funds the ability to control spending and balance the budget would be negatively impacted.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Using existing staff to try and mitigate this significant change. That wasn't feasible due to current staffing level and would greatly delay the ability to complete the tasks, which would prolong the number of months Child Welfare would have a low Title IV-E eligibility rate.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Department of Human Services would lose $11 million in Title IV-E federal funding.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

*Citiz*en Review Board (CRB) and soon to be Court Appointed Special Advocate (CASA) agencies would be impacted by a reduction in Title IV-E eligibility rate. CRB receives Title IV-E reimbursement for administrative costs associated with completing six month administrative reviews. CASA will receive Title IV-E reimbursement for the costs of providing and attending training related to Child Welfare practice. The Title IV-E eligibility rate is part of the calculation for reimbursement and would amount of reimbursement would be reduced equally.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): _____

End Date (if applicable): _____

a. **Will there be new responsibilities for DHS?** None **Specify which Program Area(s) and describe their new responsibilities.**

b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).** Computers, phones and desk space will need to be provided at the Human Services Building.

c. **Will there be changes to client caseloads or services provided to population groups?** No **Specify how many in each relevant program.**

d. **Will it take new staff or will existing positions be modified?** It will take new staff. **For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**
3 OPA2 positions, 24 months per biennium as a permanent employee.

e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?** New computers and phones.

f. **What are the ongoing costs?**

g. **What are the potential savings?**

h. **Based on these answers, is there a fiscal impact?** No, fiscal impact because these are considered federal revenue generating positions. As stated above, a 1% increase in Title IV-E eligibility rate will increase the federal reimbursement by $2 million a biennium.

The goal is to achieve a 5.9% eligibility increase, which would offset POP position request as well as cover the loss of Federal Fund revenue.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$11,260,007	$2,631	($10,800,422)	$462,216	3	3.00
Services & Supplies	$42,579	$432	32,901	$75,912		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Other	$0	$0	$0	$0		
Total	**$11,302,586**	**$3,063**	**($10,767,521)**	**$538,128**	**3**	**3.00**

DHS - Fiscal Impact Summary by Program Area:

	CW Program Delivery	CW Program Design	Program Area 3	Program Area 4	Total
General Fund	**$11,000,000**	**$302,586**	**$0**	**$0**	**$11,302,586**
Other Fund	**$0**	**$3,063**	**$0**	**$0**	**$3,063**
Federal Funds- Ltd	**($11,000,000)**	**$232,479**	**$0**	**$0**	**($10,767,521)**
Total Funds	**$0**	**$538,128**	**$0**	**$0**	**$538,128**
Positions	**0**	**3**	**0**	**0**	**3**
FTE	**0.00**	**3.00**	**0.00**	**0.00**	**3.00**

What are the sources of funding and the funding split for each one?

CW Program Design Revenue Impact:

Description of Revenue	OF	FF	TF
Other (Comp Srce 0975)	$3,063	$0	$0
Medicaid (Comp Srce 0995)	$0	($10,767,521)	$0
Other (Comp Srce 0995)	$0	$0	$0
Other (Comp Srce XXXX)	$0	$0	$0
Other (Comp Srce XXXX)	$0	$0	$0

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Office of Licensing and Regulatory Oversight
Program Name: CW Design
Policy Option Package Initiative:
Policy Option Package Title: DHS Licensing Staff for Workload Increase
Policy Option Package Number: 106-7
Related Legislation:
Program Funding Team: Safety

Summary Statement:

DHS is proposing an increase of five Client Care Surveyor staff to ensure that care and safety of the vulnerable residents in nursing homes and assisted living facilities one Client Care Surveyor to ensure safety for people with developmental disabilities and one to ensure the safety of children in residential facilities. The client care surveyor is part of a team which surveys facilities to certify they are meeting requirements set by federal regulation, state law, and state rule, as well as CMS conditions of participation in the Medicare and Medicaid programs. Surveys are mandate by CMS to be completed on average every 12.9 months with no facility going beyond 15.9 months. Vulnerable residents are put at risk without regular monitoring systems in place and implemented. These survey systems ensure residents are safe and cared for in a quality manner.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$90,793**	**$0**	**$90,230**	**$181,023**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?**

This proposal adds five Client Care Survey staff for nursing facilities and assisted living facilities, one for developmental disabilities facilities and one for children's facilities. The additional staffing positions would allow the agency to keep up with current position vacancies by allowing lead-time for training. It currently takes approximately one year to hire and train a Client Care Surveyor for the field. Without gaining additional staffing levels in this area, the agency cannot adequately replace positions which have been vacated in order to meet requirements set by federal regulation, state law, and state rule, as well as CMS conditions of participation in the Medicare and Medicaid programs.

2. **WHY DOES DHS PROPOSE THIS POP?**

DHS is mandated to meet requirements set by federal regulation, state law, and state rule, as well as CMS conditions of participation in the Medicare and Medicaid programs. Client Care Surveyors are an essential part of meeting these requirements.

3. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?**

This proposal ties directly to the DHS mission of ensuring people are safe and living independently as possible as it increases safety assurance.

4. **IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP**?

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**
No.

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**
Alternatives would be an increase in time between survey visits or a decrease in staff training time required for new survey staff. Both of these options prevent DHS from meeting the federal requirements for survey completion and resident safety.

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**
Not funding this policy package would continue to put vulnerable residents in DD and nursing and assisted living facilities at risk. The training time required for a new Client Care Survey person is one year. Without gaining additional staffing levels in this area, the agency cannot adequately replace positions which have been vacated in order to meet requirements set by federal regulation, state law, and state rule, as well as CMS conditions of participation in the Medicare and Medicaid programs.

8. **WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?**
None.

9. **WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?**

Implementation Date(s): _____

End Date (if applicable): _____

a. Will there be new responsibilities for (AGENCY NAME)? Specify which Program Area(s) and describe their new responsibilities.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

None.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

None.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

Five Client Care Surveyors for nursing and assisted living facilities
One Client Care Surveyor for developmental disabilities facilities
One Client Care Surveyor for children's residential facilities

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

No.

f. What are the ongoing costs?

Future salaries for permanent positions

g. What are the potential savings?
n/a

h. Based on these answers, is there a fiscal impact?
Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$90,793	$0	$90,230	$181,023	1	0.88
Services & Supplies	$	$0	$	$		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$	$0	$	$		
Other	$0	$0	$0	$0		
Total	**$90,793**	**$0**	**$90,230**	**$181,023**	**1**	**0.88**

DHS - Fiscal Impact Summary by Program Area:

	Program Area	CW Licensing	Program Area	Program Area 4	Total
General Fund	**$0**	**$90,793**	**$**	**$0**	**$90,793**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$90,230**	**$**	**$0**	**$90,230**
Total Funds	**$0**	**$181,023**	**$**	**$0**	**$181,023**
Positions		**1**		**0**	**1**
FTE		**0.88**		**0.00**	**0.88**

What are the sources of funding and the funding split for each one?

DHS Total Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	$0	$0	$0
Medicaid (Comp Srce 0995)	$0	$0	$0
Other (Comp Srce 0995)	$0	$90,230	$0
Other (Comp Srce XXXX)	$0	$0	$0
Other (Comp Srce XXXX)	$0	$0	$0
Total	**$0**	**$90,230**	**$0**

2013-15 Policy Option Package

Agency Name: Aging and People with Disabilities
Program Area Name: Advocacy and Development Unit
Program Name: Medicaid Funded Long-Term Care Services/Older Americans Act Services

Policy Option Package Initiative: APD Innovations and Pilots Initiative
Policy Option Package Title: APD Innovations and Pilots Initiative
Policy Option Package Number: 108-01
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

This POP supports research and development account funding for innovations and piloting new approaches to long term care services. 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 approaches that increases the efficiency and effectiveness of services. The implementation of successful pilots will re-establish Oregon as a nationwide leader in its field. Currently APD relies on grants which may not be timely or offer options to address key areas of innovation. APD is seeking $3.2 million GF appropriation for this fund.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$3,200,000**	**$0**	**$0**	**$3,200,000**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This POP funds an APD research and development account to move APD from relying solely on grant based opportunities for innovations in services and service delivery approaches. APD has been hampered in its goals to offer the most comprehensive, consumer-preferred, efficient, cost-efficient services and stay current in the latest developments in its field by a lack of resources needed to test new services and new service delivery options. With funding from this POP, APD envisions that it will be able to support 8-10 pilots over the course of a biennium.

Implementation: Innovative and pilot ideas will be submitted to the APD Advocacy & Development unit for consideration. Pilots may cover a wide range of topics such as prevention, service improvements, use of technology, new methods of coordination, cost savings and others that address the needs of seniors and people with disabilities. An application form has been developed to document ideas to be considered. Staff may assist the concept originator to develop the proposed concept to the point of submission. A process for concept evaluation is being drafted which will include such factors as: relationship to key performance measures, agency goals and mission, stakeholder input, partnerships, budget, timing, sustainability, service equity, proposed outcomes and more. Concepts that emerge as priorities will be implemented upon agency approval.

A key element of all approved pilots will be an evaluation component. Periodic evaluation will be required and will be used to determine if the pilot/idea will proceed as planned. Pilots that meet expected outcomes will be considered for permanent implementation, statewide if applicable. Through this process, APD will be better able to focus its resources on locally tested, successful, evidence-based practices that meet agency goals.

2. WHY DOES THE DEPARTMENT OF HUMAN SERVICES PROPOSE THIS POP?

DHS is proposing this POP to move the agency forward in exploring innovative ways to meet future needs and demands. This package will well-position the agency to offer evidence-based, effective approaches that are preferred by the populations served by APD. The agency will be engaged in continuous improvement in services and service delivery through a program of testing innovative ideas with potential to address DHS and APD mission and goals as well the triple aim of better health, better health care and lower costs.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This POP furthers the agency mission and goals as it keeps the agency current with evolving population and individual needs and preferred, evidence-based methods to achieve well-being and enhance independence. In statute, APD is charged with providing individuals with opportunities and choice, working with local partners and committed to service excellence. To meeting its mission and goals, APD must have funds to explore new and continuously test and improve current choices and options available.

410.010 State policy for seniors and people with disabilities. (1) The Legislative Assembly finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence.

- Mission - To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.
- Goals related to seniors and people with disabilities - People are safe and living as independently as possible, People are able to support themselves and their families through stable living wage employment, Choices made by seniors and people with disabilities about their own lives are honored, Partners, clients and stakeholders are actively engaged in a variety of collaborative and meaningful ways. Culturally specific and responsive services are provided by highly qualified and diverse staff. The

department is committed to equal access, service excellence and equity for all Oregonians, Children and youth are safe, well and connected to their families, communities and cultural identities.

- APD Mission: The SPD mission is to make it possible to become independent, healthy and safe. SPD contributes to the DHS mission by helping seniors and people with disabilities of all ages achieve well-being through opportunities for community living, employment, family support and services that promote independence, choice and dignity.

4. IS THIS POP TIED TO AN APD PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL APD MEASURE THE SUCCESS OF THIS POP?

Yes.

The DHS 2011-2013 performance measures include:

10- Access to I& R and I & A- access to accurate and consistent Information & Referral and Information & Assistance for people who are not currently served by SPD.

11- Seniors Living Outside of Nursing Facilities- The percentage of Oregon's seniors receiving SPD long-term care services that are living outside of nursing facilities.

One consideration for the approval of pilots will be the key performance measures. Some pilots will likely target individuals not currently served by APD. Most pilots are likely to support community based rather than nursing facility services.

Another internal APD performance measure is percentage of implemented pilots that yield expected results. This POP would directly support this key APD performance measure as the POP funds the pilots to be measured.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No, no existing statute change is needed.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

The agency can continue to rely on identifying and applying for individual grants to support pilots and innovations. Grant funding is competitive, may not be timely or address areas of key interest to the agency so is not a reliable source of funding for continuous improvement and innovation.

Grant funding also may come with additional undesirable burdens, commitments, and lack the flexibility needed to support alternatives in Oregon worth pursuing. As a long-time leader of providing long-term care services at the community level, Oregon is often disadvantaged as other states are encouraged by grants and funding opportunities that assist them with getting to Oregon's current environment: they use grants to catch up to us. Innovative opportunities offered through the national funding lens that move Oregon ahead of our current state are rare. Self-funding new innovative approaches would allow Oregon to continue to progress as leaders providing long-term care services and supports without the undesirable strings that may come from other funding sources.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

The adverse effects of not funding this POP include keeping the agency at the status quo of seeking grant funding as available and having limited funding to support testing innovations that could bring greater consumer satisfaction, more efficiency, save costs and further advance and enhance programs and services consistent with agency mission and values.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Other Department of Human Services programs, the Oregon Health Authority, local governments, consumer advocacy and stakeholder organizations will be affected by this POP as they may be partners in pilots, suggest pilots, and are likely to benefit from the results of successful pilots.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

One assumption affecting the pricing of this POP is that approximately 1 % of the organization's budget is enough to fund promising new ideas.

Implementation Date(s): 7/1/13

End Date (if applicable): 7/1/15

a. Will there be new responsibilities for the Department of Human Services? Specify which Program Area(s) and describe their new responsibilities.

☒ Advocacy & Development unit- will solicit ideas, participate in and manage the evaluation process, staff pilots and evaluations, report outcomes, recommend next steps, facilitate transition of successful pilots to ongoing practice and wider application as appropriate

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

No, pilots will be funded through the POP and other administrative needs will be handled by the agency.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

Changes to services may occur depending on the pilots. Service changes would likely mean a greater array of service choices and/or services that better (more person centered, lower cost, more efficiently) meet service needs.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

Existing staff will cover any needs.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

No additional start – up costs related to the POP are anticipated.

f. What are the ongoing costs?

On-going costs are anticipated to be 1 % of the current APD agency budget.

g. What are the potential savings?

Potential savings are difficult to quantify at this time but the goal of pilots is to increase efficiency and cost effectiveness and enhance cost avoidance. Estimates of savings will depend on individual projects, their success and statewide application.

h. Based on these answers, is there a fiscal impact? Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$3,200,000	$0	$0	$3,200,000		
Other	$0	$0	$0	$0		
Total	**$3,200,000**	**$0**	**$0**	**$3,200,000**	**0**	**0.00**

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Aging and People with Disabilities
Program Name: Aging and People with Disabilities
Policy Option Package Initiative:
Policy Option Package Title: Home and Community Based Rate Increases
Policy Option Package Number: 108-2
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

This policy option package provides a 2.5% rate increase on 10/1/13 and another 2.5% rate increase on 1/1/15. This rate increase will help align Medicaid reimbursement to keep pace with rising costs and the private pay market ensuring access to Medicaid eligible individuals.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$9,100,000**	**$0**	**$20,120,628**	**$29,220,628**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?**
   This policy option package provides a 2.5% rate increase on 10/1/13 and another 2.5% rate increase on 1/1/15.

2. **WHY DOES DHS PROPOSE THIS POP?**
   Home and community based care rates have been flat since 7/1/08. Additionally, Oregon's Medicaid reimbursement has not kept up with costs or with the private pay market. This has been identified repeatedly as a significant risk to access for Medicaid individuals.

3. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?**
   This funding will provide assurance of strong home and community based care access in the 13-15 biennium.

4. **IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP**?
   This POP is tied to key performance measure #11:

   > "SENIORS LIVING OUTSIDE OF NURSING FACILITIES- The percentage of Oregon's seniors receiving SPD long-term care services who are living outside of nursing facilities".

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**
   No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Continuing for another two years without a rate increase. When this biennium ends on 6/30/13, home and community based care rates will be flat for five years. Continuing flat rates is not sustainable and will ultimately threaten Medicaid access as the private pay market improves and will negatively impact the quality of care individuals receive in licensed facilities.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

See above.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

None.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

2.5% increase on 10/1/13 and 2.5% increase on 1/1/15.

Implementation Date(s): _____

End Date (if applicable): _____

a. Will there be new responsibilities for DHS? Specify which Program Area(s) and describe their new responsibilities. No.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See

Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document). No.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program. No.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary. No.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training? N/A

f. What are the ongoing costs?
Roll-up costs in future biennia.

g. What are the potential savings?
Continued decreasing nursing facility caseloads.

h. **Based on these answers, is there a fiscal impact?** Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$9,100,000	$0	$20,120,628	$29,220,628		
Other	$0 0	$0	$0	$0 0		
Total	**$9,100,000**	**$0**	**$20,120,628**	**$29,220,628**	**0**	**0.00**

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Aging and People with Disabilities
Program Name: Medicaid Long Term Care System
Policy Option Package Initiative:
Policy Option Package Title: Mental Health Enhancement
Policy Option Package Number: 108-3
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

Many seniors and people with disabilities face mental health challenges and barriers to actively engage in their communities and to live healthy and productive lives. Some individuals may suffer from isolation, depression and anxiety. Others suffer from traumatic brain injury, mental illness or dementia. These more extensive conditions often make it difficult to serve the individuals in the current delivery system.

This strategic funding proposal 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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$7,300,000**	**$0**	**$3,433,056**	**$10,733,056**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This strategic funding proposal would include four major components:

1. ***(Specialized Capacity)*** First, this proposal would include funding for 40 additional specialized living slots. This capacity would be used to support APD service eligible individuals who are transitioning from the state hospitals or who have failed traditional APD placements because of violence, inappropriate behaviors or other complications from dementia and/or traumatic brain injury. The funding would also include general funds that APD would transfer to AMH to support expansion of the ECOS program by an additional 40 slots. The ECOS program provides intensive mental health services to Medicaid-eligible seniors and people with disabilities who live in APD funded long term care settings. To support these new programs, prevent people from being admitted to the state hospital and to effectively transition individuals from acute care hospitals and the state hospitals, APD needs specialized staff to assist the individuals with these needs and to support providers in meeting their needs.
2. ***(Addressing Depression and Anxiety)*** The second part of this proposal is to support people with disabilities and older adults who may be suffering from depression, anxiety and other less severe mental illnesses that respond well to evidenced based early interventions but whose condition is rarely identified and/or treated. The concept would be to provide the Aging and Disability Resource Connection Centers (ADRC) funding to coordinate local mental health evidenced based interventions such as “IMPACT,” “PEARLS,” and other programs that are recommended by the CDC or SAMHSA. This funding would provide services that are not offered in the current mental health system and would not replicate what the CCOs are expected to provide. In addition to providing direct outreach and interventions, the ADRCs would add a new component and train individuals to teach suicide intervention skills to community members, professionals, and first responders in Oregon and educate older adults, families, and other community members about the importance of social connection to a

sense of well-being. APD would update the ADRC website to create a single entry point to link to existing information and resources on Alzheimer's disease, related dementias and mental illness.

3. ***(Training and Education)*** Local APD and AAA case managers need training in the use of simple screening tools and coaching in the integration of mental health screening into their daily work to be successful. Direct care providers, health professionals and others also need training and support to ensure that older adults and people with disabilities receive the appropriate screenings and interventions. This concept would support efforts to ensure that Oregon's Aging and Disability Resource Connection (ADRC), local case managers and medical professionals serving older adults and their families receive training about dementia and depression and develop clear policies and practices to effectively assist and refer people and their families to appropriate services. This effort would also promote universal depression screening and care for adults, particularly seniors by healthcare providers.

4. ***(Community identification and referral system)*** – Oregon communities need more Gatekeeper programs that enlist the help of utility workers, law enforcement, postal workers, and other service providers to help identify people in need of support. Currently, Gatekeeper programs are only available in Multnomah, Washington, and Clackamas counties**.** These programs have a long standing evidenced based record of positive impact.

2. WHY DOES APD PROPOSE THIS POP?

Approximately 15% of seniors and people with disabilities over the age of 50 suffer from depression. The rate of suicide among Oregonians has been increasing since 2000. The highest suicide rate in the state is among men ages 85 and over (78.4 per 100,000). Over 70 percent of suicide victims had a diagnosed mental disorder, alcohol and /or substance use problems, or depressed mood at time of death. Despite the high prevalence of mental health problems, less than one third of male victims and just about half of female victims were receiving treatment for mental health problems at the time of death. Between 63% and 90% of depressed older adults go untreated or receive inadequate treatment. Stigma, lack of trained personnel and

social isolation add exceptional barriers to these individuals accessing services that can help improve their quality of life and prevent many of these suicides.

13.9 percent of the individual civilly committed to the state hospital are over the age 65. Approximately 90%, of the cases referred to the Neuropsychiatirc units of the state hospitals are because APD is regularly working to serve individuals with complex needs. The current delivery system does not meet the needs of individuals with challenging behaviors or conditions.

These statistics show that depression, anxiety, isolation and untreated mental illness cause significant hardship and trauma to individuals and are extremely costly to the health and human service system. APD's delivery system (AAAs, ADRCs and local field offices) can proactively address many of these issues. Additionally, this proposal supports efforts by the Oregon Health Authority – Addictions and Mental Health Division to develop additional resources for older adults and people with disabilities who need intensive mental health interventions.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This proposal ties directly to the vision, mission and goals of the department. Helping individuals with depression, anxiety and other conditions helps ensure that they will be safe and healthy. It also will help these individuals be served in the least restrictive setting possible, delay their entry into expensive service settings and help them achieve wellbeing. Without this complete package, suicide rates will continue to be some of the highest in the country and individuals who could be served in the community will be hospitalized.

4. IS THIS POP TIED TO AN APD PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

This proposal does tie to a KPM. "Title: SENIORS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregon's seniors who are living outside of nursing facilities." However, APD would also propose reviewing state hospitalization rates and suicide rates for the targeted population to ensure that the enhanced and new programs are impacting these statistics as planned.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

There has been ongoing discussion about the needs of this population. The PHD's suicide report, the Alzheimer Association's state plan, the State Hospital Replacement Master plan and national research all say the strategies APD is proposing are critical to improving the quality of life, improving health, and ensure safety of the targeted population.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

People will continue to be hospitalized and their quality of life will be negatively impacted. Untreated conditions drive up costs and force individuals to access services at the most expensive level of care.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Oregon Health Authority - Addictions and Mental Health through the transfer of funds to support expansion of the ECOS system.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Assumptions on Specialized Capacity:

- An additional 40 specialized living slots - $24,000 (TF) per individual for half; and $10,207 for half, per month. ***Starting in January 2014 with 5 "slots" and increasing to 40 during the biennium.***
- An additional 40 ECOS slots - $231 (TF) per individual, per day 5 days per week. APD would only be responsible for the GF portion. – ***Funding transferred to AMH quarterly as slots are filled. Assume 5 slots per month starting in September 2013 with all slots filled by June 2015.***

Assumptions on Addressing Depression and Anxiety

- $200,000 (GF) for the biennium for each of the 9 ADRCs - ***Starting in September 2013.***

Assumptions on Training/Education and Quality Assurance:

- Training - One $350,000 contract with outside entity to coordinate training and outreach. ***Assume 50/50 match rate***
- QA - One $75,000 contract with outside entity to evaluate effectiveness of programs. Remaining funding is used for appropriate assessment tools and oversight. ***Assume 50/50 match rate***

Assumptions on Gatekeeper Program Expansion:

- Based on the Alzheimer State Plan Gatekeeper programs cost $200,000 (50/50 Admin rate) per Area Agency on Aging (AAA) per biennium. Seventeen AAAs in Oregon with a 50/50 split. ***Starts in September 2013***.

a. Will there be new responsibilities for APD? Specify which Program Area(s) and describe their new responsibilities.

☒ APD – Long Term Care Systems – Coordinating new prevention/early intervention strategies ☐

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

No.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

These clients are in the APD caseload. However, the current service delivery system does not meet their needs.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

N/A

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

See above.

f. What are the ongoing costs?
All costs will be ongoing.

g. What are the potential savings?
State hospital and local acute care costs. There may be savings to APD but it is not possible to determine those saving at this time.

h. Based on these answers, is there a fiscal impact? Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0		
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	7,300,000	$0	$3,433,056	$10,733,056		
Other	$0	$0	$0	$0		
Total	**$7,300,000**	**$0**	**$3,433,056**	**$10,733,056**		

APD - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?
State General Fund and Medicaid match as defined above.

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Aging and People with Disabilities
Program Name: Field Services and Supports
Policy Option Package Initiative:
Policy Option Package Title: Specialized Living Supports
Policy Option Package Number: 108-5
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

The Department of Human Services is requesting $1,968,950 in additional general fund to support the increase in specialized living settings for individuals who are bariatric, require multiple individuals to assist with transfers, on a ventilator, etc. These individuals are currently limited in their community setting options, are high cost, and have high rates of hospitalization and institutionalization. The Department of Human Services believes that by taking this investment and matching federal funds, we could create additional service settings and provider supports for individuals to transition out of institutional settings and be served in the community.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$1,983,845**	**$0**	**$3,324,523**	**5,308,368**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This policy package would provide funding to develop community based resources to assist individuals that currently have limited capacity in Oregon's long-term care system. Oregon is a leader in community living and providing options for our clients to reside and receive services in the community. However, there are subsets of our population that because of their care needs or conditions are not equally represented in our community service options. Individuals who are bariatric, require multiple individuals to assist with transfers, require ventilator care, etc have limited options for services in our community. Oregon is requesting an investment of $2,000,000 to support enhanced services and rates in the community for these populations. This general fund investment would be matched with federal funds, and would provide essential placements and community placements for individuals in our communities that have specific needs. The Department would contract with providers to ensure that service options were available in the community for these individuals based on this investment.

2. WHY DOES Department of Human Services PROPOSE THIS POP?

The Department of Human Services is committed to providing community options to individuals. Oregon continues to support the federal mandates for community living http://www.hhs.gov/od/topics/community/olmstead.html) and wants to ensure that individuals have community options and are not institutionalized due to a lack of resources or options within our State system. This investment would allow The Department of Human Services to expand our current utilization of specific needs contracts and specialized living, which focuses on providing enhanced services for populations of individuals who are under-served in our community settings. Currently individuals who require multiple individuals to transition them or are bariatric, often have to utilize institutional settings in order to have their needs met. Furthermore, these individuals have limited institutional settings and are often displaced from their community or natural supports, including family and friends. The Department would

focus on providing additional contracted supports in communities that would allow clients options to become more integrated into their community.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This request runs parallel to the goals and mission of the agency. The Department of Human Services is dedicated to providing services that allows individuals to be as healthy, safe, and independent as they can be. This goal would assist individuals in being able to be independent and have choice in where they receive their services. This investment is also targeted towards measured outcomes and ensuring that individuals in the community are provided services that not only allow them to be independent, but support their needs in a way that increases their safety and health.

4. IS THIS POP TIED TO A Department of Human Services PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL Department of Human Services MEASURE THE SUCCESS OF THIS POP?

The Department of Human Services would look at our institutional to community ratio and would expect to see continued decrease in the percentage of individuals receiving services in institutions because of this investment. The Department would compare projected ratios and percentages prior to and after implementation of these placements to determine the effectiveness of this investment.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No changes to statute are required.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

The Department of Human Services has explored options within our current structure. Currently, contracts are being done for these populations at the individual level. This is extremely burdensome on the system, and creates limited capacity for individuals. The Department of Human Services believes that this investment will allow us to build a provider base that is person-centered in their approach to serving individuals, while maximizing the time and knowledge of providers in serving individuals with these complex needs.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

If this POP wasn't funded, individuals would continue to remain in our acute care hospitals and institutional settings. Without this investment the clients suffers, our provider networks suffer, and we have continued utilization of emergency room services and hospitalization for placement due to a limited provider system.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

This investment is not expected to have any additional affects on other agencies.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

The pricing of this POP is based on average exceptional rate and current specific needs contracts for individuals with like needs. This POP assumes that with this investment 50 individuals will be served in the community during the 2013-2015 fiscal years with a staggered rollout.

Implementation Date(s): July 1, 2013_____

End Date (if applicable): _____

a. **Will there be new responsibilities for The Department of Human Services? Specify which Program Area(s) and describe their new responsibilities.**

There will be no new responsibilities.

b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).**
There will not be additional administrative impacts sufficient to require additional funding. The current administrative structure and supplies will support this additional investment.

c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**
There will be changes to client caseloads and services provided. This will not change client eligibility for services or medical benefits; this will allow clients the ability to access community settings that without this investment may have been limited for these individuals and populations.

d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**
Existing positions will perform the work to support this investment, without need for additional support or modification. This will not take a change in classification for this investment.

e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**
There are no start-up costs necessary for this investment.

f. **What are the ongoing costs?**

Ongoing costs will be the ongoing budget to support these individuals in the community. If these placements are determined to be successful in providing a safe and independent setting where and individual can assist with directing their care and maintaining their health, then the Department of Human Services would want to continue to support these settings in our future budget requests.

g. **What are the potential savings?**

There could be some savings between what the cost of care is for these individuals in institutional settings versus a community placement. We believe there are additional savings for the State of Oregon when looking at the time and frequency these populations utilize urgent care, emergency services, and acute care settings; and what is projected to occur in a setting that is more personalized on these individual's care needs.

h. **Based on these answers, is there a fiscal impact?**

We believe that this investment could be cost neutral or support cost savings for the State of Oregon.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$1,983,845	$0	$3,324,523	$5,308,368		
Other	$0	$0	$0	$0		
Total	**$**1,983,845	**$0**	**$3,324,523**	**$5,308,368**	**0**	**0.00**

The Department of Human Services - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name:	Department of Human Services
Program Area Name:	Aging and People with Disabilities (APD)
Program Name:	Advocacy and Development Unit
Policy Option Package Initiative:	
Policy Option Package Title:	Care Coordination and Statewide ADRC Development
Policy Option Package Number:	108-11
Related Legislation:	
Program Funding Team:	Healthy People

Summary Statement:

This Policy Option Package (POP) would fund the development of high quality care coordination services for Medicaid and non-Medicaid individuals with long term services and supports (LTSS) needs. Currently, case managers are only staffed at a level to provide generic, priority-based case management to individuals with Medicaid-funded LTSS. This POP would support staff to direct the work of care coordination between local APD and Area Agencies on Aging (AAA) offices and Coordinated Care Organizations (CCOs). Additionally, this POP would fund options counselors for its Aging and Disability Resource Connections (ADRC) program in local AAAs, in order to serve individuals with LTSS needs who are not Medicaid eligible.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$1,800,000**	**$0**	**$5,022,752**	**$6,822,752**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This investment would develop a more robust system of care coordination for individuals accessing long term services and supports (LTSS), both inside and outside the Medicaid system.

For individuals accessing Medicaid LTSS, this investment would fund specialized care coordination staff who would work as a liaison between the local office and the newly-developed Coordinated Care Organizations (CCOs) in their communities. Local offices and CCOs have developed Memoranda of Understanding (MOUs) identifying five key areas of care coordination. Care coordination staff would provide the following functions for the local office and central office:

- Serve as a local liaison to the CCO as defined by the local MOU;
- Monitor, gather, document and analyze local office activities related to health systems transformation;
- Develop and adapt health system transformation training/technical assistance material for local office needs;
- Provide on-going technical assistance to managers, supervisors, and line staff around working with CCOs;
- Provide training to staff, consumers, and LTSS providers;
- Participate in future MOU negotiations; and
- Participate in statewide health system transformation training and policy development.

This investment would also support the development of health system transformation information system that interfaces information from DHS LTSS systems with CCO information systems, and a central office policy analyst to direct local office liaisons and track monitor and analyze care coordination between CCOs and the local offices.

This investment also develops a statewide Aging and Disability Resource Connection (ADRC) program to assist individuals who are not yet eligible for Medicaid LTSS. This investment includes 41 options counselors to help seniors, all individuals with disabilities, and veterans in navigating their options for long term services and supports. This investment in options counseling would help these individuals avoid or delay high cost services so that they can access needed assistance within their own resources. In addition, if these individuals may be eligible for Medicaid LTSS, options counselors will provide a seamless transition to the appropriate local office from which they can begin Medicaid-funded LTSS. Options counselors will assist them in the application for Medicaid benefits, and provide a seamless transition to the appropriate local office from which they can begin Medicaid-funded LTSS. Based on the "No Wrong Door" approach, the ADRC would become the recognized community resource where individuals go to answer their questions on LTSS, and would be regarded as the gateway for Medicaid and non-Medicaid options for LTSS.

2. WHY DOES DHS PROPOSE THIS POP?

DHS proposes this investment as a proactive measure to get the most out of health system transformation and to plan for the state's growing need for LTSS, attributed to the anticipated growth of seniors and individuals with disabilities in the state.

CCOs will provide the health, behavioral health, and (in 2014) the oral health services for a large portion of individuals served by the Medicaid LTSS system. This POP will support the robust care coordination between CCOs and the APD and AAA local offices mandated by House Bill 3650 (2011). Care coordination

between the medical and LTSS system includes the identification of high needs members, the development of individual care plans, transitional care plans, interactive member engagement and member preferences, and the formation of member care teams. Successful care coordination between the medical and LTSS systems would leverage the resources of each system to facilitate communication, reduce redundant or inappropriate care and services, and result in cost savings for both systems.

The ADRC program is a resource for individuals needing information, referral and option counseling services for LTSS. They are not currently eligible for Medicaid LTSS, but are at risk of becoming so without the preventative and early intervention services provided by ADRCs. ADRCs are currently active in four local offices, serving 76 percent of individuals in Oregon in 13 counties. This POP will strengthen option counseling services in the existing ADRCs, and will provide the initial investment of establishing and strengthening options counseling in the areas of the state where ADRCs currently do not exist. A robust ADRC system would provide Oregonians with information and options to help them avoid or delay costly services, and with the growing population of seniors and individuals with disabilities in the state, help them avoid or delay spending down to Medicaid eligibility. Indeed, over 95 percent of seniors and individuals with disabilities do not access Medicaid- funded long term services and supports, This POP builds an infrastructure to help this population – as well as those eligible for Medicaid funded LTSS – achieve a life of independence while remaining healthy and safe.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This POP meets the mission and goals of DHS and of health system transformation. Regarding the latter, its commitment to robust coordination between CCOs and the LTSS system is consistent with the triple aim of better health, better care, and lower costs. Regarding the POP's commitment to care coordination for those getting both Medicaid and non-Medicaid LTSS, this POP directly advances DHS's mission: "To help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity." This POP advances APD's mission as well: "To make it possible to become independent, healthy and safe."

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

Yes – this POP is tied directly to DHS KPM 10: Access to Information and Referral and Information and Assistance Services for individuals not currently served by DHS. With its commitment to care coordination for those with Medicaid LTSS and without Medicaid LTSS, it is also tied to KPM 11 – Seniors Living Outside of Nursing Facilities.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No – this POP furthers the aim of care coordination between CCOs and Medicaid LTSS as mandated by HB 3650 (2011), and the ADRCs are consistent with existing statute in ORS 410.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

The alternatives to this POP include a more minimal collaboration between CCOs and the Medicaid LTSS system, and a scaled-back ADRC system. These alternatives were regarded as inadequate to the care and service needs of the individuals served by this POP, and would be more costly to the state in the future.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

An inadequate collaboration between CCOs and Medicaid LTSS would result in less communication among medical and LTSS providers, poorer and less frequent care coordination between CCOs and local offices, and increase the likelihood of duplicative or inappropriate care or services. Failure to have a robust, statewide ADRC system would likely increase the number of seniors and individuals with disabilities not accessing key preventative services, or LTSS information services, and as a result, utilizing expensive and

inappropriate LTSS, and put them at risk of spending down to Medicaid eligibility. Given the growing senior population in Oregon, and the fact that the department's fastest growing group for Medicaid LTSS is younger individuals with physical disabilities, such a course is unsustainable within future forecasted resources. An investment in care coordination for current Medicaid-eligible individuals, as well as those not yet eligible for Medicaid LTSS, would avoid this fiscally unsustainable path while supporting the department's goals of keeping individuals independent, healthy and safe.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

This POP will draw on local Area Agencies on Aging (AAAs) or Centers for Independent Living (CILs) for care coordination. The Type B Transfer AAAs will be the local office that coordinates care with local CCOs. Regarding the ADRC program, the department will partner with local AAAs (both Type A and Type B Transfer AAAs) as well as local Centers for Independent Living (CILs) and Community Developmental Disabilities Programs (CDDPs) to offer information and referral services, and options counseling. These entities will also assist individuals who may be eligible for Medicaid covered services.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): October 1, 2013

End Date (if applicable): _____

a. Will there be new responsibilities for DHS? Specify which Program Area(s) and describe their new responsibilities.

☒ APD: oversight of Care Coordinators in local offices, facilitation of sharing information between CCOs and local AAA/APD Offices; training, technical assistance and support for statewide ADRC options counselors

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b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected.

The ISS6 will build and maintain IT changes required to interface between the local offices and the local CCOs.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

Yes, there will be care coordination functions to case management between the CCOs and the local offices. It is estimated that of the 29,000 individuals served by APD for LTSS needs, approximately 6,000 will be prioritized for care coordination between the local offices and CCOs by July 2014.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

This POP will require the following classifications for permanent staffing: 41 Case Managers, 3 Program Analyst 2s, 1 ISS 6, and 1 Operations and Policy Analyst 3. Among the 41 Case Managers, some of the positions may be modified from existing positions.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

The startup costs include modification to computer systems to interface CCOs and LTSS better, new materials, outreach, and training. Regarding training and outreach for ADRC options counseling, the department is awaiting decision on a three-year grant with the Administration on Community Living to cover these costs.

f. What are the ongoing costs?

Ongoing costs include staffing, outreach, training, and maintenance of systems changes.

g. What are the potential savings?

The potential savings include savings to Medicaid medical and LTSS costs and slowed growth in Medicaid LTSS caseload through the prevention and early intervention services of the ADRC.

h. Based on these answers, is there a fiscal impact? Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$363,279	$0	$360,590	$723,869	5	4.40
Services & Supplies	$79,495	$0	$79,475	$158,970		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$1,357,226	$0	$4,582,687	$5,939,913		
Other	$0	$0	$0	$0		
Total	**$1,800,000**	**$0**	**$5,022,752**	**$6,822,752**	**5**	**4.40**

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Aging & People with Disabilities
Program Name: APD Delivery Services Staffing
Policy Option Package Initiative:
Policy Option Package Title: Implement Workload Model
Policy Option Package Number: 108-12
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

This policy option package funds Aging and People with Disabilities eligibility workers at 85% of the workload standard and Adult Protective Services workers at 95% of the workload standard. These workers are located in the APD/AAA field offices.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$2,518,044**	**$0**	**$2,504,125**	**$5,022,169**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?** This package would allow the implementation of an updated staffing model for the offices serving seniors and people with disabilities throughout the state. Currently theses offices are severely understaffed, which has impacted the ability to timely determine eligibility for medical and food benefits. Workers performing adult protective services have also been unable to respond timely to provide safety and protection needed for all Oregonians to live safely in their communities. The funding to implement the workload model would allow Aging and People with Disabilities (APD) to more accurately predict staffing needs now and in the future, and in turn, fund staffing appropriately to these levels. Implementation would be additional staffing distributed state wide to meet the need in APD offices and Area Agency on Aging offices.

2. **WHY DOES THE DEPARTMENT OF HUMAN SERVICES PROPOSE THIS POP?** Aging and People with Disabilities seek to change the antiquated model of earning staff at this time, due to increasing need of low income Oregonians for medical/food benefits, and the need for safety and protection of the most vulnerable seniors and people with disabilities. This proposal to increase the staffing levels for these 2 position types will continue to ensure access to medical/food benefits, safety and protection for Oregonians.

3. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?** There is a direct link between an adequate staffing level and the Healthy People program area outcome that Oregonians are healthy and have the best possible quality of life at all ages. The APD Delivery System supports individuals living in their communities in settings of their choice. Partnerships between local law enforcement, local court systems and local advocates are critical to ensure the aging and disability populations are not subject to neglect, financial fraud and abuse. APD program services ensure that low

income Oregonians have access to food and medical services, as well as services and supports that allow them to live safely and as independently as possible.

4. IS THIS POP TIED TO A DEPARTMENT OF HUMAN SERVICES PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL THE DEPARTMENT OF HUMAN SERVICES MEASURE THE SUCCESS OF THIS POP?

Yes, it is directly related to the Department's abuse prevention key performance measures.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

The alternative is to staff offices at a level lower than the workload requires. This negatively impacts timeliness of eligibility determinations and protective service investigations.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

If APD is not allowed to staff the eligibility specialists to a workload standard, there will be a continued decline in the ability of the local office staff to determine eligibility for medical and food benefits for low income Oregonians. If Adult Protective Service workers are not funded to the level of the actual work they are performing, safety and protection for all seniors and people with disabilities in Oregon will continue to be impacted negatively. The most critical cases will be investigated, while prevention and less critical cases will not receive timely attention or support by the limited number of workers.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Local Area Agencies on Aging will be allocated their pro rata share of the additional staff.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): October 1, 2013

End Date (if applicable): _____

a. **Will there be new responsibilities for Department of Human Services? Specify which Program Area(s) and describe their new responsibilities.**

No.

b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).**

Only administrative impacts are those normally associated with new employees.

c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

No.

d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**
Adult Protective Service Workers 9 FTE, permanent for 21 months.
Eligibility Workers (Human Service Specialists) 23 FTE, permanent for 21 months.

e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**
No start-up costs other than those associated with new employees.

f. **What are the ongoing costs?**
Continued staffing costs.

g. **What are the potential savings?**
N/A

h. **Based on these answers, is there a fiscal impact?** Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$1,958,684	$0	$1,944,893	$3,903,577	32	32.00
Services & Supplies	$549,920	$0	$549,824	$1,099,744		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$9,440	$0	$9,408	$18,848		
Other	$0	$0	$0	$0		
Total	**$2,518,044**	**$0**	**$2,504,125**	**$5,022,169**	**32**	**32.00**

APD - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name: DHS-Aging and People with Disabilities
Program Area Name: Advocacy and Development Unit
Program Name: Medicaid Funded Long-Term Care Services/Older American Act Services
Policy Option Package Initiative:
Policy Option Package Title: LTC 3.0 Infrastructure Investment
Policy Option Package Number: 108-13
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

This POP proposes to replace APD's 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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$3,000,000**	**$0**	**$3,000,000**	**$6,000,000**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED**?

Oregon's Long-Term Care System is based on an aging 30 year old platform that initially led the nation through its vision of supporting individuals in their own homes and in community-based settings, and reducing reliance on institutional care. Failure to keep up-to-date on new technological advances, evidenced-base approaches, better coordination of care with emerging Coordinated Care Organizations, data collection and analysis to support measurable outcomes and incentivize high quality performers, and an aging infrastructure, threaten Oregon's nationwide leadership and the comparably high quality of innovation and quality services Oregonian's have come to expect and deserve. Aging and People with Disabilities, through its Advocacy and Development unit, has undertaken a visioning and planning process that will lead to necessary systems changes that support a modernized Long-Term Services and Supports program for all Oregonians.

2. **WHY DOES DEPARTMENT OF HUMAN SERVICES PROPOSE THIS POP?**

Virtually all LTC Services and Programs and the systems that support them need review and investment to remain operational for the future. This POP allows for the reasonable investment to Oregon's LTC infrastructure to align with the goals and objectives that come from Oregon's initiated LTC 3.0 planning process. This POP seeks to take maximum advantage of new technological advances, evidenced-base approaches, better coordination of care with emerging Coordinated Care Organizations, data collection and analysis to support measurable outcomes and incentivize high quality performers, and upgrade its aging infrastructure. This POP envisions other improvements including supporting the ability to revise and update critical staff tools such as assessments based on new and emerging best practice and move to electronic sharing of information vital to coordination with the health system as mandated by HB 3650.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This POP would allow APD to better work towards its statutory obligations outlined below as well as the DHS Vision - Safety, health and independence for all Oregonians and the DHS/APD mission and goals. Without adequate investments in APD infrastructure, the agency is at risk for not managing or meeting its legislative mandates, and DHS/APD vision, mission and goals.

410.010 State policy for seniors and people with disabilities. (1) The Legislative Assembly finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence.

- Mission - To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.
- Goals related to seniors and people with disabilities - People are safe and living as independently as possible, People are able to support themselves and their families through stable living wage employment, Choices made by seniors and people with disabilities about their own lives are honored, Partners, clients and stakeholders are actively engaged in a variety of collaborative and meaningful ways. Culturally specific and responsive services are provided by highly qualified and diverse staff. The department is committed to equal access, service excellence and equity for all Oregonians, Children and youth are safe, well and connected to their families, communities and cultural identities.
- APD Mission: The SPD mission is to make it possible to become independent, healthy and safe. SPD contributes to the DHS mission by helping seniors and people with disabilities of all ages achieve well-being through opportunities for community living, employment, family support and services that promote independence, choice and dignity.

4. **IS THIS POP TIED TO an APD PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL APDMEASURE THE SUCCESS OF THIS POP**?
Yes, this is tied to KPM relating to percentage of publicly-funded long term care caseload served in settings other than nursing facilities.

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**
Yes, ORS 410 needs modification. The Department has introduced LC371 to address this need.

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?** Maintaining or repairing antiquated infrastructure can be a costly alternative to replacement, both in terms of finances and to the lives of those affected by lack of functionality or unnecessarily slow and undependable nature that has not kept up with modern business practices. This POP proposes replacement rather than repair

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**
According to the first National Scorecard on LTC services conducted by the scan foundation, Oregon ranks 3rd in the nation in LTC services. Oregon has slipped from its long standing #1 ranking. Further inaction would inevitably lead to further slippage in Oregon's rankings a direction counter to the goals and objectives of DHS/APD.

8. **WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?**
Local Area Agencies on Aging would be affected by this POP.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/13

End Date (if applicable): 6/30/15

a. Will there be new responsibilities for DEPARTMENT OF HUMAN SERVICES? Specify which Program Area(s) and describe their new responsibilities.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document). Yes.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.
Not resulting from this POP.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.
One Project Manager PEM E, one OPA 3, three OPA 2's, two ISS 8's, two ISS 7's. These are funded for 21 months in 2013-2015 and will be permanent positions.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

No significant start-up costs are anticipated as these efforts will align with the Oracle (or existing internal) platform.

f. What are the ongoing costs?

Ongoing maintenance and/or licensing fees.

g. What are the potential savings?

Increased efficiency in the field related to the decommissioning of Oregon ACCESS, the legacy system currently used to administer long term care services. Oregon ACCESS is built with an obsolete programming language, Power Builder. It is increasingly difficult to recruit programmers with this skill set. Additionally, Oregon ACCESS has become slow and cumbersome.

h. Based on these answers, is there a fiscal impact?

Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$722,612	$0	$717,129	$1,439,741	9	7.92
Services & Supplies	$140,436	$0	$140,409	$280,845		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$2,136,952	$0	$2,142,462	$4,279,414		
Other	$0	$0	$0	$0		
Total	**$3,000,000**	**$0**	**$3,000,000**	**$6,000,000**	**9**	**7.92**

DHS - Fiscal Impact Summary by Program Area:

	APD Program	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$3,000,000**	**$0**	**$0**	**$0**	**$3,000,000**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$3,000,000**	**$0**	**$0**	**$0**	**$3,000,000**
Total Funds	**$6,000,000**	**$0**	**$0**	**$0**	**$6,000,000**
Positions	**9**	**0**	**0**	**0**	**9**
FTE	**7.92**	**0.00**	**0.00**	**0.00**	**7.92**

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Aging and People with Disabilities
Program Name: Medicaid Long Term Care System
Policy Option Package Initiative:
Policy Option Package Title: CNA Staffing Stage 3
Policy Option Package Number: 108-14
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

In 2006, the nursing facility staffing commission issued its final report. The commission recommended that due to "limited resources for nursing staff wages, training, monitoring, and enforcement, Oregon should prioritize a standard shown to reduce the likelihood of serious care problems. In its recommendations, the Commission discusses adaptation of CNA thresholds identified by the empirical analysis to Oregon's nursing home resident population." The state agreed to improve funding to bring CNA staffing ratios to 2.46, implemented in three phases. This POP provides the funding to get us to that staffing level standard.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$675,000**	**$120,000**	**$1,215,309**	**$2,010,309**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This POP would fund Phase 3 of the Nursing Assistant staffing standard to achieve 2.46 staffing ratio for CNAs. It would be implemented by a CNA Add-on to the NF rate.

2. WHY DOES DHS PROPOSE THIS POP?

DHS proposes this POP to complete Phase 3 of the Nursing Assistant staffing standard.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

The POP will improve the quality of care individuals receiving care in nursing facilities.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

No.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

The only alternative was to not fund Phase 3.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

The CNA staffing ratio would not reach 2.46 Nursing Assistant staffing standard and the possibility of poor quality of care would continue.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Only nursing facilities will be affected by this POP.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): October 1, 2013

End Date (if applicable): June 30, 2014

a. Will there be new responsibilities for DHS? Specify which Program Area(s) and describe their new responsibilities.

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b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected.

No

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

Not to the state.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

N/A

f. What are the ongoing costs?

There will be a Nursing Assistant staffing standard add-on of $.53 per resident per day for all nursing facilities. This cost will be funded through Medicaid at the normal FMAP.

g. What are the potential savings?

N/A

h. Based on these answers, is there a fiscal impact?

Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	0	0	0	0	0	0.00
Services & Supplies	0	0	0	0		
Capital Outlay	0	0	0	0		
Special Payments	675,000	120,000	1,215,309	2,010,309		
Other	0	0	0	0		
Total	**$675,000**	**$120,000**	**$1,215,309**	**$2,010,309**	**0**	**0.00**

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

(Program Area 1) Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	0	0	0
Medicaid (Comp Srce 0995)	0	0	0
Other (Comp Srce XXXX)	0	0	0
Other (Comp Srce XXXX)	0	0	0
Other (Comp Srce XXXX)	0	0	0
Total	**$0**	**$0**	**$0**

(Program Area 2) Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	0	0	0
Medicaid (Comp Srce 0995)	0	0	0
Other (Comp Srce XXXX)	0	0	0
Other (Comp Srce XXXX)	0	0	0
Other (Comp Srce XXXX)	0	0	0

2013-15 Policy Option Package

Agency Name:	Department of Human Services
Program Area Name:	Developmental Disabilities
Program Name:	Office of Developmental Disabilities
Policy Option Package Initiative:	Increase developmental disability service Family to Family Networks
Policy Option Package Title:	Family To Family Network Expansion
Policy Option Package Number:	109-1
Related Legislation:	
Program Funding Team:	Healthy People

Summary Statement:

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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$1,200,000**	**$0**	**$0**	**$1,200,000**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This package will expand the number of family to family networks to 8 and make these networks available to many more communities (and families) across the state. These networks will be supported using a contracted training and technical assistance model.

2. WHY DOES THE DEPARTMENT OF HUMAN SERVICS PROPOSE THIS POP?

Families are the primary service providers for people with developmental disabilities. Most individuals with developmental disabilities live with family members and rely on them for needed care and supervision. Family members and family units need support in order to continue in these roles. The continuation of families as caregivers is critical for without them many more people would have to access high cost out of home services. The viable sustainability of the developmental disability service system depends on family caregivers. The family to family networks are a viable, cost effective way to provide needed support to families so they can stay in their critical role as caregivers.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

Creating strong viable family units is a critical piece of the mission of the Department in particular that families and youth are safe, well, and connected to their families. The Family to Family networks are also important to meeting Department goals of supporting effective, efficient and stable services. ODDS have breakthrough initiatives for children and families and this package supports those breakthrough efforts.

4. **IS THIS POP TIED TO A Department of Human Services PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL Department of Human Services MEASURE THE SUCCESS OF THIS POP**? This POP is aligned with the DHS and ODDS fundamentals and Breakthrough improving the stability of families, delivery quality and cost effective services.

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.** No.

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?** We considered expanding more historically traditional family support programs by providing resources to respite, in-home supports, and needed consultations. While these transitional services are important and needed, Family to Family networks provide a cost effective complement to the array of options to support families as caregivers.

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?** Family support is intended to prevent or delay the access to high cost out of home services for individuals with developmental disabilities. More access to higher cost services would be anticipated.

8. **WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?** Community Developmental Disability Programs (CDDPs) would be effected, as the case management entities, they plan and arrange for services, including family support services.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP? This POP would double the current costs for the family to family network to expand from 4 to 8 networks.

Implementation Date(s): 7/1/13

End Date (if applicable): 6/30/15

a. Will there be new responsibilities for the Department of Human Services? There will be no new responsibilities, but the service planning and rate setting functions conducted by case managers will alter. Specify which Program Area(s) and describe their new responsibilities.

b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).** No.

c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.** No.

d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.** No.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training? No.

f. What are the ongoing costs?

g. What are the potential savings?

h. Based on these answers, is there a fiscal impact?

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$1,200,000	$0	$0	$1,200,000		
Other	$0	$0	$0	$0		
Total	**$1,200,000**	**$0**	**$0**	**$1,200,000**	**0**	**0.00**

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	$0	$0	$0	$0	$0
Other Fund	$0	$0	$0	$0	$0
Federal Funds- Ltd	$0	$0	$0	$0	$0
Total Funds	$0	$0	$0	$0	$0
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name:	Department of Human Services
Program Area Name:	Developmental Disabilities
Program Name:	Office of Developmental Disabilities
Policy Option Package Initiative:	Improving employment outcomes for people with Developmental Disabilities
Policy Option Package Title:	Improving employment outcomes for people with Developmental Disabilities
Policy Option Package Number:	109-2, 109-7, and 109-8
Related Legislation:	
Program Funding Team:	Healthy People

Summary Statement:

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 transition age youth and working age adults with developmental disabilities. Specifically, the desired outcomes are to increase the number of individuals with developmental disabilities who secure and maintain jobs in individualized fully integrated employment settings. 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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$9,378,367**		**$11,473,546**	**$20,851,913**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?** This POP would facilitate needed design and delivery system changes to meet specific goals in improving employment outcomes (securing integrated employment opportunities) for individuals with Developmental Disabilities served by ODDS. More specifically, this POP will (1) increase staff resources to address changes in strategic planning, policy and practice development and implementation monitoring activities, (2) provide for needed service capacity building and training and technical assistance to community-based service providers, including assisting agencies transform current business models to new models that better deliver integrated employment services, (3) allow for implementation of a new rate structure that focus on and anticipates the expanded delivery of integrated employment services, and (4) provides resources to address associated quality assurance, oversight, improvement activities.

2. **WHY DOES THE DEPARTMENT OF HUMAN SERVICS PROPOSE THIS POP?** The Department has as part of its integrated management model identified improved employment outcomes as an enterprise-wide priority. ODDS has implemented an "Employment First" policy as a vehicle to fulfill its mission and stated goals. This policy also represents a key long term strategy in the ODDS system sustainability plan.

   This POP is also important to help ODDS better comply with CMS expectations around rate setting and quality assurance in the implementation of Home and Community-Based waiver services.

3. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?** DHS goals included the promotion of independence and self-sufficiency. The improvement opportunities to secure and maintain paid employment is central to an individual with developmental disabilities achieve those goals.

4. **IS THIS POP TIED TO A Department of Human Services PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW** WILL Department of Human Services MEASURE THE SUCCESS OF THIS POP? This POP is aligned with the DHS goals of improving employment outcomes for clients. This POP will be measured as part of the Departments existing process for benchmarking and monitoring implementation of key fundamentals and breakthrough activities.

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.** No.

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?** The maintenance of current practice is the alternative. Given resource availability this is not sufficient to achieve the needed outcomes.

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?** There are possible legal consequences in term of recent challenges by Disability Rights Oregon and the US Department of Justice related to the use of sheltered workshops for adults with developmental disabilities. There are also possible negative consequences from CMS if expectations about improved rate setting methodologies and quality assurance practices are not met.

8. **WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?** Community Developmental Disability Programs (CDDPs) and Support Service Brokerages would be effected because these entities

develop individual service plans, arrange for those services, and address the needed service capacity issues. As such they are the focal points for accomplishing the Employment First goals. Community based service providers will be affected as the entities that implement and are compensated for services. The Office of Vocational Rehabilitation will possibly see increases in referrals.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/13

End Date (if applicable): _____

a. **Will there be new responsibilities for the Department of Human Services?** There will be no new responsibilities, but the service planning, arranging, and monitoring functions conducted by case managers will alter. Specify which Program Area(s) and describe their new responsibilities.

b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).** No.

c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.** No.

d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.** Yes.

e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?** No.

f. **What are the ongoing costs?**

g. **What are the potential savings?**

h. **Based on these answers, is there a fiscal impact?**

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$2,783,000		$2,762,640	$5,545,640	40	35.20
Services & Supplies	$3,528,415		$3,528,255	$7,056,670		
Capital Outlay						
Special Payments	$3,066,952		$5,182,651	$8,249,603		
Other						
Total	**$9,378,367**		**$11,473,546**	**$20,851,913**	**40**	**35.20**

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	$0	$0	$0	$0	$0
Other Fund	$0	$0	$0	$0	$0
Federal Funds- Ltd	$0	$0	$0	$0	$0
Total Funds	$0	$0	$0	$0	$0
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Developmental Disabilities
Program Name: Office of Developmental Disabilities
Policy Option Package Initiative: Increase capacity of Vocational Rehabilitations to address Employment First Policy for individuals with developmental disabilities
Policy Option Package Title: Employment First Initiative Impact to OVRS
Policy Option Package Number: 109-3
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$743,055**	**$0**	**$1,992,550**	**$2,735,605**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?** With this funding OVRS will provide specialized services to persons with Developmental Disabilities by hiring 5 Vocational Rehabilitation Counselors and five Counselor Assistants to provide work exclusively with persons with Developmental Disabilities. By doing this, OVRS will be able to provide services to an additional 200 persons with Developmental Disabilities yearly. This POP will give OVRS the necessary staff to serve clients that are expected to be referred by DD Services as part of the Employment First Initiative. ODDS/OVRS will use a strategy to best leverage mutual funds to accomplish the desired outcome.

2. **WHY DOES THE DEPARTMENT OF HUMAN SERVICS PROPOSE THIS POP?** This initiative allows OVRS to improve service equity for persons with Developmental Disabilities. Having additional staffing allows OVRS to have smaller caseloads and more targeted support needed to serve this population. OVRS has a major role in assuring success of the Department's Employment First Policy for individuals with developmental disabilities. This initiative also supports the Departments general goal of improving employment outcomes for all clients of the Department.

3. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?** This initiative increases the number of persons with developmental disabilities who become employed as a result of ODDS/OVRS services which is a key performance measure. It also specifically allows OVRS to improve its service equity by serving more persons with Developmental Disabilities. Achievement of these outcomes is central to the long-term system sustainability plan developed by ODDS.

4. **IS THIS POP TIED TO A DEPARTMENT OF HUMAN SERVICES PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL THE DEPARTMENT OF HUMAN SERVICES MEASURE THE SUCCESS OF THIS POP?** Yes, increasing the rate of employment for persons with developmental disabilities.

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT. NO**

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?** It is possible that OVRS could continue with the current service levels however this would not allow OVRS service equity. This would compromise the ability of the Department to meet its desired outcomes in implementing the Employment First Policy for adults with developmental disabilities. Additionally since this population requires a higher level of involvement with staff and counselors, OVRS would not be able to accommodate all of the referrals from developmental disability services as well as serve all other clients coming into the program. This inability to provide services on a timely manner would result in invoking the Order of Selection thereby reducing the amount of services available and the number of successful employment outcomes resulting in reduced revenue for the state.

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?** In addition to the response to question #6, there is potential for legal action related to the developmental disability population if they are not successfully served in employment settings.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED? Community Developmental Disability Programs (CDDP's) would be affected because, as the case management entities, they plan and arrange for services and assign services. Not having access to effective employment services compromises the quality of service planning. Community service provider entities will be effected since they can produce better employment results that will be compensated. In general the economic consequences of people not being able to enter the workforce when they are capable are far-reaching.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

This POP assumes that caseload will be increasing and that in order to achieve employment status for the additional clients expected from the ODDS program there will need to be dedicated counselors with expertise in developmental disabilities. This POP assumes additional staffing at 5 FTE for Vocational Rehabilitation Counselors and 5 FTE Counselor Assistants. Service funding for 200 new DD clients per year is also included. Historical data and similar programs in other states reflect that counselors working with DD clients are only successful when caseloads are no more than 40 cases per counselor.

Implementation Date(s): 9/1/13

End Date (if applicable): _____

a. **Will there be new responsibilities for the Department of Human Services? Specify which Program Area(s) and describe their new responsibilities. NO**

b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).** NO

c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.** The change is as noted, adding staffing to manage OVRS caseloads.

d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.** There will be new full time staffing through the biennium as outlined below.

e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?** NO

f. **What are the ongoing costs?** In addition to the staffing costs, there will be $1,100,000 per year for services expenditures. ($110,000 per counselor per year).

g. **What are the potential savings?** This will help prevent the potential impact of a lawsuit related to service equity for persons with developmental disabilities.

h. Based on these answers, is there a fiscal impact?

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$240,065	$0	$873,010	$1,113,075	10	8.80
Services & Supplies	68,690	$0	$253,840	$322,530		
Capital Outlay	$0	$0	$0	$0		
Special Payments	434,300	$0	$865,700	$1,300,000		
Other	$0$0	$0	$0	$0		
Total	**$743,055**	**$0**	**$1,992,550**	**$2,735,605**	**10**	**8.80**

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

(Program Area 1) Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	0	0	0
Basic 110(Comp Srce 0995)	0	$1,992,550	0
Total	**$0**	**$1,992,550**	**$0**

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Developmental Disabilities
Program Name: Office of Developmental Disabilities
Policy Option Package Initiative: Restore Fairview Trust to pre-2011-13 $13 million balance
Policy Option Package Title: Refill Fairview Trust
Policy Option Package Number: 109-4
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

This package would restore $6,950,134 to the Fairview Housing Trust removed in 2011-13 due to budget shortfalls. This would restore the Trust Fund balance to the pre 2011-13 balance of $13 million. Under state law (ORS 427.330 - .345) interest from the fund can be used to help address community housing needs of individuals with intellectual and other developmental disabilities. Historically, interest from the fund has been used to make home modifications and other adaptations to help individuals stay in their family homes.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$6,950,134**	**$0**	**$0**	**$6,950,134**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?** Restoration of the Fairview Housing Trust Fund to its original will maximize the interest earned through this fund under ORS 427.330 - .345 this interest can be used to help address the community housing needs of individuals with intellectual and other developmental disabilities. These funds will be used to address the activities in the ODDS system sustainability plan and implement other strategic innovations/initiatives associated with this plan. Fundamentally this plan is designed to prevent or delay access to high cost 24-hour service models and better promote the use in-home support service models of care.

2. **WHY DOES THE DEPARTMENT OF HUMAN SERVICS PROPOSE THIS POP?** To better address needs of individuals with intellectual and other developmental disabilities and address the strategic changes needed by the system. See answer #1.

3. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?** This POP reinforces the use of community base services for people with intellectual and other developmental disabilities which promotes the key values of DHS of integration, independence, self-sufficiency and community contribution.

4. **IS THIS POP TIED TO A DEPARTMENT OF HUMAN SERVICES PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL THE DEPARTMENT OF HUMAN SERVICES MEASURE THE SUCCESS OF THIS POP?** Yes, to the fundamental measures of people living as independently as possible.

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.** No.

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?** To consider not restoring the fund to the original level. This option was rejected because of the need to implement innovations and strategies to sustain the system as described in responses to earlier questions. Since this fund is tied to the closure of the Fairview Training Center, this is a highly significant point of interest by advocates who want to see the proceeds from the sale of Fairview be used to further support community services for people with intellectual and other developmental disabilities.

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?** There would be a diminished capacity to use interest from the fund in a meaningful, strategic way.

8. **WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?**

9. **WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?**

Implementation Date(s): 7/1/13

End Date (if applicable): _____

a. **Will there be new responsibilities for the Department of Human Services? Specify which Program Area(s) and describe their new responsibilities.** No

b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).** No

c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.** No.

d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.** No.

e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?** No

f. **What are the ongoing costs?** N/A

g. **What are the potential savings?**

h. **Based on these answers, is there a fiscal impact?**

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0		
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$6,950,134	$0	$0	$6,950,134		
Other	$0	$0	$0	$0		
Total	**$6,950,134**	**$0**	**$0**	**$6,950,134**		

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

(Program Area 1) Revenue Impact:

Description of Revenue	OF	FF	TF
Licensing fees (Comp Srce 0975)	0	0	0
Basic 110(Comp Srce 0995)	0	$0	0
Total	**$0**	**$0**	**$0**

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Developmental Disabilities
Program Name: Office of Developmental Disabilities
Policy Option Package Initiative: Roll Up of Contracted Service Costs
Policy Option Package Title: Contracted Service Costs Roll Up
Policy Option Package Number: 109-5
Related Legislation:
Program Funding Team: Healthy People

Summary Statement: This continues the costs of contracted services in DD In Home Services. Service costs are based upon a written care plan and are limited by published Rate Guidelines and contract provisions.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$4,856,426**	**$0**	**$8,219,574**	**$13,076,000**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?**

2. **WHY DOES THE DEPARTMENT OF HUMAN SERVICS PROPOSE THIS POP?**

3. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?**

4. **IS THIS POP TIED TO A Department of Human Services PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL Department of Human Services MEASURE THE SUCCESS OF THIS POP**?

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT. NO**

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?** Breach of contract.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/13

End Date (if applicable): 6/30/15

a. Will there be new responsibilities for the Department of Human Services? There will be no new responsibilities, but the service planning and rate setting functions conducted by case managers will alter. Specify which Program Area(s) and describe their new responsibilities.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document). No.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program. No.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary. No.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training? No.

f. What are the ongoing costs?

g. What are the potential savings?

h. Based on these answers, is there a fiscal impact?

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	*Position*	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$4,856,426	$0	$8,219,574	$13,076,000		
Other	$0	$0	$0	$0		
Total	**$4,856,426**	**$0**	**$8,219,574**	**$13,076,000**	**0**	**0.00**

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	*Program Area 4*	Total
General Fund	$0	$0	$0	$0	$0
Other Fund	$0	$0	$0	$0	$0
Federal Funds- Ltd	$0	$0	$0	$0	$0
Total Funds	$0	$0	$0	$0	$0
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Developmental Disabilities
Program Name: Office of Developmental Disabilities
Policy Option Package Initiative: In Home Support Services
Policy Option Package Title: Home and Community Based Funding Increases
Policy Option Package Number: 109-6
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

This is a place holder to increase rates to providers for in home services. Typically these providers are hired directly by the in-home client. In-home services are becoming the cornerstone of the service delivery system for individuals with developmental disabilities and their families. These services lead to high levels of consumer satisfaction, are extremely cost efficient, and are critical to long-range plans for assuring system sustainability. Toward that end, attracting and maintaining a qualified workforce of in-home providers is critical. This Policy Option Package is submitted as an investment to assuring access to a stable workforce so the benefits of in-home services, at both the individual client and system level, can be fully realized.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$7,426,020**	**$0**	**$12,568,648**	**$19,994,668**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?**

2. **WHY DOES THE DEPARTMENT OF HUMAN SERVICS PROPOSE THIS POP?**

3. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?**

4. **IS THIS POP TIED TO A Department of Human Services PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL Department of Human Services MEASURE THE SUCCESS OF THIS POP**?

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**
   No

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**
   Breach of contract

8. **WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?**

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/13

End Date (if applicable): 6/30/15

a. Will there be new responsibilities for the Department of Human Services? There will be no new responsibilities, but the service planning and rate setting functions conducted by case managers will alter. Specify which Program Area(s) and describe their new responsibilities.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

No.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

No.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

No.

f. What are the ongoing costs?

g. What are the potential savings?

h. **Based on these answers, is there a fiscal impact?**

Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$7,426,020	$0	$12,568,648	$19,994,668		
Other	$0	$0	$0	$0		
Total	**$7,426,020**	**$0**	**$12,568,648**	**$19,994,668**	**0**	**0.00**

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4
General Fund	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name:	Department of Human Services
Program Area Name:	Developmental Disabilities
Program Name:	Office of Developmental Disabilities
Policy Option Package Initiative:	Implement a centralized, electronic client record and case management system.
Policy Option Package Title:	Electronic Records System for DD Comprehensive and Support Services.
Policy Option Package Number:	109-9
Related Legislation:	
Program Funding Team:	Healthy People

Summary Statement:

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.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$2,445,998**	**$0**	**$2,444,866**	**$4,890,864**

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?** 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 service providers and case management entities with users, including state staff, having access via assigned user roles for security purposes. This system will provide for a centralized structure for access to client plans, services, and outcomes. This system will interface with the current service payment systems already in place and used by the Office of Developmental Disability Services. There is a suggested provider of such a service – Therap Services. This is a service that is utilized in other states and is designed for programs serving people with developmental disabilities.

2. **WHY DOES THE DEPARTMENT OF HUMAN SERVICS PROPOSE THIS POP?** 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. Additionally, because of easier access to statewide information, this POP will allow for greater efficiencies of Department-wide staff engaged in such activities as performance and financial audits, licensing and regulatory activities, and abuse investigations and protective services. This system can also be accessed by CCO's and as such can assist in efforts to further implement Health System Transformation in regard to individuals with severe disabilities.

3. **HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS? By providing access to improved information and data, t**his POP will help further all the Department goals as they relate to improved client outcomes, effective and efficient use of resources, improved strategic planning for improved and sustainable future services. This also helps promote statewide goals as they relate to Health System Transformation.

4. **IS THIS POP TIED TO A DEPARTMENT OF HUMAN SERVICES PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL THE DEPARTMENT OF HUMAN SERVICES MEASURE THE SUCCESS OF THIS POP?** Yes, this POP is tied to most performance measures, fundamental process, and breakthrough measures in that it will be a central component to assessing efficiency, effectiveness, and service outcomes.

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**
No.

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?** There are possible solutions through the internal development of internal customized systems within the Department, but these are several years in the offering given current resources and competing priorities for existing IT needs. The need for the benefits of a centralized client record and case management system is a current need to be addressed. Discussions with IT representatives are in support of this proposal with the recognition that it might eventually be replaced with an internal system when timing and resources eventually align.

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?** This will continue to compromise the state's ability to provide oversight of services. CMS has expressed concerns about statewide oversight which as a primary funder of service could have adverse consequences or cause less planned response based on compliance with their expectations. Moreover, ODDS has developed a plan to address the sustainability issues associated with the developmental disability system. Lack of access to information that would be provided by this POP could compromise effective implementation and evaluation of that plan. Lastly, the Department faces immediate challenges to it system for providing employment services for people with developmental disabilities. Access to client and case management information on a statewide basis is critical for responding to those challenges.

8. **WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?** Community Developmental Disability Programs (CDDP's), as the case management entities, and community service provider entities will be effected since they would be users of the proposed system. OHA and CCO's are also possible users and beneficiaries of the proposed central, electronic record keeping system.

9. **WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?**
The assumptions are based on a cost of $100 per client per month. Client count is based on the 2013-15 forecast of 22,700. The funding for this POP would qualify for an administrative match. For system work OIS has recommended 1 ISS7 and 1 OPA2 for 21 months as contractors.

Implementation Date(s): 7/1/13

End Date (if applicable): _____

a. **Will there be new responsibilities for the Department of Human Services? Specify which Program Area(s) and describe their new responsibilities.** No.

b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).** No.

c. **Will there be changes to client caseloads or services provided to population groups?** No.

d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.** No. (See 1B)

e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?** No. (See 1B)

f. **What are the ongoing costs?** Annual service costs of $100 per client.

g. **What are the potential savings?** It is anticipated that savings will be realized by efficiencies of state staff, in particular those performing audit, regulatory, and abuse/protective service functions related to developmental disability services.

h. **Based on these answers, is there a fiscal impact?** Yes.

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$154,940	$0	$153,776	$308,716	2	1.66
Services & Supplies	$2,290,468	$0	$2,290,502	$4,508,970		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$590	$0	$588	$1,178		
Other	$0	$0	$0	$0		
Total	**$2,445,998**	**$0**	**$2,444,866**	**$4,890,864**	**2**	**1.66**

DHS - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$0**	**$0**	**$0**	**$0**	**$0**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

What are the sources of funding and the funding split for each one?

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Aging and People with Disabilities
Program Name: Medicare Buy-in/ Post Acute Services
Policy Option Package Initiative:
Policy Option Package Title: Medicare Buy-in/ Post Acute Services Transfer to OHA
Policy Option Package Number: 201-1
Related Legislation:
Program Funding Team: Healthy People

Summary Statement:

This Policy Option Package transfers budgetary authority for Medicare Buy-in and Nursing Facility post acute services from the Department of Human Services to the Oregon Health Authority.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$(125,968,532)**	**$0**	**$(221,783,403)**	**$(347,751,935)**

Issue

Should the Department of Human Services continue to manage the budgets for Medicare Premiums, Medicare Skilled Nursing Facility Coinsurance and OHP Post Hospital Extended Care?

Information and Analysis

The Department of Human Services and the Oregon Health Authority will begin operating as separate agencies for the first time in the 2011-2013 biennium. In general, all health care related budgets are now under the management of the Oregon Health Authority. A few notable exceptions exist, however. Those exceptions include:

Medicare Buy-in: This budget pays the Medicare premiums for low-income individuals who, because of their low income, have difficulty making those premium payments. This is a required payment for those individuals who are under 135% of the Federal Poverty Level (FPL) as they are eligible for a Medicare Savings Program. It also contains payments for OHP clients who receive Medicare and are over 135% of FPL. If these premiums were not paid, the Oregon Health Plan would become the first payer on all health claims, resulting in significantly higher costs. These payments are critical to reducing overall expenditures in the Oregon Health Plan. Pooling these resources for Coordinated Care Organization (CCO) contracts may provide additional leverage and purchasing power that would not otherwise be available if the budget remained with DHS.

Medicare Extended Care (Medicare Skilled Nursing Facility coinsurance): Currently, DHS manages the budget for this benefit. This is a Medicare health-related benefit intended to rehabilitate individuals after a period of hospitalization. Medicare pays days 1-20 in full and imposes a coinsurance amount on days 21-100. Transferring this budget to the Oregon Health Authority will give Coordinated Care Organizations the incentive to ensure cost shifts do not occur (e.g. premature hospital discharges) and provide oversight of overall health outcomes.

Oregon Health Plan Post Hospital Extended Care: This benefit mirrors the Medicare skilled nursing facility benefit for individuals without Medicare coverage. The Oregon Health Plan benefit provides for 20 days of

nursing facility coverage after a qualifying hospital stay. Again, transferring this budget to the Oregon Health Authority will give CCOs the incentive to monitor and manage the full continuum of health-related care.

Recommendation: Transfer the following budgets from the Department of Human Services to the Oregon Health Authority during reshoot:

Categories	Clients	Cost Per Case	Total Funds (24-months)	General Funds
Medicare Buy-in (Part A)	5,178	$469.98	$58,406,125	$21,915,280
Medicare Buy-in (Part B)	107,220	$106.06	$272,911,118	$97,888,421
Nursing Facilities Extended Care	125	$4,608.40	$13,825,200	$5,186,305
Nursing Facilities OHP PHEC	10	$10,872.88	$2,609,492	$978,526
		Total	**$347,751,935**	**$125,968,532**

Transferring these expenditures will allow the Oregon Health Authority to pool these resources and leverage greater purchasing power with the initiatives under consideration. Additionally, it will incent CCOs to manage the full continuum of care for individuals enrolled in their organizations.

Approved:

Erinn Kelley-Siel Director Department of Human Services	Bruce Goldberg, MD Director Oregon Health Authority

DHS Comparison of Current 2011-13 Programs to the Governor's Recommended Budget for 2013-15

Self Sufficiency Programs		
Program Area Overview	**Program services at 11-13 LAB**	**Program services at 13-15 GRB**
Temporary Assistance to Needy Families		
Caseload (including 1 and 2 parent families)	***32,805 per month***	***32,986 per month (based on Fall 2012 forecast)***
Maximum Cash Benefit for Family of 3	Continue at maximum $506 per month for family of 3	Continue at maximum $506 per month for family of 3
Time Limit on TANF Program Receipt	Continues 60-month time limit in State law. The time limit only applies to adults and minor parents who are heads of household. Counting of time on TANF is suspended anytime a hardship exemption (as described in State law) exists. An adult (or minor parent head of household) may continue to receive TANF beyond 60-months if a hardship exemption exists. If no hardship exemption exists, children may continue to receive TANF once the adult reaches the time limit.	Creates a 36-month full-family time limit (keeps hardship exemptions in current State law). This action will change current policy in three ways: 1) The time limit is shorter (from 60 to 36 months); 2) Rather than suspending time counting whenever a hardship exemption exists, each family will be reviewed when they reach 36 months of TANF receipt to determine whether a hardship exemption exists. Families can be extended beyond 36 months if a hardship exemption exists at the time the family reaches 36 months of TANF receipt. And 3) For families where no hardship exists, the entire case would close. Children in the household will not be eligible to continue receiving TANF. Effective 10/1/13.
JOBS services	Reduced the array of JOBS contracted employment and training services and available support services such as child care and transportation assistance for families in the TANF program. Provides four sets of services: Work Search, Supported Work/Work Experience, JOBS Plus, and high school completion for teen parents. Services for Supported Work/Work Experience are for 60 days only, and for fewer hours based on capped support services (adjustments in administrative rule were later made to these policies). Service reaches fewer than 25% of the those who are required to participate to engage in services at	Continues limited JOBS program with funding levels equal to JOBS budget funding in 2011-13. With adjustments to the same budget, provides five sets of services: Work Search, Supported Work/Work Experience, JOBS Plus, High School or GED completion for teen parents, and Vocational Training limited to no more than 6 months. Service capacity allows fewer than 25% of those who are required to participate to access JOBS support services - such as child care and transportation - and contracted employment and training services.
Up Front TANF Eligibility	Temporarily modified up-front TANF eligibility requirements. As a condition of eligibly for TANF, an applicant must complete an employability assessment and orientation as part of eligibility process.	Continues requirement for applicants to complete an employability screening and participate in an overview of the JOBS program, as a condition of eligibility for TANF.
Family Supports and Connections	Program funded at approximately 50% of need for contracted services intended to prevent child abuse and neglect for families in the TANF program.	Program budget continues to be funded at 2011-13 levels, or approximately 50% of need for contracted services intended to prevent child abuse and neglect for families in the TANF program.
Maintenance of Effort - required to avoid penalties and loss of TANF Block Grant	Met MOE requirement.	Continues to meet MOE requirement.
Cooperation Incentive Payment	Permanently eliminates incentive payment for families participating in the JOBS program.	Continues permanent elimination of incentive payment.
Post-TANF	Funded Post TANF payment at $50 until April 2012 (ended earlier based on legislative action in the 2012 Session).	Continues suspension of the Post TANF payment until June 2015.

Pre-TANF	Reduced maximum Pre-TANF payment amount from up to twice the TANF grant depending on family size to equal to the TANF grant. Payments cannot be made for addressing shelter or public utility needs.	Continues maximum Pre-TANF payment amount at up to the TANF grant amount depending on family size. Payments continue to be restricted and cannot be made to address housing and utility needs.
Re-engagement and Disqualifications	Permanently moved to a two-step disqualification level for families receiving TANF who are not participating in their JOBS planned activities (the first a reduced payment lasting up to 3 months and the second lasts one month at full-family sanction). Re-engagement expectations were maintained. Families who do not re-engage during full family sanction are ineligible for TANF for two consecutive months following full family sanction month. This change has resulted in additional families, losing TANF benefits or having their benefit amounts reduced as a result of disqualification.	Continues two-step level (the first a reduced payment lasting up to 3 months and the second lasts one month at full-family sanction), maintaining re-engagement expectations. Families who do not re-engage during full family sanction are ineligible for TANF for two consecutive months following full family sanction month.
Pre-SSI Enhanced Grant	Temporarily eliminated the enhanced grant for families in the Pre SSI/SSDI program. Clients in program will receive the standard TANF grant amount. Effective 10/1/11.	Continues temporary elimination of enhanced grant through June 2015. Clients in program will receive the standard TANF grant amount.
Employment Separation Penalty ("job quit")	Maintained temporary penalty to deny TANF to a family in which a caretaker relative is separated from employment (for a reason such as quitting a job) without good cause for up to 60 days with exceptions. This penalty was modified in the 2012 session to last a total of 4 months.	Maintains 4 month penalty denying or terminating TANF to a family in which the caretaker relative is separated from employment (for a reason such as quitting a job) without good cause with exceptions.
Income Limit for Non-Needy Caretaker Relative Families	Maintained temporary income eligibility limit equal to 185 percent of the federal poverty guidelines for families in which the caretaker is a relative who is not the child's parent and is not included in the TANF benefit calculation.	Maintains through June 2015 an income eligibility limit equal to 185 percent of the federal poverty guidelines for families in which the caretaker is a relative who is not the child's parent and is not included in the TANF benefit calculation.
Parents as Scholars	Temporarily restricted access to the Parents as Scholars program. People approved for PAS enrollment (as of 6/30/11) were grandfathered and allowed to continue school provided they remained eligible. No new PAS enrollment occurred.	Continues to allow people who were approved for PAS as of 6/30/11 to continue school through the 2013-15 biennium provided they remain TANF eligible. Continues restriction preventing additional PAS enrollment through June 2015.
Employment Related Day Care	Maintains ERDC in DHS for 2011-13 biennium	Maintains ERDC in DHS for 2013-15 biennium
Caseload	Program capped at an average of 8,500 caseload, effective 5/1/12. (Previous to 2012 legislative session the program was capped at an average of 9,500 through December 2012, program capped at 10,000 from January 2013 to end of the biennium.)	Program funded for biennial average of over 9,000 cases
Co pay - sliding scale based on income	2012 Legislative session implemented a 10% reduction by increasing the copay by 10%, effective 5/1/12.	Continues 2011-13 copay levels
Provider Payment Level	no change	no change
Self Sufficiency Staffing and Technology		
Staff level percentage of workload model	Self Sufficiency staffing levels will be at about 68 percent of the workload model based on the Spring 2011 DHS Caseload forecast	Self Sufficiency staffing levels will be at about 71 percent of the workload model based on the Fall 2012 DHS Caseload forecast
Information Technology	Continues modernization project in alignment with health care reform.	Continues modernization project in alignment with health care reform.

Child Welfare Programs		
Program Area Overview	**Program services at 11-13 LAB**	**Program services at 13-15 GRB**
Foster Care payment level	Base rate reduced by 10% from 2009-11 payment level using the MARC study data.	Rates continued at 2011-13 levels. No COLA included.
Behavioral Rehabilitation Service provider payments	A budgeted 10% reduction that is still in negotiations with providers.	10% rate reduction was not implemented in 2011-13. 2013-15 budget also includes a 4% medical inflation rate on top of 2011-13 rates.
Target children's program - serves children with multiple mental health issues or a history of physically/sexually aggressive behavior who are ineligible or inappropriate for foster care, residential care, psychiatric hospitalization, DD Services, or termination of wardship.	Funded at 2009-11 levels with caseload increases	Funded at 2011-13 levels plus 4% medical inflation.
In-Home Services	Funded at 2009-11	Funded at 2011-13 levels.
System of Care payments - child specific services not available from other funding sources.	Funded at 2009-11	Funded at 2011-13 levels.
Addiction Recovery Teams	Funded at 2009-11	Funded at 2011-13 levels.
Differential Response Model	Funding for planning a new, community-based, culturally specific "Differential Response" model for child welfare, designed to support efforts to safely reduce the number of children entering the foster care system and reduce the length of stay of those who do. This system will provide a natural continuum for more at-risk families identified through the Governor's early childhood effort and reduce disparities in child welfare for children of color. This approach may also mitigate some of the downstream effects of the TANF reductions. $5 million is also placed in a special purpose appropriation for discussion at the February Session once planning for specific investments is further along. Appropriation was reallocated to other, non-Child Welfare Programs in January 2012.	Funded to implement the new, community-based, culturally specific "Differential Response" model for child welfare. Model will support efforts to safely reduce the number of children entering the foster care system and reduce the length of stay of those who do. This system will provide a natural continuum for more at-risk families identified through the Governor's early childhood effort and reduce disparities in child welfare for children of color. This approach may also mitigate some of the downstream effects of the TANF reductions. Implementation depends on increases Child Welfare staffing levels which the budget includes.
Critical Incident Response Team (CIRT)	Not funded	Not funded
DHS Equity Office	Funding and staffing is added to improve the agency's efforts to address issues of equity by providing culturally responsive and specific services to achieve better outcomes for the racially, ethnically and culturally diverse individuals it serves.	Funded at 2011-13 levels.

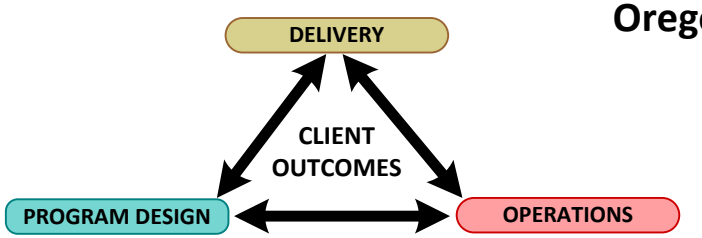
Domestic Violence Specialists and Resources	Contractors in DHS offices to coordinate advocates that help DV survivors with safety planning, education, and advocacy. Also includes funding grants for non-profit infrastructure development. Dollars for infrastructure improvements were removed and implementation delayed by 6 months.	Funding at 2011-13 levels plus restoration of the infrastructure dollars and sufficient funds to ensure co-location is fully funded for 24 months of the biennium.
Child Welfare staffing - Staff level percentage of workload model	At the LAB level of funding, Child Welfare staffing levels will be at about 67.5 percent of the workload model based on the Spring 2011 DHS Caseload forecast.	Child Welfare staffing levels will be at about 80 percent of the workload model based on the Spring 2011 DHS Caseload forecast.
Post-Adoptive Services	Funded through biennium with one time federal fund Adoption Incentive Award.	General funds restored to ensure maintenance of 2011-13 services level.
Strengthening, Preserving, & Reunifying Families (SPRF)	New funding to implement the Strengthening, Preserving, & Reunifying Families Programs in 6 counties. 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.	Program funding is increased from 11-13 levels to facilitate implementation in additional counties statewide.
Homeless and Runaway Program	Moved from OCCF into DHS	Funding increased by 53% to expand service capacity.
Vocational Rehabilitation Programs		
Program Area Overview	**Program services at 11-13 LAB**	**Program services at 13-15 GRB**
Vocational Rehabilitation services	Continues funding to leverage available federal funds - In "order of selection" (client prioritization) but likely able to serve all clients with carryover funds under five year spending plan	Continues funding to leverage available federal funds - In "order of selection" (client prioritization) but likely able to serve all clients with carryover funds under five year spending plan at current caseload level.
Meet maintenance of effort requirement and draw all eligible federal funds (22% GF - 78% FF match rate)	Maintenance of Effort and Match may become an issue after 2012.	Maintenance of Effort and Match may become an issue after 2012.
Employment First	N/A	Funds an initial investment of funds and staff to enhance implementation of Employment First policy in conjunction with Developmental Disability Programs.

Developmental Disability Programs		
Program Area Overview	**Program services at 11-13 LAB**	**Program services at 13-15 GRB**
Comprehensive services - 24-hour care and associated services for children and adults with development disabilities	Comprehensive rate reductions implemented in the 09-11 biennium continue. The LAB reduces rates for most comprehensive services by an additional 4%, effective March 1, 2012. Adult foster home rates for providers serving individuals with developmental disabilities reduced by 6% effective October 1, 2012. Children's foster care rates reduced by an additional 4% effective October 1, 2011.	Rates continue at 2011-13 levels. Projected caseload growth is included. No Cost of Living Adjustment (COLA) provided.
	Alternatives to employment day programs are restored to 90% of 09-11 funding level. Six percent rate reductions for Employment/ Community Inclusion providers implemented in 09-11 biennium continue. An additional four percent rate reduction is scheduled for March 1, 2012.	Rates continue at 2011-13 levels. Projected caseload growth is included. No Cost of Living Adjustment (COLA) provided.
Adult Support Services - ages 18 and older	Only serve clients eligible for Medicaid as of Oct 1, 2011. Restored benefit package to Brokerage clients ages 18-21. All Brokerage clients with Medicaid eligibility will have access to same benefit package. Benefit levels are increased by 1.25% effective 4-1-13 to implement collectively bargained wage increases for Personal Support Workers.	Continues limitation of eligibility for services implemented in October 2011 and 11-13 benefit levels. Projected caseload growth is included.
Employment First Policy Implementation		Invests additional resources to increase integrated employment options and outcomes for transition age youth and for working-age adults with intellectual and developmental disabilities.
Children Support Services	Family Support restored to 54% of 09-11 budget - $2M Limit long term in-home support utilization to 250 families with a $1,000 per month cap. Continues Intensive, daily and specialized in-home support services. Adds new Family-to-Family network services ($600,000)	11-13 levels of Family Support and limits in long term in-home support utilization continue. Adds new Family-to-Family network services by increasing networks from 4 to 10 ($1.2M GF).
Fairview Housing Trust Fund	Maintains the fund at $6 million. Funds from Trust account will not be removed until second year of the biennium.	Restores the fund to original amount by adding $6.9M GF.
Counties and brokerages administrative costs	County administrative costs reduced by 10%. Support Service Brokerage administrative costs reduced by 6%.	Continues the reductions in County and Brokerage administrative costs without restoration. No Cost of Living Adjustment (COLA) provided.
County and brokerage case management	Reduce by 2%	Continues reduction in County and Brokerage case management without restoration. No Cost of Living Adjustment (COLA) provided.
County and brokerage quality assurance staff in counties and Brokerages	Eliminate all quality assurance staff in counties and brokerages	Some additional resources to address Quality Assurance included, with specific amount and implementation strategy to be determined.
County staff, assigned regionally, to work with clients in crisis.	Reduce funding by 10%.	Funding continues at 2011-13 levels. No Cost of Living Adjustment (COLA) provided.
Infrastructure & Technology		Invests in implementation of a statewide electronic record keeping system that will improve quality of care and increase system efficiency.

Aging and People with Disablilities Programs		
Program Area Overview	**Program services at 11-13 LAB**	**Program services at 13-15 GRB**
Long Term Care Services administered to eligible clients.	Long term care services administered by the Department of Human Services.	Long term care services administered by the Department of Human Services.
In-Home Services	Authorized hours for instrumental activities of daily living reduced by 10%, resulting in approximate 5% reduction in overall hours, effective January 1, 2012. Continue June 30, 2011 rates for one year. Funding for costs of Homecare Workers reduced by 14%, effective April 1, 2013, without state revenue increase.	Reinstates rates to March 31, 2013 level, and increases funding levels by 2.5% on October 1, 2013, and another 2.5% on January 1, 2015. Implements K-Plan to receive and additional 6% of Federal Funding in Home and Community Based Care programs.
Community Based Facility Services	June 30, 2011 rates continue. Rates reduced by 16%, effective April 1, 2013, without state revenue increase.	Reinstates rates to March 31, 2013 level, and increases rates by 2.5% on October 1, 2013, and another 2.5% on January 1, 2015. Implements K-Plan to receive an additional 6% of Federal Funding in Home and Community Based Care programs.
Nursing Facility Services	June 30, 2011 rates continue. Rates reduced by 19%, effective April 1, 2013, without state revenue increase.	Extends current rate methodology and Long Term Care Provider Tax that is scheduled to sunset 6/30/2014. Transfers Extended Care and Post Hospital Extended Care budget to OHA. Implements final stage of increased CNA staffing ratio.
Other APD Services		Adds capacity to meet Mental Health needs $7.3 million GF; Replace aging case management system with modern, flexible solution. $3.0 million GF; Increases capacity for Care Coordination and statewide ADRC development $1.8 million GF; Adds capacity for high needs clients to transition out of NFs $2.0 million GF; Creates APD Innovation Fund to lower cost and increase quality $3.2 million GF.
Long Term Care Case Management	Case management services delivered by Area Agencies on Aging and State Offices.	Case management services delivered by Area Agencies on Aging and State Offices.
Medicare Buy-in Programs	Budget resides within the Department of Human Services.	Budget transferred to the Oregon Health Authority.
Adult Protective Services and SPD Eligibility Work		
Program Area Overview	**Program services at 11-13 LAB**	**Program services at 13-15 GRB**
Adult Protection Services staffing (percentage of workload)	Continues staffing level at 62% of workload	Increases staffing to 95% based on newly updated workload model
Adult protective staff fund shift	Claim eligible matching funds on certain facility complaints.	Claim eligible matching funds on certain facility complaints.
Eligibility determination staffing	71.00%	Staffed at 85% of the APD workload model.
Other DHS staffing	No new positions. Elimination of 27 positions.	Minimal position increases to staff high priority initiatives.
Transfer Area Agencies on Aging funding.	Funding equivalent to 85% of cost of state-run office through February 2012 then at 83.7% for remainder of biennium without additional state resources.	Funding equivalent to 95% of cost of state-run office.

DHS-Wide Program Impacts		
	Program services at 11-13 LAB	**Program services at 13-15 GRB**
Staffing Costs	Assumes reduction in current staffing costs by 5.5% through salary freeze, furlough, or other actions underfunded DHS staff by $25 mil GF and $50 mil TF needing over 400 positions to be left unfilled the entire biennium.	Includes no salary increases or step increases - includes a salary pot of 81 million but also includes changes to PERS
Management reduction $6 mil GF for 63 management reductions.	Assumed 63 positions permanent reductions to reach HB 4131 goals and reduce management costs.	Makes these 63 positions permanent reductions - makes investments to meet 4131 standards.
Inflation was built into the CSL budget	N/A	Removes or repurposes most inflation factors included in DHS budget
Administrative reduction targets.	6.5% S&S targets were removed from the budget.	Adds statewide targeted administrative reductions to be further defined by Improving Government Workgroups charged with finding statewide efficiencies.

Oregon Department of Human Services



DHS DIRECTOR
Erinn Kelley-Siel

- COMMUNITY ENGAGEMENT – Margaret Carter
- EQUITY/MULTI-CULTURAL SERVICES – Gloria Anderson
- TRIBAL AFFAIRS – Rick Acevado
- MEDICAL DIRECTOR – Vacant

DELIVERY

- Brokerages (13)
- Community DD Programs (29)
- State Operated Community Program Homes (23)
- Local APD Offices (34)
  District Offices (12)
- Area Agencies on Aging (17)
- Disability Determination
- Adoption Assistance
- Local Child Welfare Offices (45)
  District Offices (16)
- Local Self Sufficiency Offices (74)
- Vocational Rehabilitation Offices (34)

PROGRAM DESIGN

Developmental Disabilities
Patrice Botsford / Trisha Baxter

Aging and People with Disabilities
Mike McCormick (d) / Trisha Baxter

Safety and Permanency for Children
Lois Day / Jerry Waybrant

Self Sufficiency
Liesl Wendt / Jerry Waybrant

Vocational Rehabilitation
Stephaine Taylor / Jim Scherzinger

OPERATIONS

Chief Financial Officer
Eric Moore

- DHS Budget
- Budget Center*
- Forecasting*
- Financial Services*

Human Resources
Carolyn Ross

- Human Resources Center*

Communications
Gene Evans

- Publications*
- Forms/Distribution*

Legislative and Client Relations
Mickey Serice

- Legislative Relations
- Legal Relations
- Rules and Contested Hearings
- Governor's Advocacy Office

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Marie Cervantes

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Performance Excellence*
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Program Integrity
Chuck HIbner

Payment Accuracy & Recovery*

Shared Services Liaison*
Jeremy Emerson

- Procurement*
- Imaging and Records Mgmt.*
- Facilities*

* Denotes a shared services provided to DHS and OHA

Oregon Department of Human Services
Vocational Rehabilitation Programs

Overview

We help Oregonians with disabilities become employed through specialized training and new skills. This includes helping youth with disabilities transition to jobs as they become adults, helping employers overcome barriers to employing people with disabilities, and partnering with other state and local organizations that coordinate employment and workforce programs. A total of 383,381 work age Oregonians experience a disability but only 36 percent are employed. Employment helps people with disabilities become more self-sufficient, involved in their communities and live more engaged, satisfying lives. Investments through this program provide outcomes for individuals, helping them become productive members of our society, contributing to local economies and reducing a reliance on expensive state programs.

Current funding levels

The Governor's Recommended Budget to operate the Vocational Rehabilitation program is $16.4 million General Funds for the 13-15 biennium. This is a 3.6 percent increase from the Legislatively Approved Budget for the 11-13 biennium.

Office of Vocational Rehabilitation Economy and Jobs Total						
	GF	OF	FF	TF	Positions	FTE
LAB	15,879,444	2,269,521	61,506,963	79,655,928	224	220.28
GRB	16,445,239	2,320,412	64,627,927	89,830,420	224	220.28
Difference	565,795	50,891	3,120,964	10,174,492	0	0.00
Percent Change	3.6%	2.2%	5.1%	12.8%	0.0%	0.0%

Strategic funding proposals

We have prepared a strategic budget to improve our programs effectiveness and enhance the program's ability to provide further employment outcomes for Oregonians. Program improvements focus on return-on-investment through outcomes for our clients, including:

- Serve individuals with developmental disabilities
- Improve access for benefits planning
- Increase youth served transition services
- Expand capacity to serve employers

Serve individuals with developmental disabilities. We will begin serving clients with intellectual and developmental disabilities to improve service equity and provide additional focused support to further enhance the Developmental Disabilities Program Employment First initiative (Healthy People Funding Team). Vocational Rehab and the Developmental Disabilities (DD) program are party to a lawsuit and a Department of Justice civil rights complaint regarding the access of individuals with intellectual and developmental disabilities to supported employment services due to the large number of individuals who have been placed in sheltered employment. A number of these individuals have significant barriers to employment and our counselors and service providers will need additional skills and expertise to assist. We propose creating a service specialist position to provide training and technical assistance for counselors and partners to enhance employment outcomes. The recommended remedies for the civil rights complaint focus on transitioning the focus on sheltered employment into community-based employment. This will require significant changes in service design, delivery, and coordination with education, DD services, community providers and employers.

Improve access for benefits planning. Individuals with disabilities fear losing benefits and necessary critical medical coverage if they become employed, due to federal rules and regulations. We are working with the seven Centers for Independent Living and Disability Rights Oregon (a private non-profit) to sustain the Work

Incentive Network (WIN). WIN was originally developed as a pilot project through a Medicaid Infrastructure Grant and funding may end for these services. WIN is an evidence based practice, providing benefits and work incentives planning to individuals with significant disabilities who want to obtain, maintain, or increase their employment but should not lose other benefits and medical coverage. This allows people on disability benefits to become employed, gain more levels of self-sufficiency, become engaged in their communities and live a higher quality of life. They also begin paying taxes and reduce reliance on those publicly funded services.

This initiative funds positions needed to operate a statewide Work Incentives Network (WIN) on a continuing basis. This includes coordinator positions, training, technical assistance and administrative positions.
This investment will increase employment for SSI/SSDI recipients to 590 individuals per year and recover $900,000 in cost reimbursement to the state for individuals who have ceased benefit due to employment.

Expand youth served in Youth Transition Services. Youth with disabilities that complete high school and transition to work or postsecondary education or some mix do so at rates that exceed national averages through our Youth Transition Program. This nationally recognized school-to-work transition approach is a best practice for young people with disabilities. We partner with local school districts, the Department of Education, and the University of Oregon (which provides technical assistance, training and program evaluation). More schools across the state would like to implement this program and we'd like to increase our capacity to further develop this work ready workforce. Our proposal allows us to serve an additional 1,850 transition age youth.

Expand capacity to serve employers. One of the most significant barriers to employing people with disabilities involves overcoming employer concerns about the costs and efforts associated with hiring someone with a disability. Through one staff position, we provide outreach services, training and technical assistance to employers to help overcome this barrier. Our efforts have resulted in an additional 118 jobs for Oregonians in small businesses and larger organizations, such as Walgreens and Lowes. We would like to double our capacity and outreach efforts with this investment.

Conclusion

Over the course of the last two years, we have focused on improving performance by implementing performance-based job development contracts with private providers. In the past two years, this change has established standard rates for job preparation and job coaching services resulting in an overall reduction of service costs. Employment outcomes increased by 22 percent; cost per case decreased by 5 percent. We are improving the quality of jobs and return on investments with our contracts through a "vendor report card". Beginning in 2013, the report card will publish data about the number and quality of jobs vendors have developed as compared to dollars spent.

This proposal represents the next phase of strategic effort to leverage employment services to enhance the lives of Oregonians and contribute to local economies. Additional no-cost efforts underway include a five-year strategic employment plan that aligns with the state workforce plan; enhancing our employer engagement strategies; and establishing our agency as the model employer of individuals with disabilities. OVRS will also continue to actively engage with the Workforce Investment Board and the Workforce Policy cabinet in the implementation of the Board's 10-year Strategic Plan.

Department of Human Services
VOCATIONAL REHABILITATION PROGRAM

MISSION

The Department of Human Services Vocational Rehabilitation program assesses, plans, develops and provides vocational rehabilitation services to Oregon's increasingly diverse individuals to become independent through positive employment outcomes.

The program

This is a state and federal program authorized by state law (ORS 344.511et seq.) and the federal Rehabilitation Act of 1973, amended in 1998.

All working-age Oregonians with a disability legally entitled to work, with the exception of individuals with blindness, are potentially eligible for services. Individuals who experience a medical, cognitive or psychiatric diagnosis that results in an impediment to employment typically are eligible for services. Recipients of Social Security disability benefits are presumed eligible for services.

Approximately 96 percent of all eligible clients currently served by OVRS are persons with severe disabilities. These individuals typically experience multiple functional limitations requiring several services provided over an extended period.

We have counselors with expertise in the fields of autism, deafness and hearing impairments, mental health, motivational intervention, spinal injury, and traumatic brain injury; and, general caseload managers who provide consultation and technical assistance to agency staff.

Individuals we serve

Vocational Rehabilitation employees provide direct services through a network of local offices across Oregon. For a list, see http://cms.oregon.gov/dhs/Pages/localoffices/index.aspx

Services are provided by rehabilitation counselors and support staff who deliver direct client services through 34 field offices and multiple single employee outstations in one-stop career centers and other human services agencies across the state. The demographics in Oregon are changing and our services are adapting accordingly in order to meet the diverse needs of consumers seeking services in order to provide culturally specific services to consumers and to diversify the workforce delivering those services in order to achieve better outcomes.

Our numbers:

- Helped 15,214 individuals and obtained 1,2,032 employment outcomes. (2012)
- Contract with 39 school districts and consortia on behalf of 115 schools for approximately 1,400 students each year.
- Assisted 121 individuals with intellectual and developmental disabilities and 105 individuals with psychiatric disabilities obtain supported employment outcomes.
- .

SERVICES
This program is designed under four primary areas; basic services, youth programs, supported employment, and independent living.

Vocational Rehabilitation (VR) – These are basic services provided to individuals whose disabilities present societal challenges to employment. A rehabilitation counselor conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of eligibility for services as well as the nature and scope of services to be provided. Vocational counseling and guidance builds on this assessment and helps the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes services and training in support of the plan while maintaining a counseling relationship with the client.

Youth Transition Program (YTP) These services bridge the gap between school and work by providing coordinated vocational rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after completion of school. OVRS currently contracts with 39 school districts and consortia on behalf of 115 schools to provide and coordinate these services. Transition specialists work with students in their home schools. Youth with disabilities that complete high school and transition to work or postsecondary education or some mix do so at rates that exceed national averages through our Youth Transition Program. This nationally recognized school-to-work transition approach is a best practice for young people with disabilities. We partner with local school districts, the Department of Education, and the University of Oregon (which provides technical assistance, training and program evaluation).

Supported Employment Services (SES) These services targets individuals with the most significant disabilities who, with intensive training, job coaching and the provision of ongoing supports, can obtain and retain competitive employment in the community. Basic vocational rehabilitation services are provided on a time-limited basis for each client. The Mental Health Program, Developmental Disability Program, other community programs, families and private employers are responsible for the follow-along services once we completed placement and training services. Supported Employment Services combine traditional VR services and support services provided by job coaches, typically at job sites.

The Independent Living Program Services are available through seven Centers for Independent Living (CIL). The CILs are consumer controlled nonprofit organizations. This is a federal program established in Title VII of the Rehabilitation Act of 1973. Oregon's State Independent Living Council was established by Governor's Executive Order 94-12, in 1994. We have the responsibility to:

- receive, account for, and disburse funds received by the State under Title VII, chapter 1;

- provide administrative support services for a program under part B of chapter 1;
- keep records and provide access to such records as the Rehabilitation Services Administration Commissioner finds necessary; and
- submit such additional information or provide such assurances as the Commissioner may require.
- In addition, under the Title I Vocational Rehabilitation Program, Section 101(a)(18)(A)(ii)(II) requires there to be funding provided by Title I in support of the State Independent Living Council's resource plan.

Centers for Independent Living- Centers must provide at least four core services – information and referral, independent living skills training, peer counseling, and both systems and individual advocacy. CILs also provide a range of services based on local needs, many of which compliment services provided through other state and federally funded programs. As an example, benefits planning as an incentive to work, mentoring for individuals transitioning to less restrictive living environments, or training for individuals utilizing state-funded home care workers. Services are provided through a peer-mentoring model, with an emphasis on self-help, self-advocacy, and consumer responsibility. Specialists support clients as they work to achieve identified goals. Specialists are individuals who have experienced disabilities, and who have successfully overcome barriers to independence, employment and community involvement. Services are provided at the most appropriate location for the consumer's need – at a Center for Independent Living office, the consumer's home, or other community setting. The mentoring approach provides consumers with trusted advisors who understand their barriers and model the skills and qualities consumers are working to achieve.

Vendor report cards improve the quality of jobs and return on investments with our contracts through a "vendor report card". Beginning in 2013, the report card will publish data about the number and quality of jobs vendors have developed as compared to dollars spent. Report cards support consumers to make informed choices about service providers. The cards will be used with providers to identify areas of best practice, need for program improvement, and determine whether or not to continue contracting with a provider.

Client Status Indicator (CSI), a computer based tool that monitors critical elements of case flow and compliance, work that had previously been completed by staff. This tool will allow for more frequent reviews and feedback opportunities for staff; identification of training issues; and reduced audit findings.

Developmental Disabilities – Employment First initiative, we will support DHS' Developmental Disabilities program to improve service equity and provide additional focused assistance for their Employment First initiative. A number of these individuals have significant barriers to employment and our counselors and service providers will need additional skills and expertise to assist. Services will focus on community-based employment. This will require significant changes in service design, delivery, and coordination with education, DD services, community providers and employers.

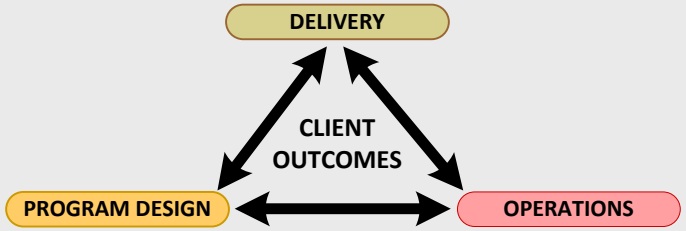
Work Incentive Network (WIN). WIN is an evidence based practice, providing benefits and work incentives planning to individuals with significant disabilities who want to obtain, maintain, or increase their employment but not lose other benefits and medical coverage. This allows people on disability benefits to become employed, gain more levels of self-sufficiency, become engaged in their communities and live a higher quality of life.

Serving Employers, One of the most significant barriers to employing people with disabilities involves overcoming employer concerns about the costs and efforts associated with hiring someone with a disability. We provide outreach services, training and technical assistance to employers to help overcome this barrier. Our efforts have resulted in an additional 118 jobs for Oregonians in small businesses and larger organizations, such as Walgreens and Lowes.

DHS Office of Vocational Rehabilitation Services (OVRS)

Organizational Structure

LAST UPDATED 01/30/2013



VR Operations
Jim Scherzinger
(DHS COO)

Vocational Rehabilitation Services Director
Stephaine Parrish Taylor

PROGRAM DELIVERY

OVRS Field Services
Joseph Miller / Vacant

- District Business Consultants
- **North Portland Branch** *Donna Duff*
- **Central Portland Branch** *Mary Shivell*
- **East Portland Branch** *Robert Costello*
- **Clackamas Branch** *Patrick Foster*
- **Washington Branch** *Vacant*
- **North Salem Branch** *Martha Dodsworth*
- **South Salem Branch** *Rhonda Meidinger*
- **Linn / Benton / Lincoln Branch** *Peter Norman*
- **Eugene Branch** *Bryan Campbell*
- **Springfield Branch** *Rocky Hadley*
- **Medford Branch** *Pete Karpa*
- **Roseburg Branch** *Amy Kincaid*
- **Bend Branch** *Gary Daniele*
- **Eastern Oregon Branch** *Susan Hughes*

PROGRAM DESIGN

OVRS Program Administration
Stephaine Parrish Taylor

- Admin and Support
- State Rehabilitation Council (SRC)
- Grant Coordination

Policy and Program Development
Travis Wall

- MIG Grant Unit
- Training Unit
- Project Access
- Policy and Program Support

Budget and Performance
David Ritacco

- Quality Assurance
- ORCA
- Contracts and Vendor Relations

State Independent Living Council (SILC)
Tina Treasure

Oregon Department of Human Services
Developmental Disabilities Program

Overview

We provide services to cover a lifetime of support to Oregonians with developmental disabilities. People with disabilities of all ages want the same opportunities every Oregonian wants: not just to survive, but to thrive. They want to live in their own homes and make decisions about daily activities, so they can go to school, work, church, enjoy recreation and participate fully in their communities. We currently help approximately 21,000 children, adults and their families have the best quality of life possible at all stages of their lifespan. Due to their economic situation, most individuals with developmental disabilities are eligible for a Medicaid waiver which allows them to remain in their family home or community instead of an institution. Our mission is to help them be fully engaged in life and, at the same time, address their critical health and safety needs.

History and Future State

The state of Oregon is recognized nationally as an innovative leader in developing community-based services for individuals with developmental disabilities. Oregon is one of only three states that have no state or privately operated institutional level services specifically for people with developmental disabilities. In fact, the majority of individuals with developmental disabilities in Oregon, approximately 67 percent, are served in their own home or their family's home.

That is the result of two decades of work to aggressively "re-balance" the developmental disabilities system -- moving from an institutional model with expensive "one size fits all" approach -- to a self-directed, family involved, individually focused and less expensive approach to service. Today, consumers and families report a high level of satisfaction through the increased control over services, the ability to more fully integrate in home communities and the benefits of home community life.

However, to maintain those high levels of satisfaction, to further advance the inclusion of people with developmental disabilities in their communities, and to serve the increasing number of people with developmental disabilities requesting services, the system has an urgent need to continue its evolution in a fiscally sustainable manner.

To that end, we have prepared a strategic budget designed to further improve the customer experience and advance efficiencies to maximize resources. Specifically, we seek to achieve the following outcomes and goals:

- Provide an array of options that are properly distributed to assure access through equitable and culturally competent services.
- Be responsive to emerging consumer demands for individualized, self-directed services and sufficient service choices.
- Assure the health and safety of individuals served.
- Promote maximum consumer independence and engagement in homes and communities.
- Leverage use of available federal funding options.
- Address improvements in business practices such as payment and information systems to achieve overall operational efficiencies.

Funding

The Governor's Recommended Budget to operate the Developmental Disability (DD) program for the 2013-15 biennium is $560 million in General Fund.

Developmental Disabilities Program - Healthy People Total						
	GF	OF	FF	TF	Positions	FTE
LAB	523,657,917	35,237,217	839,969,017	1,398,864,151	772	767.01
GRB	560,458,114	28,599,045	993,764,677	1,582,821,836	854	844.99
Difference	36,800,197	(6,638,172)	153,795,660	183,957,685	82	77.98
Percent Change	7.03%	-18.84%	18.31%	13.15%	10.62%	10.17%

With the ultimate goal of preventing or delaying access to the highest cost services within our system, we plan to direct funds to improve outcomes, expand on service innovations and strategically advance initiatives in the following areas:

- Employment outcomes
- Quality assurance
- Family-to-family support
- Expand access to services
- Technology
- Improve and implement new models of service

Developmental Disabilities Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Increase OVRS services to DD clients due to DD employment first referrals	0.31	0.00	1.12	1.43
Implement electronic case management and client record system for DD	2.45	0.00	2.45	4.90
Improving employment outcomes for people with disabilities	9.40	0.20	11.60	21.20
Increase OVRS services to DD clients due to DD Employment First referrals	0.43	0.00	0.87	1.30
Elect State K Plan option to add 6% match for Community Facilities	(2.71)	0.00	2.71	0.00
Continue 2011-13 bargained contracted rates for In-Home services	4.86	0.00	8.22	13.08
Home and Community Based Funding Increases	7.43	0.00	12.57	20.00
Family to Family Network Expansion	1.20	0.00	0.00	1.20
Elect State K Plan option to add 6% match for Community Facilities	(7.69)	0.00	7.69	0.00

Strategic Initiatives

Improve employment outcomes. Paid employment is the key to increased independence, choice, and community engagement from an individual and family standpoint. From a program standpoint, the more individuals with developmental disabilities that have meaningful employment, the less dependent they are on public services and service planning flexibility is increased. Recent litigation and U.S. Department of Justice (DOJ) findings have highlighted the criticality of progress in this area, which will be accomplished by:

- Increased training and technical assistance activities for provider organizations across the state. Support is needed to transition business models away from group or sheltered employment practices to more individually supported employment models.
- Implementing a new provider rate structure to incentivize the acquisition and maintenance of supported employment.
- Alignment of policies, services and resources between the DD Program, Vocational Rehabilitation Services and the Department of Education to serve an additional 200 individuals.
- Coordinated efforts with other state and local general workforce development and employer engagement initiatives.

Strategies to improve employment outcomes will be measured through the following metrics:

1. By 2016, sheltered workshops will not be an option for young adults leaving school.
2. By 2017, the number of adults served in sheltered workshops will reduce by 492 individuals or 30 percent.
3. Increase integrated supported employment opportunities for adult sheltered workshops by at least 10 percent per year between 2013 and 2017.
4. By 2017, the number of individuals in supported employment will increase by 32 percent, or a total of 1,000 individuals, with 80 percent of capacity growth and placements in individual employment.

Improve quality assurance. To continue our transition to a performance-based service delivery model, we propose to implement National Core Indicators (NCI), a series of nationally recognized quality assurance measures that assesses individual and family service outcomes. This will also allow Oregon to compare its system's performance results with that of other states. We also seek to restore funding for the quality assurance positions eliminated last biennium from Community Developmental Disability Programs (CDDPs) and Support Service Brokerages. These positions are critical to ensuring compliance with state and federal requirements, and allow state and local partners to identify system and service issues proactively.

Support families. We are proposing to double the number of contracted "Family-to-Family Networks" from 4 to 8 locations across the state. These community-based Networks support family members as caregivers for children with disabilities, often delaying or deferring entry into Medicaid-funded DD services. Networks advance a peer-support model, with families helping each other by creating opportunities for shared experience with other families with children with intellectual and developmental disabilities, and by providing respite and system navigation supports. These supports enable families to avoid crises and enable children to remain at home with their families.

Realign Support Services. Support Services is the major in-home program for individuals 18 years and older serving approximately 7,200 individuals monthly. It is the first level of service when adults enter the DD program. The average cost is approximately $1,000 per month with a maximum monthly limit of $1,770. When the maximum level of support services is insufficient to meet an individual's needs, the only option into today's system is to advance to a higher level

- 24-hour care setting, costing approximately $5,500 per month. Our budget proposes to realign our service levels, setting new mid-range cost/service limits for in-home support services. This will give the system flexibility to meet an individual's service needs without having to place the individual in a 24/7, higher cost service setting. This realignment will require that we gain approval from our federal partners and require us to build additional provider service capacity.

Technology advancements. New technology specifically designed for individuals with developmental disabilities will help us save time, staff resources, provide efficiencies and improve services for individuals we serve. This technology ranges from the use of remote monitoring to use of the various applications available through smart phone technology. We also need to implement a centralized, electronic client record and case management system. Today there is no common, centralized information system for client plans, services, and outcomes. Investment in this system will enhance the system's ability to effectively serve people, plan strategically, and provide required regulatory and oversight functions.

Redefine State Operated Community Programs (SOCP). These 24/7, state-run programs are used when no other community-based program can serve an individual. The program is designed to meet the needs of some of the most challenging individuals eligible for developmental disability services, including individuals who have committed crimes, are highly sexualized, etc. This biennium, the State has reduced our SOCP capacity by 22 percent. In doing so, SOCP is looking to enhance its capacity to serve as a short-term resource, rather than one where people come to live and stay for long periods of time. Resources included in this proposal would be used to stabilize the individual, build community capacity, and work to return the person back into a privately owned/operated community setting as soon as possible. The goal is to assure that the limited capacity of this high-cost service is always available to those most in need, while optimizing its size and minimizing the risk of expansion.

Conclusion

This proposal represents a substantive level of strategic planning that will allow the DD system to improve the quality of service it offers to Oregonians with developmental disabilities and their families that support them. The primary focus is on sustainable, quality service programming that accounts for the short- and long-term budget realities that shape our implementation planning. Out-of-home placements for people with disabilities can range from $24,000 to $156,000 a year. Focusing our efforts on helping people with disabilities remain at home or in their community provides not only financial benefits, but better quality throughout their lifespan. We are confident that this plan will maximize resources and strengthen the service system, enhancing its ability to produce results for those we serve.

Department of Human Services
DEVELOPMENTAL DISABILITIES Program

MISSION

The Department of Human Services Developmental Disability program (DD) cover a lifespan of support to Oregonians with intellectual and other developmental disabilities (I/DD). Our mission is to help individuals be fully engaged in life and, at the same time, address any critical health and safety needs.

The program

DD strives to support choices of individuals with I/DD and their families within communities by promoting and providing services that are person-centered, self-directed, flexible, community inclusive, and supportive of the discovery and development of each individual's unique gifts, talents and abilities.

We are committed to work toward service options to assure that people with intellectual and other developmental disabilities have the opportunity to have fulfilling and meaningful lives allowing them to contribute and enjoy their communities.

We currently help over 21,000 children, adults and their families have the best quality of life possible at all stages of their lifespan. Due to their economic situation, most individuals with developmental disabilities are eligible for a Medicaid waiver which allows them to obtain community-based services instead of an institution.

We seek to achieve the following outcomes and goals**:**

- Provide an array of options that are properly distributed to assure access through equitable and culturally competent services.
- Be responsive to emerging consumer demands for individualized, self-directed services and sufficient service choices.
- Assure the health and safety of individuals served.
- Promote maximum consumer independence and engagement in homes and communities.
- Leverage use of available federal funding options.
- Address improvements in business practices such as payment and information systems to achieve overall operational efficiencies.

Individuals we serve

More than 21,000 Oregonians with I/DD access services each month. Individuals eligible for services must have an intellectual or other developmental disability that significantly impedes their ability to function independently. Most individuals meet Medicaid financial eligibility requirements. Most of the services are administered under Medicaid home and community-based waivers. Intellectual and other developmental disabilities include mental retardation, cerebral palsy, Down syndrome, autism and other impairments of the brain that occur during childhood. These disabilities must be expected to be lifelong in their effect and has a signficant impact on the person’s ability to function without supports.

Some people with I/DD may also have significant medical or mental health needs.

SERVICES

Our service system is comprised of three basic components. There are two broad program service areas - support services and comprehensive services. The third major component is program design and delivery.

Program Services

DD offers a broad array of services in order to optimize consumer choice and arrange cost effective services based on need. The array includes a variety of in-home, congregate care, and ancillary services.

Support Services programs are designed to provide in-home and community supports for a child or adult with I/DD. Supports are things such as respite care, daily staff support and access to assistive devices and equipment. When families are supported to provide the core care, even individuals with the most significant needs have active and engaged lives in their community.

One purpose of support services is to defer the need for full, 24-hour programs or comprehensive care, which represent the higher cost models of service system. Support services are designed to partner with families or other already existing supports, relying on the continuing existence of those supports and filling in the gaps of care and needs with public-funded services.

Services may also include in-home staffing, behavior specialist, job support or community access and equipment. All support services programs are designed to be self-directed, which means the individual and their family identify the type of service, the amount of service and who provides it with a certain fixed amount of funds available to purchase those services. The individual or their family directly hire or contract with providers. Without these services many individuals will enter into a crisis status and require much more expensive out-of-home services such as group or foster homes. In-home support services average approximately $680 per month per individual while out-of-home services average approximately $5,472 per month.

For both children and adults, support services are provided through personal support workers, certified provider agencies, general community businesses, behavior consultants, and respite providers. Personal Support Workers were provided collective bargaining rights in 2010 through HB 3618.

Adult Support Services supports those adults with I/DD who are living at home with families or in their own home and are Medicaid eligible. The majority of support services, approximately 7,300, are provided to adults in this particular program. These services are provided through certified entities called Support Service Brokerages across the state. The program operates under a Medicaid Home and Community Based Waiver. Costs for this service are about $650 per month. The current annual cap is set at $21,562 per person, per year for support services. The individual receives case management from a Brokerage and works with staff to identify necessary supports a person requires to remain in their home and live in the community. Within a funded benefit level the person may use funds for services such as respite, in-home staffing, job support, community access, and equipment.

The General Family Support Program support services are offered to any family of a child under age 18. The program offers minimal support services with the most common request being for respite services. The average amount spent per family is $625 per year. Our surveys tell us this support is of great value to families. All children in these programs have case managers through their county Community Developmental Disabilities Program (CDDP) and support services are allocated based on need. Most children are also in school programs and the case manager coordinates between school and home.

Long Term Family Support Program services are offered to a family whose child is in a crisis status and without support to the family the child would have to enter more expensive out-of-home services. This program is limited to a maximum of 250 families and each family cannot exceed a service cost of more than $1,000 per month. Like the general family support program, all children in these programs have case managers through their county Community Developmental Disabilities Program (CDDP) and support services are allocated based on need. Most children are also in school programs and the case manager coordinates between school and home.

Family-to-Family Networks, These family-driven networks provide training, information, referral, and general support from one family to another. Just having another family to connect with or problem solve is often what it takes to be supported. Networks also help if a child cannot continue to live with the family because of their care needs or the family circumstance changes. Often, once a child moves out of the family home into a foster care or group home care, they stay in 24-hour care for the remainder of their lifespan.

Comprehensive Services are for individuals with the highest level of care needs and those who can no longer remain at home. These services are 24-hour supports, mostly provided in settings outside the family home such as group homes, supported apartments or foster care. Of the 21,000 individuals enrolled in services, 7,000 are living in 24-hour group homes or foster care.

Services are funded under a Medicaid Home and Community-Based Waiver. These waivers provide a statutory alternative to institutional care. Community-based, as opposed to institutional care, remains a more cost effective program as well as being the most desirable by clients and the State.

Individuals usually receive these services when they are unable to stay at home on their own or with their family. This is usually due to a change in the person's needs or the change in the caregiver's ability to continue providing services. There is a period of 90 to 120 days before comprehensive services are offered, where crisis services may be provided to determine if we can divert long term placements or behavior consultation to determine if an intervention can turn the crisis around.

For children with disabilities, they enter comprehensive service as a voluntary placement because the intensive needs of the child can't be met in the family home or is involuntary through child welfare action. Fifty percent of the children in comprehensive care come in through the child welfare system. Child Welfare programs maintain responsibility for court

relationship but DD provides the specific disability related care.

Within comprehensive service, there are also services ancillary to the residential programs. Most adults get day services at 20 - 25 hours a week for out of home activities, including work related services. Non-Medical Transportation is also provided to help individuals with I/DD when public transportation is not available or not feasible to help individuals participate in employment or other services. DD, service advocates and our stakeholder community have identified that individuals who are engaged in employment have better health and social outcomes.

All day services for adults are based on the *Employment First Policy*. This policy holds the general philosophy that individuals with developmental disabilities have the ability, with the right supports, to be productive and contributing members of their communities through work. This philosophy also recognizes intrinsic and financial benefits of paid work to the individuals with disabilities and their families.

Comprehensive Services are structured to meet the person's needs on a 24-hour basis. Individuals are assessed using either the Supports Intensity Scale or the Support Needs Assessment Profile to determine the extent of support needed and resulting provider payment. The use of a statewide rate assessment tool is a requirement of the Waiver. Services include both residential and day programs if the person is over 21 and out of school.

Group homes, apartment programs and day programs are run by 120 private agencies, the majority being non-profit organizations. There are approximately 1,200 foster providers. The field services are provided through the county Community Developmental Disabilities Program (CDDP). Case managers determine program eligibility, develop and monitor plans of care, and provide crisis and protective service work.

State Operated Community Program (SOCP) is another component of the Comprehensive Service system. SOCP provides a safety net for Oregon's most vulnerable, intensive, medically and behaviorally challenged individuals with developmental disabilities. SOCP provides services when no other community-based option is available for an individual with I/DD. This includes people with developmental disabilities coming out of the Oregon State Hospital, correctional systems, and from crisis situations where counties and private providers cannot meet the needs of the individual to ensure their health and safety. SOCP focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible.

SOCP provides 24 hour residential and day supports to individuals with I/DD from all across the state who have significant medical or behavioral care needs. The services are provided in small group homes located across seven counties. The SOCP cannot refuse to serve anyone because their needs are too high.

SOCP started in 1987 when Oregon moved all children living at the state institution for people with developmental disabilities to private providers. There were a small number of individuals with complex medical or behavioral needs who could not be supported by private providers.

From the first homes that were opened by SOCP to today, the profile of the individuals served has changed. As private agencies increase their skills to meet challenging needs and agree to provide services, the person who needs a safety net has changed. In 2000, SOCP had six homes serving 30 people that were considered "medical," which means they serve people with high medical needs. Today there are three homes for 15 people. In the past, the numbers of people with intensive behaviors had a diagnosis of autism. Today, intensive behaviors are more related to co-occurring mental health diagnosis and/or criminal convictions.

Recent budget reductions have resulted in six homes being closed. This has reduced overall client capacity by 22 percent.

In-Home Comprehensive Service are also provided in some specific situations. For adults there is a comprehensive in-home program individuals that can still be served in their family home but need a level of supports beyond the annual limit of $21,562 imposed for support services for adults.

For children, there are three specialized in-home programs, each with limited capacity for no more than 200. Collectively these services are known as the Children's Intensive In-Home Services (CIIS). One of these programs is for children with intensive behavioral issues and without supports would require specialized out-of-home services. The second program is for children with medical issues that without support would require nursing home services. The third program is for children with intense medical needs. These are children that are dependent on life support technology such as ventilators and without these in-home services would require services in a hospital setting.

Diversion or crisis services are available to all individuals with I/DD regardless of the service types or settings they are receiving. These short-term services (which could include additional in-home support, respite or temporary out-of-home placements) are provided to individuals with developmental disabilities who are at imminent risk of being committed to the state for their care and custody due to potential harm to themselves or others. The purpose is to try and ameliorate the situation creating the crisis situation by focusing intense targeted supports and minimizing the need for costly long-term supports.

Program Design

Staff and services support the administration of ODDS programs through a central office providing strategic planning, program funding, policy development, general oversight, and technical support to community services and support and leadership for various advisory councils.

Program Delivery

The structure for service delivery and design includes a central program administration office and contracted services with Community Developmental Disabilities Programs (CDDP) and Adult Support Service Brokerages (Brokerages). Contracted Community Developmental Disability Programs (CDDP), usually operated by County government are responsible for service eligibility determination, program enrollment, case management, abuse investigation, provider development, quality assurance, and crisis response. CDDP's are also responsible local planning and resource development, and documentation of service delivery to comply with state and federal requirements. ODDS provides funding for nearly 497 FTE of CDDP staff.

For adults who are getting Support Services, the case management function is provided by the contracted Brokerages.

Community Developmental Disability Programs (CDDP) field reviews ODDS conducts field reviews in each county in a five-year cycle. Areas of review include accuracy and reporting of eligibility for developmental disabilities determinations, targeted case management functions, documentation and billings, incident reporting and abuse investigations, contract development and monitoring, client plan of care reviews and family support implementation. The reviews have assisted ODDS in identifying CDDP-specific strengths and weaknesses requiring more training and technical assistance, as well as common trends across the state that may suggest a need for system changes, improvements, best practices and training.

Adult Support Services field review ODDS conducts annual field reviews of the 13 Adult Support Services brokerages. Areas of review include completeness and quality of assessment and related plan development, timeliness of access to plan development and implementation, responsiveness to participant needs and choices, documentation of provider and staff qualifications, accuracy of benefit levels, fidelity to department-issued rate and expenditure guidelines, and comparison of plan authorizations to expenditures. The findings are reviewed with the individual brokerages, and the aggregate results are compared to established benchmarks. The outcomes often lead to practice changes and increased understanding of ODDS policy within a specific brokerage. They may lead to overall system changes, focused training for individual or multiple brokerages, and refinement of ODDS policy.

History – future trends

The state of Oregon is recognized nationally as an innovative leader in developing community-based services for individuals with developmental disabilities. Oregon is one of only three states that have no state or privately operated institutional level services specifically for people with developmental disabilities. In fact, the majority of individuals with developmental disabilities in Oregon, approximately 67 percent, are served in their own home or their family's home.

That is the result of two decades of work to aggressively "re-balance" the developmental disabilities system -- moving from an institutional model with expensive "one size fits all" approach -- to a self-directed, family involved, individually focused and less expensive approach to service. Today, consumers and families report a high level of satisfaction through the increased control over services, the ability to more fully integrate in home communities and the benefits of home community life.

However, to maintain those high levels of satisfaction, to further advance the inclusion of people with intellectual and other developmental disabilities in their communities, and to serve the increasing number of people with I/DD requesting services, the system has an urgent need to continue its evolution in a fiscally sustainable manner.

Nationally and in Oregon, the number of people with developmental disability-related needs, such as the autism spectrumand alcohol and drug-related causes, is growing. There also is an increase in the number of people who need services and have co-occurring mental health or corrections needs. Over the past two years there has been a net increase of

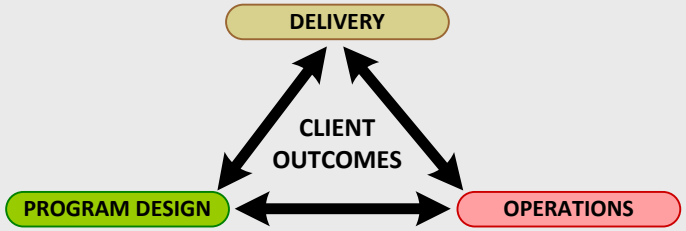
over 2,000 children and adults with developmental disabilities requesting new services. As a result of the increase in caseload and the nature of the presenting issues the number of children and adults requiring new or increased funding to meet crisis needs is also increasing.

The overall balance of who is being supported by the 24-hour service system is changing. While caseloads are increasing, access to existing resources based on client turnover is declining due to longer life spans. New services being developed are primarily for children and adults in crisis, whose needs are high, usually due to supports related to significant medical needs or behavior and mental health.

DHS Office of Developmental Disabilities Services (DD)

Organizational Structure

LAST UPDATED 01/31/2013



PARTNERS

Chief Operating Officer DD/APD
Trisha Baxter

Developmental Disabilities Director
Patrice Botsford

DD Deputy Director
Mike Maley

State Operated Community Programs (SOCP)
Bob Clabby

- SOCP Administration
- SOCP houses statewide (23)

Support Service Brokerages (13)
- Full Access
- Inclusion, Inc.
- Child, Youth & Family Integrated Services Network, LLC
- Mentor Oregon Brokerage Metro
- Resource Connections of Oregon
- Creative Supports, Inc.
- Independence Northwest
- Self Determination Resources Inc.
- Southern Oregon Regional
- Eastern Oregon Support Services
- Mentor Oregon Brokerage Mid-Valley
- Community Pathways
- United Cerebral Palsy Association

Community DD Programs (CDDP)
- Baker County
- Benton County
- Clackamas County
- Clatsop County
- Columbia County
- Coos/Josephine/Curry (CLCM)
- Crook County
- Deschutes County
- Douglas County
- Gilliam/Morrow/Wheeler Counties
- Grant County
- Harney/Lake (EOHSC)
- Jackson County
- Jefferson County
- Klamath County
- Lane County
- Lincoln County
- Linn County
- Malheur County
- Marion County
- Multnomah County
- Polk County
- Tillamook County
- Umatilla County – State Operated: Bob Clabby
- Union County
- Wallowa County
- Wasco/Sherman/Hood River (Mid-Columbia)
- Washington County
- Yamhill County

Community Provider Entities
Providing: Residential Services
Employment / Day Supports

DD Program Administration
Patrice Botsford

Program Policy and Service Delivery
Corissa Neufeldt

Provider Support
Mike Maley

Children's Services and Family Supports
Bruce Baker

- Children's Residential
- Children's In-home
- Children's Behavior Wavier

ReBAR Program and Assessment Unit
Jan Morgan

PROGRAM DELIVERY

PROGRAM DESIGN

Oregon Department of Human Services
Self Sufficiency Programs

Overview

Oregonians access self-sufficiency services when they are in need and have no other alternatives. From all corners of the state, we served over one million Oregonians last year through our Supplemental Nutrition Assistance Program (SNAP). Most Oregonians seeking assistance need help meeting needs such as nutritious food – over 800,000 just this month – or basic supplies through cash assistance for families with children living in extreme poverty such as utilities, housing and basic hygiene needs, or assistance with quality child care so parents can remain employed to maintain a path of financial stability. Programs also help low-income families impacted by domestic violence or refugees seeking a safe area to live. Some programs require involvement in employment services or job training to help them move quickly to supporting themselves and their families. Families can also receive help to apply for other federal programs (such as Supplemental Security Income) if employment is not a viable option.

Challenges

When adequately resourced, staff delivering these programs can help Oregonians transition to jobs and reduce the cycle of poverty. This keeps families safe and stable, supporting the healthy development of young children. Unfortunately, with an economic recession that triggered a dramatic increase in demand from Oregonians and subsequent program reductions as funding resources became strained, these programs have been significantly challenged to achieve results.

Nevertheless, even with the number of Oregon families in extreme poverty seeking cash assistance, increasing by 96 percent since the start of the current recession, DHS employees rose to the occasion – reducing wait-time for SNAP (formerly food stamp) benefits from nine days to same day/next day service for more than 90 percent of the nearly 820,000 Oregonians served. The Governor's budget supports current staffing levels. However, DHS adjusted eligibility positions relative to case management positions which will increase case manager staffing from 35% to 64%. Eligibility staffing will reduce to 72%. Eligibility work is expected to be mitigated by the efficiencies gained through eligibility automation for SNAP and medical once the initial modernization of program computer systems is implemented.

Seeking Self-Sufficiency

Self-Sufficiency programs are designed to help break the cycle of poverty, help Oregonians transition to jobs, support the healthy development of young children and help keep families stable, preventing children from being abused or neglected and from requiring out-of-home placement in more expensive foster care. The economic recession triggered a dramatic increase in demand from Oregonians. For example, the number of Oregon families in extreme poverty seeking cash assistance is 96 percent higher than prior to the start of the current recession.

While some reductions will be implemented or continue from last biennium, the Governor’s Balanced Budget provides support for caseload increased costs, including maintaining funding behind the one-time backfill of federal revenues to help Oregonians meet their basic needs including employment assistance and access to quality child care.

The Governor's Balanced Budget for Self Sufficiency Programs is:

Self Sufficiency Total						
	GF	OF	FF	TF	Pos	FTE
LAB (Dec Rebal)	303,855,060	145,684,999	446,953,925	896,493,984	2,068	2,065.71
GBB	394,177,657	145,544,021	450,226,101	989,947,779	2,076	2,059.1
Difference	89,671,743	9,513,881	17,175,821	116,361,445	(47)	(58.7)
Percent Change	29.4%	7.0%	4.0%	13.3%	-2.2%	-2.8%

Note: The large increase in GF from LAB to GBB is primarily due to backfilling $46 million in one-time TANF and SNAP bonus funding, $11 million in CCDF one-time funding and $8 million in Provider Tax Backfill related to OHP standard. An additional $31 million is the phase out of primarily furlough savings from 2011-13. These numbers do not include $2.5 billion in Non Limited Federal Funds in the SNAP program.

GBB funding includes:

- Capacity to maintain caseload levels;
- Increasing access to Quality Child Care;
- Continuation of previous reductions;
- Implementation of a 36 month time limit for TANF.

Self Sufficiency Totals				
Self Sufficiency Investments/Reductions	GF	OF	FF	TF
DHS IT modernization and eligibility automation continuation	7.12	14.18	34.66	55.96
Continue 185% FPL TANF eligibility for non-needy caretaker relatives	(6.84)	0.00	0.00	(6.84)
Continue 120 day ineligibility for TANF if unemployed without good cause	(0.91)	0.00	0.00	(0.91)
Continue up front assessment and JOBS orientation to be TANF eligible	(3.08)	0.00	0.00	(3.08)
Continue ineligibility for ERDC for Self Employed	(1.97)	0.00	0.00	(1.97)
Continue increased Co-Pay of 10% started in 11-13	(3.41)	0.00	0.00	(3.41)
Increase average monthly caseload from 8500 to over 9000	6.90	0.00	0.00	6.90
Add 36 month time limit	(10.43)	0.00	0.00	(10.43)

Modernization. In addition to an increased demand for services at a time of limited resources, DHS recognizes that Oregon - and our clients - are changing. We are serving more people of diverse backgrounds and with a wide-range of skill sets – and yet, our model of service delivery continues to offer a "one-size-fits-all" approach to qualifying and accessing services. In addition, as the Health and Early Learning systems continue to transform, our model of case management for Oregonians receiving TANF services (and Oregonians receiving Medicaid Long-Term Care services, *see* LTC 3.0), merits re-examination to ensure maximum results and minimal duplication.

To that end, the DHS "Modernization" initiative has two major components:

1. Service Delivery Modernization: Changing our service delivery approach to improve the customer experience by creating opportunities for clients to access services in more customized ways and ensuring that clients have the time they need with case managers. This approach allows the department to focus on person and family-centered approaches, rather than service models that are driven by specific programs.

2. Modernized Technology: By automating eligibility processes and ensuring data interoperability within and across DHS and OHA programs, including the Health Insurance Exchange, streamlined systems will free up time currently spent on paper and manual processing and allow for that time to be re-invested in time with clients and community partners. This is an extension of our current "continuous improvement" or Lean Daily Management efforts, recognizing the barrier that our outdated technology infrastructure currently plays in the workload effort our staff must make to produce results.

Time Limits
Included in the GBB is a policy change moving from a 60 month time limit for adults who do not meet exemptions to a 36 month full family time limit. This policy change would be implemented in October of 2013. This would change the current policy by limiting TANF eligibility not just to the adult who has reached the time limit, but to the entire household. Additionally, current policy allows exemptions to 'stop the clock' as the exemption occurs. The new policy, if implemented, would not consider exemptions during accrual of months, but at the point a person reaches the 36 month limit. During the first six months following implementation, an average of 21 families per month is expected to be impacted. During the last six months of the biennium, an average of 1,634 families per month would be affected by the time limit.

TANF JOBS program. Today, the JOBS program is only funded to serve approximately 15 percent of families needing employment and training services. This funding level continues in this biennium. Previous reductions in JOBS resulted in a 75% reduction in contracted employment and training services. DHS case management staff resources are currently at 35 percent of the need to provide eligibility and case management services given the growth of the TANF caseload. These resource challenges mean that it is more important than ever to think differently about how services are provided to ensure that families can gain employment as quickly as possible.

The reduction in JOBS funding increased referrals of work-ready TANF clients to Workforce Investment Act (WIA) services. Building on the foundation of early partnership across workforce programs, DHS, Oregon Employment Department and the Community Colleges and Workforce Development agency are in the process of identifying strategies to better align service innovations to expand capacity for assessment and referral to both job search and WIA funded training opportunities. Finally, this budget anticipates scaling up efforts to support local development of partnerships with employers for a sector-focused effort to increase subsidized work, on-the-job training, and work experience opportunities.

Extension of other TANF reductions
This budget extends for two years reductions implemented in the 2011-13 biennium, including the continuation of suspensions of key provisions in the HB 2469 (2007) program design. These include:

- Elimination of the State Family Pre-SSI/SSDI enhanced grant
- Extension of the 2011-13 TANF benefit levels, without the Cooperation Incentive for 36,355 families

- Maintains the 2011-13 income limit for relative caregivers who are caring for a child in the absence of a parent.
- Maintains the 2011-13 'job quit penalty' for 120 days for parents who quit a job or cause their own dismissal.
- Maintains the reduction of the Pre-TANF program from up to 200 percent of a grant amount in payments to 100 percent of the grant amount.
- Maintains the modification to the re-engagement and disqualification process.
- Continues suspension of the Parents as Scholars program.
- Continues suspension of the Post TANF program for those who leave TANF due to employment.

Support for family stability and child well-being. More than 35 percent of children in foster care were receiving Temporary Assistance for Needy Families (TANF) supports within two months of entering care. This budget proposes maintaining current funding levels to support family stability and child well-being for families in extreme poverty receiving funds through TANF, thereby reducing the likelihood that those children are abused or neglected and enter foster care. We served 7,336 families during the 2009-2011 biennium – approximately half the estimated need in this program area.

Increase Access to Quality Child Care. 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 contracted slots and strengthens training for providers in support of health, safety and positive child development.

DHS, in collaboration with the Oregon Department of Employment's Child Care Division, continues its innovative partnerships with child care and education programs by expanding the Head Start contracted child care to Oregon Program of Quality (OPQ) providers. The key goals of the field test are for children to have access to continuous quality child care, for families to have continuity of child care to support their employment, and for providers to have stable funding. A statewide research team has been 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.

Conclusion

While the need for services continues to exceed available resources, it is critical to also plan how work can be done differently both within the programs and by engaging community partners. For DHS customers, it will be important to assess their needs and connect them quickly to services that help them find work or remove barriers.

Many of the families served in self-sufficiency programs also connected to workforce, health, safety and education systems. As a modernized technology system is developed, the DHS eligibility processes will be streamlined which will allow DHS to re-purpose staff time to support improved employment outcomes for

parents receiving TANF and to better make connections across major systems such as health care and early learning.

The transformation, of our human service delivery model is dependent on the strategic investments outlined in this budget. Specifically without modernization DHS will not be able to realign staff to improve TANF Case Management staff levels without an additional GF investment. These upfront investments will, in the short-run, maximize results for clients and begin reducing the TANF caseload by maximizing employment outcomes. In the long-run, these investments will improve service quality and equity, ensure that DHS clients benefit from coordination with other systems (including health, education, and workforce systems), and allow the Department to maximize results by delivering accurate, culturally appropriate and essential services to Oregon's most vulnerable families.

Department of Human Services Self Sufficiency Program

The Department of Human Services Self Sufficiency program (SS) provides assistance for low-income families to promote family stability and help them become self-supporting.

The major program areas within Self Sufficiency are:

- Supplemental Nutritional Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF) and TANF-related programs such as Pre-TANF, Family Support and Connections (FS&C), and Post TANF
- Employment Related Day Care (ERDC)
- Job Opportunity and Basic Skills (JOBS)
- Temporary Assistance for Domestic Violence Survivors (TA-DVS)
- Refugee Program
- Youth Services Program
- Program Delivery and Design

Self Sufficiency employees provide direct services through a network of local offices in every county across Oregon. For a list, see http://oregon.gov/dhs/Pages/localoffices/index.aspx

The program

Oregonians access self-sufficiency services when they are in need and have no other alternatives. We served over one million Oregonians last year through our Self-Sufficiency programs. Most Oregonians need help meeting needs such as nutritious food – over 806,000 in December 2012 or basic supplies through cash assistance for families with children living in extreme poverty such as toothpaste, bedding, and other basic hygiene needs, or assistance with quality child care so parents can remain employed and maintain a path of financial stability. Self-sufficiency programs also help low-income families impacted by domestic violence or refugees seeking a safe area to live. Some programs require involvement in employment services or job training to help individuals move as quickly as possible to supporting themselves and their families.

Seeking Self-Sufficiency

These programs are designed to help break the cycle of poverty, help Oregonians transition to jobs, support the healthy development of young children and help keep families stable, preventing children from being abused or neglected and from requiring out-of-home placement in more expensive foster care. The economic recession triggered a rapid increase in demand from Oregonians. For example, the number of Oregon families in extreme poverty seeking cash assistance is 80 percent higher than prior to the start of the current recession.

We seek to achieve the following outcomes and goals**:**

- Provide an array of options that are properly distributed to assure access through equitable and culturally competent services.
- Be responsive to emerging consumer demands for individualized, self-directed services and sufficient service choices.
- Assure the health and safety of individuals served.
- Promote maximum consumer independence and engagement in homes and communities.
- Leverage use of available federal funding options.

- Address improvements in business practices such as payment and information systems to achieve overall operational efficiencies.

SERVICES

Supplemental Nutrition Assistance Program (SNAP) is a federally funded benefit program to help low-income families, single adults, and childless couples buy the food they need to meet their nutritional needs. Benefits to clients are 100 percent federally funded; however, the administration of the program requires a 50 percent state match. Approximately one in five Oregonians or 21 percent of the population receive SNAP benefits.

Self-Sufficiency offices across the state serve approximately 87 percent of the SNAP population. The balance of the population includes elderly persons (65 and older) plus persons with disabilities who require services. They are assisted by Aging and Persons with Disabilities (APD) local offices and their contracted agencies (Area Agencies on Aging, Disability Services Offices and Councils of Government).

Money from the program spreads quickly through the State economy. The United States Department of Agriculture (USDA) calculates that for every $5 of SNAP benefits, there is $9.20 of total economic activity. SNAP is an important and constantly growing anti-poverty program. Recent research has shown that SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing child poverty.

Food and Nutrition Service (FNS) within the USDA regulates SNAP. Although Federal regulations do allow a few state options, any significant variation from the regulations must be approved by FNS through a formal process.

Temporary Assistance for Needy Families (TANF) TANF is a critical safety net program for families with children living in extreme poverty. TANF helps families, including over 63,000 children, from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. Safety net programs are usually the last step for families with few or no resources left, and any assistance can have an immediate impact on their health, safety and well-being. These families typically use TANF funds to prevent homelessness and to help with other factors contributing to family instability. The goal of the program is to help families address barriers, and gain skills and access to employment opportunities to become self-sufficient.

TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children.

Job Opportunity and Basic Skills (JOBS) program. Most parents and caretaker relatives must meet additional requirements to receive TANF services. The JOBS program provides employment and skill building services to parents receiving TANF assistance. Individuals must participate in JOBS to gain skills necessary to join the workforce and retain a job or face possible sanctions, including losing benefits. A TANF family may participate in the JOBS program and access a

variety of other programs and services as part of the plan to move a client towards self- sufficiency.

State Family Pre-SSI/SSDI (SFPSS) Program is designed to assist TANF-eligible individuals with disabilities obtain Social Security disability benefits through the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs. The program serves individuals who are not required to participate in the JOBS program due to their health condition.

Post-TANF is a program that provides an incentive to employment. This program has been suspended for the remainder of the biennium because of budgetary constraints. Post-TANF provided a small transitional payment of (Reduced from $150 a month to $50 due to budget reductions) a month for up to a year for those who leave TANF due to employment. The goal of this incentive was to help families transition to financial independence to reduce their chances of returning to the program.

Family Support and Connections provides supports to prevent children in at-risk TANF families from entering the child welfare system. Home visiting and community based services are used to guide interventions that build on family strengths and address family functioning issues.

Temporary Assistance to Domesic Violence Survivors (TA-DVS) TA-DVS provides temporary financial assistance and support services to families with children affected by domestic violence during crisis or emergent situations when other resources are not available. TA-DVS is used to help the domestic violence survivor and the children address their safety concerns and stabilize their living situation, thus reducing the likelihood of the survivor returning to the abuser. These services maintain the safety of these vulnerable children and their parents, and can prevent sometimes life-threatening situations. These services also help prevent child abuse and the need for child welfare intervention.

Refugee Program serves individuals and families who fled persecution in their country of origin and were legally admitted for resettlement by the United States government. The program helps refugees and asylum residents successfully resettle in this country by providing financial, employment-related services and acculturation services. The program guides refugees into self sufficiency through employment as early as possible. The program serves only those persons in immigration categories approved by the Federal Office of Refugee Resettlement (ORR).

Youth Services includes age-appropriate, medically accurate sexual health education programs and multi-site AmeriCorps prevention programs. These services support community prevention efforts to enable TANF families in breaking the generational dependence on public assistance. The Youth Services Programs expand on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk taking behaviors. DHS partners with the Oregon Department of Education and the My Future - My Choice Advisory Committee to develop and implement this sexual health education program. During the 2010-2011 school year, this curriculum was implemented in 17 counties and 26 school districts.

Employment Related Day Care program (ERDC) helps very low-income working families from a variety of cultural and

linguistic backgrounds arrange and pay for quality child care. ERDC provides low-income families with the same opportunity to quality child care as other families with higher incomes. Quality child care nurtures a child's learning and development so the child is better prepared to succeed in school. ERDC helps parents stay employed and gain self-sufficiency by assisting with the consistent, stable child care parents need to remain on the job. ERDC also supports care for children with special needs, as well as offering providers who come from diverse cultural backgrounds. Providers required to register with the State must meet a set of health and safety standards, and all are required to complete background checks.

Program Delivery and Design

Program provides design, personnel and service delivery in addition to oversight, planning, reporting, implementation, training, eligibility and benefit issuance for programs that support a diverse, low-income population in need of economic supports and self-sufficiency services to meet their basic needs.

Staff at the State and local levels coordinates with Child Welfare to work with families to increase their stability and prevent Child Welfare involvement. This collaboration helps to support safety by ensuring children are cared for regardless of the system of service. Other collaborations have been built around domestic violence; housing; alcohol, drug and mental health treatment; workforce development; Vocational Rehabilitation; health care, and education.

Community-based domestic violence advocates located in field offices work with families working with either child welfare and self sufficiency programs. The focus of this effort being to target the major drivers of child abuse/neglect and to stabilize families. *(This resource is shared between Child Welfare and Self Sufficiency Programs).*

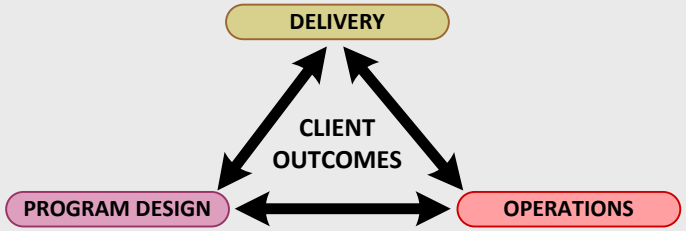
When adequately resourced, staff delivering these programs helps break the cycle of poverty and help Oregonians transition to jobs. This keeps families safe and stable, supporting the healthy development of young children. Unfortunately, with program reductions and an economic recession that triggered a dramatic increase in demand from Oregonians, these programs have been significantly challenged to achieve results managing caseloads.

Even with the number of Oregon families in extreme poverty seeking cash assistance, increasing by 80 percent since the start of the current recession, DHS employees rose to the occasion – reducing wait-time for food stamp benefits from nine days to same day/next day service for more than 90 percent of the nearly 820,000 Oregonians served.

DHS Office of Self Sufficiency (SS)

Organizational Structure

LAST UPDATED 01/30/2013



Chief Operating Officer CW/SS
Jerry Waybrant

Self Sufficiency Director
Liesl Wendt

SS Deputy Director
Carol Lamon

PROGRAM DELIVERY

Field Services Administration
Sandy Dugan

- Field Services Administration
- Level of Care Unit
- EBT Replacement Unit
- CW Hearings Representatives

District 1 Administration
Lee Coleman

District 2 Administration
Jerry Burns

District 3 Administration
Rene DuBoise

District 4 Administration
Marco Benavides

District 5 Administration
John Radich

District 6 Administration
Lisa Lewis

District 7 Administration
Betty Albertson

District 8 Administration
Doug Mares

District 9 Administration
Tyler Flaumitsch

District 10 Administration
Pat Carey

District 11 Administration
Vacant

District 12 Administration
Linda Olson

District 13 Administration
Marilyn Jones

District 14 Administration
Wendy Hill

District 15 Administration
Jerry Buzzard

District 16 Administration
Kevin Aguirre

PROGRAM DESIGN

SS Program Administration

- Administration Support
- SS Training Unit

SNAP and Youth Services
Belit Burke

- SNAP Program
- Youth Services
- Americorps / HOPE

TANF and Employment/Training
Xochitl Esparza

- TANF Programs
- JOBS Program
- TANF - Domestic Violence Survivors
- Family Support & Connections
- Business Analysts

Child Care and Refugee
Rhonda Prodinski

- Child Care Program
- Refugee Program
- Direct Pay Unit

Overview

We provide prevention, protection and regulatory programs for Oregon's most vulnerable citizens – children and adults – keeping them safe and improving their quality of life. Prolonged economic stress is increasingly putting Oregon children, seniors and adults with disabilities in situations that are unsafe. These issues are disproportionately affecting communities of color contributing to their over-representation in both the child welfare and corrections systems. We know that the demand for state-funded services in the future is directly related to our ability to prevent and mitigate these traumas today.

Engaging Families

Our strategies are foundational on creating an environment that is safe for citizens who are most vulnerable based on family, social and economic issues. We focused our initiatives toward minimizing risk by transforming our interventions to better meet the challenges families are facing. This will enhance our ability to engage individuals who are less able to care for themselves, their families and communities. This creates a stronger continuum of efforts to prevent abuse and neglect, and when necessary, supports efforts to hold perpetrators of that abuse and neglect accountable.

The Governor's Balanced Budget (GBB) proposal seeks to ensure that Oregonians are safer in the future than they are today by focusing on strategies that have proven to result in the greatest reduction in overall risk. We aim to achieve the following outcomes:

- To continue to build and support an effective array of interventions with community-based supports and services for families before, during and after involvement with the Child Welfare System. This includes strategies to safely and equitably reduce the number of children who experience foster care and providing available services and supports so children are not at risk for re-entry into foster care and families can be stabilized.
- Continue to improved services for children and families of color, targeting strategies to address issues such as overrepresentation in foster care, underrepresentation in family support and family preservation services, and potential disparities in decision-making.
- Continue to maintain a clear focus on protective strategies for the most vulnerable citizens in care in Oregon, including children, the elderly and those with physical and developmental disabilities to keep them safe and healthy.

Funding Request – Strategic Initiatives

The GBB in Child Welfare is projected to be 51% general funds for the 13-15 biennium.

DHS Child Welfare Total						
	GF	OF	FF	TF	Pos	FTE
LAB (Ay13 thru Dec Rebal)	393.53	23.38	386.98	803.89	2,376	2,326.09
GRB	457.96	22.35	420.18	900.49	2,684	2,554.27
Difference	64.43	(1.03)	33.20	96.60	308	228.18
Percent Change	16.4%	-4.4%	8.6%	12.0%	13.0%	9.8%

Children and Families: Child Welfare Services represent a continuum of supports with the ultimate goal of keeping children safe. Historically in Oregon, the safety practice has been removal and placement into foster care. Based on research and feedback from children, youth and families

who experience our system, our strategic efforts are refocusing the service continuum to ensure in home safety whenever possible, while also focusing on child well-being, family stability. The goal is avoid removal and placement in foster care by supporting families safely parenting their children at home. Post adoption and guardianship support is another opportunity to help families bridge difficult times as children move through childhood, again preventing them from returning to foster care.

These strategies include:

1. Developing local programs and community capacity that are designed to strengthen, preserve and reunify families involved in the child welfare system;
2. Differential Response - Changing our upfront intervention to more fully engage families to build on their strengths, engage them in community programs and supports, and engage them in outcomes that remediate the issues that are challenging the family;
3. Focusing on addressing the disproportionality of children of color; and
4. Assisting more families in extreme poverty at risk of involvement with Child Welfare.

GBB investments are intertwined in the Child Safety, Child Welfare Design and Delivery, Permanency Planning and Post-Adoption/Guardianship.

DHS Child Welfare Investments						
	GF	OF	FF	TF	Pos	FTE
Fund 5% Shift Differential for additional Indian Child Welfare Act staff duties	0.08	0.00	0.08	0.17		
Achieve better outcomes for Native Americans by adding dedicated staff	2.25	0.00	1.31	3.56	25	18.75
Staff CW at 80% workload to implement Diff Response and OR Safety Model	23.64	2.65	13.90	40.19	281	205.69
Restore Post Adoption to 11-13 level, replacing one-time funds	0.11	0.00	0.33	0.43		

Strengthening, Preserving and Reunifying Families Programs: In 2011, the Oregon Legislature recognized and codified this performance-based approach developing a community-based, programs and services for children and families involved in the child welfare system. This effort compliments the work of the Coordinated Care Organizations and the future work of the Early Learning Council hubs, targeting children and families involved in the child welfare system. Local collaborations of interested stakeholders determine community strengths and service gaps and request funding targeted to specific outcomes focusing on keeping children safe and families together. These programs are an essential compliment to the implementation of Differential Response and supporting children being safely parented at homes. Implementation of this approach and investment in a more comprehensive service continuum has begun in seven counties. This budget would allow us to work with communities and other local agencies to establish these programs statewide. While not shown here, included in the GBB is an investment of over $11.5 million GF and $29.5 million TF additional support of these programs.

Differential Response: Traditional child welfare services assume a single approach to protecting a child through investigations: an allegation occurs, and we investigate and decide if maltreatment occurred. This approach is very effective with some families. However, for families that are experiencing neglect, the children enter care at a higher rate than other forms of abuse and stay

longer, suggesting the need for a different approach with these families. Based on our data, nearly 60 percent of children are involved with child welfare as a result of neglect (as opposed to physical and sexual abuse). The GBB proposes adding an alternative approach to child protection, known as "Differential Response." This approach would allow state workers to conduct a family assessment, gauge the needs and strengths of the family, and engage them and community partners in outcomes that keep the family together, benefitting the family as a whole. This alternative approach would not replace investigations or assistance when there is imminent danger or significant safety risk. However, in other states this approach has safely reduced costly foster placements and the associated trauma on the child and families. To succeed and minimize risk of harm to children already identified as having experienced abuse/neglect, this service delivery innovation depends both on investment in culturally specific community-based services such as our Strengthening, Preserving and Reunifying Families Programs , as well as investment in adequate child welfare staffing focused on serving more children safely in their own homes.

The proposed staffing investment will bring the Child Welfare program to nearly 80 percent of the workload model by the end of the 2013-15 biennium, assuming all positions are filled. These staff are critical to the integrity of the Oregon Safety model; our intervention model for safety assessments and safety management. This staffing investment is necessary even without a differential response model so that we can most adequately handle the caseloads. However, if we are provided the combination of staffing, in-home and Strengthening, Preserving and Reunifying Family Program funding, and implement a differential response model, we will be able to make significant progress in preventing and/or delaying children from entering care, reducing the length of stay for those in and providing culturally appropriate, family based services in community settings.

Indian Child Welfare Act: Native American children are currently over-represented in Oregon's child welfare system. Compliance with the Indian Child Welfare Act is a federal mandate. However, the Act is complex and requires a higher level of expertise and effort than cases involving non-Tribal children. This proposal, a five-percent pay differential for our Tribal Liaisons, would enhance Oregon's relationships with Tribal governments and the ability to work with Tribal children and families to reduce disparities and improve compliance with the Act. Because of the increased efforts the Act requires, we also propose adding staff across the state and in targeted areas, to manage caseloads.

Licensed care facilities: The most vulnerable citizens in care in Oregon, including children, the elderly and those with physical and developmental disabilities comprise the 50,000 people who reside in 5000 licensed care facilities in Oregon. Through our regulatory activities, we provide an environment of safety for residents through initial licensure, regularly scheduled state and federally mandated surveys/site reviews, and through corrective action processes. (Note part of this budget is included in each program budget that receives services.)

	Office of Licensing and Regulatory Oversight					
ORLO Investment/Reductions	**GF**	**OF**	**FF**	**TF**	**Pos**	**FTE**
Add CW licensing staff to adjust to increasing workloads	0.91	0	0.90	1.81	1	0.88

Currently, Oregon is not meeting our performance targets in this area. This budget proposes to

increase staff capacity allowing the Department to meet requirements set by federal regulation and state law. This investment is critical to Oregon's ability to avoid negative financial consequences in other state and federally funded services.

Conclusion

We want to break the cycle that causes harm to individuals and drives Oregonians into expensive state-sponsored programs. Our strategies focus on helping ensure that Oregonians are safer in the future than they are today by increasing resources proven to result in the greatest reduction in overall risk. Though those strategies require some upfront, taxpayer investment, we are committed to being accountable for needed service delivery innovations and performance metrics focused on improvements in the lives of those we serve and long-term reductions in the demand for state services. We know that abuse and neglect will never totally be eliminated, but we believe that Oregon should be a place where our children, the elderly, and persons with disabilities are safe, and we believe our budget proposal will improve the state's ability to work with individuals and communities to achieve that goal, while reducing the demand for costly state services in the future.

Department of Human Services
CHILD WELFARE Program

MISSION
The Department of Human Services Child Welfare (CW) program is responsible for accepting and caring for Oregon's increasingly diverse children in need of protection (ORS 418.015). These children are dependent, neglected, abused, mentally or physically disabled, and placed in legal custody by a court in the State of Oregon (ORS 419B).

INDIVIDUALS WE SERVE
Child Welfare employees provide direct services through a network of local offices in every county across Oregon. For a list, see http://oregon.gov/dhs/Pages/localoffices/index.aspx

During 2011 we served approximately:

- 11,600 children through protective services investigations to keep them safe.
- 556 children found permanent, safe homes through our adoption services.
- Helped 8,920 domestic violence victims address safety concerns
- 4,673 Oregon families stepped forward to be foster parents
- 8,778 children on average in substitute care every day
- More than 75,000 reports of child abuse

Child Welfare Today
We provide prevention, protection and regulatory programs for Oregon's most vulnerable citizens keeping them safe and improving their quality of life. Prolonged economic stress is increasingly putting Oregon children in situations that are unsafe. We know that the demand for state-funded services in the future is directly related to our ability to prevent and mitigate these traumas today.

The CW program focuses efforts that minimize risk to best meet challenges families are facing. The way we intervene enhances our ability to engage individuals who are less able to care for themselves, their families and communities. Today we are focused on a better array of interventions with community-based supports for families before, during and after involvement with the CW system, including strategies to safely and equitably reduce the number of children who experience foster care. This includes better outcomes, available services and supports so children are not at risk for re-entry into foster care and family stabilization. CW is working to improve services for children and families of color, targeting strategies to address issues such as overrepresentation in foster care, underrepresentation in family support and family preservation services, and potential disparities in decision-making.

CW services represent a continuum of supports with the ultimate goal of keeping children safe. Historically in Oregon that has equated with removal and placement into foster care. Based on research and feedback from children, youth and families who experience our system, our strategic efforts are refocusing the service continuum to ensure safety while also focusing on child well-being, family stability and, when possible, avoid removal and placement in foster care by supporting families safely parenting their children at home.

Post adoption and guardianship support helps families bridge those difficult times as children move through childhood, again preventing them from returning to foster care.

SERVICES

This program is designed under four key areas representing a continuum of supports: child safety, substitute care, permanency, planning and post adoption, and program design and delivery.

Child Safety – Guided by the Child Abuse Reporting Law, ORS 419B.005 – 419B.050, which was enacted in 1971 and updated several times, this law was designed to provide early identification and protection of children who have been abused and neglected. DHS is required by statute to assess reports of alleged child abuse or neglect, complete comprehensive safety assessments of children, assess parent or caregiver capacity to protect, and determine whether child abuse or neglect has occurred. In addition, CW is governed by federal laws and performance indicators.

Child Safety Services: Services are provided to children reported to be abused or neglected and families who are impacted by abuse dynamics; typically substance abuse and domestic violence. With very few exceptions, a child abuse report begins with a call to a child abuse hotline. Trained social workers screen over 75,000 child abuse reports each year and collect key information in order to determine next steps and how the call should be handled. If the report meets the criteria to be assigned for an in-person investigation, the family's information is given to a Child Protective Services (CPS) trained worker who will conduct a comprehensive safety assessment of the family.

More than half of all reports (38,000 per year) meet criteria to receive an in-person investigation. This includes gathering information related to extent of the maltreatment, circumstances surrounding the abuse, adult functioning, child functioning, parenting practices, disciplinary practices, and cultural and communication issues. This combined information is used to determine overall child safety. Approximately 25 percent of those investigations result in necessary intervention to keep children safe.

Child Protective Services administrative rules incorporate a systematic approach to child safety decisions. A procedure manual has been developed to support and clarify this safety intervention approach. The chapters dealing with screening reports of child abuse and assessment are complete and available online.

Differential Response: Traditional child welfare services assume a single approach to protecting a child through investigations: an allegation occurs, and we investigate and decide if maltreatment occurred. This approach is very effective with some families. However, for families experiencing neglect, the children enter care at a higher rate than other forms of abuse and stay longer, suggesting the need for a different approach with these families. DHS data shows nearly 60 percent of children are involved with child welfare as a result of neglect or threat of harm of neglect (as opposed to other forms of abuse such as physical or sexual abuse). Differential response allows case workers to conduct a family assessment, gauge the needs and strengths of the family and

engage them and community partners in outcomes that keep the family together, benefitting the family as a whole. This alternative approach does not replace Child Safety Services described above or further assistance when there is imminent danger or significant safety risk.

Strengthening, Preserving and Reunifying Families (SPRF): The Oregon Legislature recognized and codified this performance-based approach to developing community-based programs and services for children and families involved in the child welfare system. This effort complements the work of the Coordinated Care Organizations and the future work of the Early Learning Council hubs, targeting children and families involved in the child welfare system. Local collaborations of interested stakeholders determine community strengths and service gaps and request funding targeted to specific outcomes focusing on keeping children safe and families together. These programs are an essential complement to the implementation of Differential Response and supporting children being safely parented at home. Implementation of this approach and investment in a more comprehensive service continuum has begun in seven counties with the rest of the state projected to implement in the 13-15 biennium.

Family Support Team: Also known as Addiction Recovery Teams (ARTs). These teams provide coordinated, culturally appropriate multi-disciplinary services to substance abusing families referred to Child Protective Services.

Domestic Violence/Sexual Assault Funding: DHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault and survivors of domestic violence and their children in a culturally appropriate manner.

In-Home Safety and Reunification Services (ISRS): This program provides culturally appropriate service options to families with children who can remain safely in their homes, or in their communities, in addition to children and families who can be safely reunited. The goals of ISRS are to provide a combination of concrete safety and strengths-based change services that will lead to lasting safety changes within the family's home. Services are designed to protect children, stabilize the family, and assist parents in establishing linkages to formal, informal, and natural supports and resources so that a child can remain safely with their family without further intervention of the Oregon child welfare system. ISRS supports crucial child welfare initiatives to increase percentage of children remaining safely at home after a child safety threat is identified, and decreases length of time children spend in foster care. ISRS allows for culturally and linguistically appropriate approaches to reduce the disproportionate placement of children of color in foster care as well. Flexible and targeted services are uniquely adapted for populations overrepresented in the child welfare system. These services are time limited in duration and are complimented by SPRF services for families in need of a longer term or more intensive service.

System of Care (SOC) Flexible Funds: These funds continue to be a valuable resource for Oregon's most vulnerable children by offering resources that meet the family's identified needs in

relationship to the safety, permanency and well-being of the child. Child Welfare staff use SOC funds to provide culturally specific, individually tailored services not otherwise available. Services are planned through family involvement in case planning, community collaboration, including diverse communities, and a shared funding of custom-designed services in collaboration with community partners.

Substitute Care – Also known as the Foster Care Program, this is a safety net for children with immediate safety needs. DHS is responsible for accepting and caring for children who cannot remain safely with their parents or families. Services are designed to meet the federal requirement of placing a child in the least restrictive, most home-like setting that can meet the child's individual needs when a child cannot safely be cared for by his or her parent(s). This program operates 24 hours a day, seven days a week to accept and care for children. These children are dependent, neglected, mentally or physically disabled and placed in the legal custody of DHS by a court. A family, under limited circumstances and for a short time, may place a child in State custody on a voluntary basis; however, most of the children served in shelter care are there involuntarily as a result of abuse or neglect they experienced in their family home.

Types of substitute care include: Relative Care, Family Foster Care or Family Shelter Care and Residential Care. DHS is responsible for background and reference checks, assessment of the family and certification, training and support of all substitute care resources. We also work with Therapeutic and Enhanced Therapeutic Foster Care organizations, Residential Shelter Care and Residential Treatment facilities.

DHS partners with community members and organizations representing diverse linguistic and cultural perspectives to deliver shelter services across the state. DHS is mandated to provide reasonable efforts to return children to their parents. Today, approximately 64 percent of children return home to a parent. Substitute care also responds to the overall well-being of the child in care addressing behavioral, emotional and social functioning; meeting core educational needs, physical, mental health and needs for family and community connections. DHS works in collaboration with multiple State and local government agencies such as the Oregon Healthy Authority, Oregon Department of Education, and local law enforcement, community programs, schools, the faith community and volunteer programs.

In addition to meeting the needs of children, this program is also responsible for the certification and support of families that care for children in the State's custody. This includes recruitment, retention, training, and support for foster families. Families are trained by agency staff and through contracted providers. They participate in a Structured Analysis Family Evaluation (SAFE) home study, designed to evaluate a family's readiness to meet the needs of children that enter the system. Through deliberate attention to these structures and supports, abuse in foster care is less than one percent. We take abuse in foster care seriously and expect zero tolerance for abuse of children in our care.

Children receiving family foster care services are provided with the basic necessities for the child by the foster parent or relative caregiver. DHS reimburses the foster parent for a portion of the cost of the child's care.

Education services are provided most often through Oregon's public education system. A number of children and youth in substitute care also receive special education services where there is an identified need.

Some children who enter the foster care system are in need of a level of care that combines intensive mental health services and highly skilled foster providers or facility based care. These children are serviced by Behavioral Rehabilitation Services. These are services that are designed to meet youths' mental and behavioral health needs in a time limited environment with a goal of moving into a less service intensive foster setting.

The complexity of the needs of children coming into substitute care demands comprehensive services to address these needs. Complex mental health needs require oversight of treatment and medication options; complex medical needs require oversight of both treatment and provider capacity; and complex daily care needs demand services and supports for foster parents that include regular respite from daily caregiving responsibilities and day care services for working foster and relative caregivers.

The reliance on the substitute care system over the years has reached a capacity that is no longer sustainable in Oregon. This includes: financial support for the system, limited availability of foster parents, and ongoing research that indicates if substantive preventive services can be immediately put into place that then diverts the removal of children from their families and into the substitute care system. Re-directing resources away from the removal of children from families and increasing the capacity of families who currently have children in the substitute care system by reinvesting in upfront and in-home services within communities will pay far greater dividends to Oregon in the future. This reinvestment will support a Substitute Care Program that will only be necessary if in home safety and support services are not successful for some families and children.

Permanency, Planning & Post Adoption –DHS establishes permanency through adoption and guardianship for children in foster care who are unable to return to the care of their biological parents. The Federal Adoption and Safe Families Act (ASFA) of 1997 mandated that public child welfare agencies provide permanency for children within shorter timeframes; this was added to Oregon statute in 1999.

DHS helps find a permanent family for youth in our care through adoption or guardianship. Once children are placed in a permanent family, the program continues providing support to the families to meet the special needs and lifelong challenges of children who have been abused and neglected.

DHS provides a comprehensive array of services and operations that include consultation and direction to the process of legally-freeing children for adoption, recruitment of potential adoptive and guardianship families, and selection of adoptive family resources to support services that help ensure the post-legal success and longevity of adoption and guardianship placements. The program provides final consent to all DHS adoptions. Adoption Assistance, Guardianship Assistance and post adoption services are also available to children through the program. This supplemental support enhances the capacity of parents to meet the special needs of

their children and strengthens placement stability. Benefits may include medical and mental health coverage, financial assistance and post adoption or guardianship advocacy, consultation, training, and referral services.

DHS develops administrative rules for private and independent adoption vendors in Oregon and monitors for compliance to include approval of allowable waivers. DHS is also responsible for the Coordination of the Voluntary Adoption Search and Registry Program for Oregon's public and private adoptions. Additionally, adoptions may be entered into for children with relatives living in other countries pursuant to The Hague Convention and the Intercountry Adoption Act.

Interstate Compact **–** The Interstate Compact on the Placement of Children (ICPC) was adopted into law by the 1975 Oregon Legislature. At this time, all states are members of the Compact, as are the District of Columbia and the U.S. Virgin Islands. The Compact requires entities seeking to place children with out-of-state families, or into certain types of out-of-state treatment facilities, to obtain approval from the Child Welfare authorities in the other state before making the placement. If the planned placement is for purposes of foster care, adoption or reunification of a child with a parent, the compact provides for a home study to be completed in which the prospective placement is evaluated to determine if it is safe and suitable before the child is placed. When DHS seeks to place a child with a parent, relative or other identified placement resource in another state; this is done using the Compact.

Youth Transition Services–The foster care Independent Living Program (ILP) serves current and former foster youth to age 21. Services include help with life skills, money management and budgeting, communication and social skills, community connections and supportive relationships, informed decision-making, parenting, health, education support, housing, job readiness, and individual emancipation plans including resolving legal issues in the case of foreign nationals unable to return to their country of origin. A continued focus is to develop transitional plans to ensure youth complete high school and successfully make the transition from school to post secondary education or employment at a level that allows them to be self sufficient. Housing support options are available to eligible youth through the federal Chafee housing and independent living subsidy programs. Enhanced attention to comprehensive, culturally appropriate transition planning for youth as they transition to living independently will increase successful transition of youth who have long-lasting resources, support, connections and stability in adulthood after leaving foster care.

Program Design and Delivery- This program is the field structure that supports the safety of children across Oregon who are abused or neglected. There are approximately 1,257 child welfare caseworkers across Oregon responding to over 75,000 reports of abuse and neglect, and serving approximately 13,000 abused children annually that experience foster care. This structure is administered in our central office in Salem to support field staff through technical support, policy and standards, evaluation, analysis, and parameters program areas in Child Welfare.

Our service delivery innovation depends on adequate child welfare staffing focused on serving more children safely in their own homes. Currently, staffing is at less than 67% of what is needed. Staff are critical to the integrity of the Oregon Safety Model, our intervention model for safety assessments and safety management.

The program also provides clinical supervision of direct service staff which is critical to building worker competencies including reinforcing positive social work ethics and values, encouraging self-reflection and critical thinking skills, building upon training to enhance performance, and supporting the worker through case work decision-making and crises. This is partially achieved through lower staff-to-supervisor ratios as recommended by the Child Welfare League of America (CWLA). Safety services are delivered through the Oregon Safety Model which is an overarching process that requires safety assessment and safety management at all stages of case management, from screening through case closure.

Child Welfare design and delivery coordinates with Self Sufficiency design and delivery to support family stability and prevent entrance into the foster care system for their common clients. In addition, Child Welfare coordinates with other child and family serving systems including Housing, Oregon Health Plan, Addictions and Mental Health, county-based health and support services, etc. Child Welfare continues to work to eliminate disparities and ensure equitable outcomes for families and children. Contributing cost factors of this program include program mandates (either Federal or State); the number of report/abuse notifications; family stress factors which affect abuse risk (substance abuse, unemployment, mental or physical health issues, criminal history, etc.); personnel turnover (training/travel costs); work effort required to provide services and personnel packages (i.e., furlough mandates, position cost, etc.). Additional drivers of cost include representation from the Department of Justice connected to dependency matters, court-ordered services and workload associated with Federal mandates such Indian Child Welfare Act (ICWA).

DHS has implemented Lean Daily Management Systems in all districts across the State and central offices. This active process of identifying ways to improve efficiencies will allow DHS to reinvest staff resources to close the gap between positions earned and authorized positions as they are identified.

Currently this effort is directed at delivering more efficient processes surrounding new technology, OR-Kids (Our child welfare reporting system as required by federal regulations.), with a goal of increasing the time staff has to work with families and children, and decreasing the time spent on the processes used to deliver the work. Child Welfare is in the third year of a five-year strategic plan to safely and equitably reduce the number of children in the foster care system.

A critical element of successfully practicing the Oregon Safety Model for child welfare system is staffing at a level adequate to do the work. At the current staffing levels, it will not be possible to implement significant change and it will negatively impact the program's ability to reduce the number of children in the foster care system. At the current staffing levels, it is challenging to practice to the critical elements of the Oregon Safety Model which may result in additional children entering

the foster care system.

DHS is responsible for caseworker visits with parents and children as well as arranging family and sibling visitations. Research has shown that frequent visitation is one of the single most predictive factors in reunification of children with their biological families. Contact with the caseworker and visitation also are measures in the federal Child and Family Services Review (CFSR).

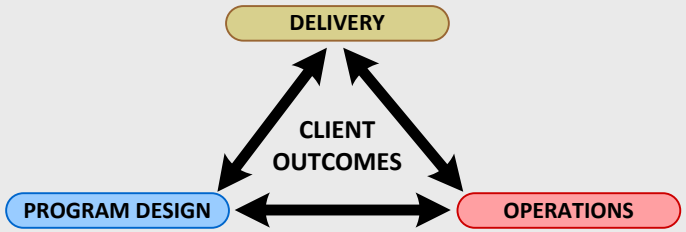
Karly's Law - Since the law went into effect in 2007, more children have been seen by identified medical professionals, resulting in a more accurate and earlier identification of child abuse victims. Karly's Law has resulted in the development of a review process that has added a greater degree of oversight, transparency and accountability to the Department. This statute was further refined and strengthened in 2009. Since that time the Department has also developed a discretionary review process for cases where systemic issues are or maybe present or where a child has suffered severe harm and a review is likely to impact system change in a manner that increases child safety.

Indian Child Welfare Act- Native American children are currently over-represented in Oregon's child welfare system. Compliance with the Indian Child Welfare Act is a federal mandate. The Act is complex and requires a higher level of expertise and effort than cases involving non-Tribal children. DHS has Tribal Liaisons in child welfare programs to enhance relationships with Tribal governments and to work with Tribal children and families to reduce disparities and improve compliance with the Act.

DHS Office of Child Welfare (CW)

Organizational Structure

LAST UPDATED 01/30/2013



Chief Operating Officer CW/SS
Jerry Waybrant

Child Welfare Director
Lois Day

CW Deputy Director
Maurita Johnson

PROGRAM DELIVERY

Field Services Administration
Sandy Dugan

- Field Services Administration
- Level of Care Unit
- EBT Replacement Unit
- CW Hearings Representatives

District 1 Administration
Lee Coleman

District 2 Administration
Jerry Burns

District 3 Administration
Rene DuBoise

District 4 Administration
Marco Benavides

District 5 Administration
John Radich

District 6 Administration
Lisa Lewis

District 7 Administration
Betty Albertson

District 8 Administration
Doug Mares

District 9 Administration
Tyler Flaumitsch

District 10 Administration
Pat Carey

District 11 Administration
Vacant

District 12 Administration
Linda Olson

District 13 Administration
Marilyn Jones

District 14 Administration
Wendy Hill

District 15 Administration
Jerry Buzzard

District 16 Administration
Kevin Aguirre

PROGRAM DESIGN

CW Innovations
Vacant

- Program Rules and Policy
- Technical Assistance and ICPC
- CW Training Unit
- OR-Kids

Well Being
Kevin George / AJ Goins

- Foster Care and Independent Living
- Residential Treatment and Licensing

Permanency
Kathy Prouty / Gail Schelle

- Post-Adoption Services
- Permanency
- Legal Services

Safety
Stacey Ayers / Stacy Lake

Federal Compliance
Sherril Kuhns

Oregon Department of Human Services
Aging and People with Disabilities Programs

Overview

The state of Oregon is a leader in long term care systems. We are ranked number three nationally by AARP. In 1981 Oregon received the first waiver nationwide for long term care services allowing Oregonians receiving Medicaid to choose services in their own home or their communities rather than an institutional facility such as a nursing home. This waiver provides significant benefits to the State in cost savings and allows Oregonians individual choices to best serve their needs. In Home services average approximately 22 percent of the cost of nursing facility services and community based services average approximately percent. Oregonians value receiving long term care services in a non-institutional setting with over 84 percent choosing alternatives that allow them to remain independent and safe.

Long Term Care Setting (as of April 2012)	**# of Recipients**	**% of LTC Caseload**
Nursing Facility	4,509	16%
In Home	10,802	38%
Community Based Setting	13,365	46%
Total	**28,676**	**100%**

Oregon's population is aging

Our 65+ population is projected to grow from 502,000 to 950,000 by 2030. While we prepare for this growth we know we must do more than create cost effectiveness in the choices of long term care. We must also look at preventative measures Oregonians can implement now so they never need publicly-funded long term care services.

We have prepared a strategic budget with accompanying legislative concepts to focus on modernization and improvements to help Oregonians sustain long term care services. This complex initiative, called Long Term Care 3.0 seeks to achieve the following outcomes:

- Advance a statewide Aging and Disability Resource Connection infrastructure that will help Oregonians make better choices when long term care services are needed.
- Focus on preventative services that delay or eliminate costly long term care services.
- Integrate long term care coordination with Oregon Health Authority's coordinated care organizations.
- Increase home and community based services.

Funding

The cost to operate the Aging and People with Disabilities program is projected to be $946M general funds for the 13-15 biennium based on current law, however, the Governor's Recommended Budget is $725M general funds.

Aging and People with Disabilities (APD) Total	**GF**	**OF**	**FF**	**TF**	**Positions**	**FTE**
LAB (December 2012 Rebalance)	753,342,731	142,607,411	1,446,384,921	2,342,335,063	1,198	1,185.35
GRB pre Medicare A/B Move	850,939,492	158,592,080	1,784,528,046	2,794,059,618	1,298	1,285.77
GRB after Medicare move	724,970,960	158,592,080	1,562,744,643	2,446,307,683	1,298	1,285.77
Difference without move	97,596,761	15,984,669	338,143,125	451,724,555	100	100.42
Percent Change from LAB	13.0%	11.2%	23.4%	19.3%	8.3%	8.5%

Funding Note: DHS and OHA propose transferring program budget responsibility for Medicare premium assistance from DHS to OHA. DHS will maintain responsibility for eligibility as part of our local delivery processes. Budgetary movement will permit OHA flexibility in determining how to best use these resources in their overall policy development.

We believe there are general funds that could be saved and reinvested through the following reductions:

- Elect the State Medicaid Plan K option, providing an extra 6% in federal matching funds for most home and community based services.
- Reauthorize the nursing facility provider tax with a comprehensive nursing facility capacity reduction initiative.
- Reinvigorate a strong diversion/ transition initiative that will decrease the nursing facility caseload.
- Increase funding opportunities afforded under the federal Money Follows the Person grant.

Collectively, these reductions amount to nearly $103M in savings over the biennium and provide opportunities for strategic reinvestment in the Long Term Care 3.0 initiative.

Aging and People with Disabilities Investments/Reductions (in Millions)	GF	OF	FF	TF	Positions	FTE
Reinstate Nursing Facility Rates and Provider Tax	(18.72)	53.59	58.08	92.95		
Decrease NF Caseloads through Diversion/Transition Initiatives	(19.04)	(1.83)	(35.59)	(56.46)		
Elect State K Plan option to add 6% match for In-Home programs	(29.17)	-	29.17	-		
Elect State K Plan option to add 6% match for Community Facilities	(33.98)	-	33.98	-		
Reinstate Money Follows the Person grant	(0.77)	-	0.77	-		
Staff eligibility workers at 85% and APS at 95% of workload model	2.52	-	2.50	5.02	32	32.00
Add capacity to meet mental health needs & reduce # served at OSH	7.30	-	3.43	10.73	0	0.00
Increased capacity for Care Coordination & Statewide ADRC Development	1.80	-	5.02	6.82	5	4.40
Add capacity for high needs clients to transition out of NFs	1.98	-	3.30	5.28		
Create APD Innovation Fund to test ideas to lower cost & increase quality	3.20	-	-	3.20		
LTC 3.0 infrastructure funds to move to a modern case management system	3.00	-	3.00	6.00	9	7.92
Increase Home and Community-Based Care rates after 5 years of flat rates	9.10	-	20.10	29.20		
Move Medicare Part A/B Buy-in to OHA to better align program to policy area	(125.97)	-	(221.78)	(347.75)		
CNA Staffing Stage 3	0.68	0.12	1.21	2.01		

LTC 3.0 Strategic Funding Investments

Mental health capacity: Increase capacity to meet the needs of aging or people with disabilities who have mental illness. APD currently serves those with severe and persistent mental illness in specialized nursing facilities and residential care facilities and all are at capacity and have waiting lists.

This proposal includes four major components:

a. Increase 40 specialized living slots supporting both APD and the Oregon Health Authority Addictions and Mental Health program by significantly decreasing the number of seniors served in the Oregon State Hospital. A significant percentage of aging residents we serve at the Oregon State Hospital suffer from traumatic brain injuries, dementia or other organic brain syndromes and placement in an institution for mental disease is not appropriate or cost effective.

b. Coordinate mental health evidenced based interventions through ADRC's such as "IMPACT," "PEARLS," and other programs that are recommended by the CDC or SAMHSA for aging and people with disabilities who may be suffering from depression, anxiety and other less severe mental illnesses. This does not duplicate current mental health services nor does it substitute services local CCOs are expected to provide.

c. Training and support programs for case managers, direct care providers, health professionals and others on mental health screening to ensure that older adults and people with disabilities receive the appropriate screenings and interventions.

d. Develop a statewide Gatekeeper program to enlist the help of utility workers, law enforcement, postal workers, and other service providers to help identify people in need of support. Currently, Gatekeeper programs are only available in Multnomah, Washington, and Clackamas counties. These programs have a long standing evidenced based record of positive impact.

Special population capacity: Support special population capacity development, allowing more individuals to be served outside of nursing facilities at lower costs. Some of the service gaps include settings serving individuals who are obese, or ventilator- dependent or have traumatic brain injuries.

Care Coordination: Invest in high quality care coordination services for Medicaid and non-Medicaid individuals to assist with better health, better care and lower costs and to help prevent some individuals from needing Medicaid-funded LTC in the first place. Case managers are only staffed at a level to provide generic, priority-based case management to individuals with Medicaid-funded Long Term Service and Support (LTSS). This investment would support staff to direct the work of care coordination between offices and Coordinated Care Organizations (CCOs) and increase the number of options counselors to serve individuals with LTSS needs who are not Medicaid eligible.

Innovations: Test ideas to increase quality and lower costs through an "innovation fund". Potential initiatives include improved coordination with CCOs, piloting new service delivery methods and testing new technology. These initiatives will be tracked and the outcomes measured allowing new evidence-based approaches to increase the efficiency and effectiveness of services.

Technology: Leverage the DHS Oracle investment with further technology infrastructure investments to implement a scalable assessment, service planning and case management system to save time, resources, and minimize risk. Other DHS programs will benefit from this initiative.

Provider Rates: Increase rates for home and community based providers. A modest increase will assure continued strong access to home and community based services as we compete in the private market. By the end of the 2011-2013 biennium, these provider groups will have had flat rates for five years (July 2008).

Staffing: Add eligibility and adult protective services staff to meet the needs and expectations of Oregonians for the safety and protection of those we serve. We have transitioned staffing requests from a caseload ratio model (e.g. 1 case manager for every 60 cases) to a workload model that more accurately reflects the workload of local offices. This initiative seeks to fund eligibility workers who assess the necessary services to 85% of the workload model and staff those workers who provide protective services keeping individuals safe to 95% of the workload model.

Conclusion

These initiatives, collectively called LTC 3.0, will help Oregon ensure its long term care system is sustainable and ready to address the inevitable aging population. We believe these initiatives support preventative services to keep individuals from needing long term care in the first place and help all consumers receive high quality, unbiased information on long term care choices as it becomes necessary. Our path to transforming long term care honors choice, safety and independence and offers the most cost-effective solutions allowing our aging population to thrive and approach aging with confidence and dignity. We believe these initiatives will help the state best manage the resources available by providing the right services are delivered at the right time and place through efficient and effective staff to meet the changing population of Oregonians.

Department of Human Services
AGING AND PEOPLE WITH DISABILITIES Program

MISSION

The Department of Human Services Aging and People with Disabilities (APD) program assists seniors and people with disabilities of all ages to achieve well-being through opportunities for community living, employment, family support and services that promote independence, choice and dignity.

GOALS

We help aging and people with disabilities:

- remain as independent as possible;
- sustain the supports needed to maintain quality lives in their home communities;
- honor choices made by them about their own lives;
- by promoting value-driven commitments in statute and policy; and
- by partnering with advocacy groups, commissions and councils, local government partners, and community organizations.

Individuals we serve

During the 2011-13 biennium, we expect to serve approximately:

- 2,000 people age 60 and older through Oregon Project Independence.
- 28,000 aging and people with physical disabilities with long-term care services paid through Medicaid.
- 380,000 aging individuals with Older Americans Act services.
- 150,000 through direct financial support services.

APD and Area Agencies on Aging (AAA) employees throughout Oregon are responsible for providing direct client services through a network of local offices. Employees also determine eligibility of aging and people with disabilities for medical programs provided through the Oregon Health Authority (OHA)

Medicaid Services

More than 27,000 aged and physically disabled Oregonians currently use Medicaid long-term services each month. By federal law, each state must develop criteria for access to nursing facility care paid by Medicaid. Criteria must include financial and asset tests as well as service eligibility criteria. The federal government, through CMS, must approve any criteria established by the states.

DHS created service priority levels (SPLs) to establish eligibility for Medicaid long-term services. SPLs prioritize services for aging and people with physical disabilities whose well-being and survival would be in jeopardy without services. Level 1 reflects the most impaired while Level 17 reflects the least impaired; levels are based on the ability of the person to

perform activities of daily living (ADLs). Because of budget constraints, only level 1-13 are funded. ADLs are personal activities required for continued well-being. These include eating, personal hygiene, cognition, toileting and mobility. For many individuals with disabilities, they need assistance from other people to perform daily activites, APD assists thousands of Oregonians who require ADL services in selecting competent providers and establishing effective working relationships with those service providers.

PROGRAMS

APD's budget is sectioned into three key areas; program services, program design, and program delivery.

Program Services

Services focus on supporting fundamental activities of daily living (ADL), such as bathing, dressing, mobility, cognition, eating and personal hygiene. Long-term services ensure that the person is living in a safe and healthy environment. All services promote choice, independence and dignity. Services can be provided in nursing facilities, or community settings such as residential care facilities, foster homes, or in the person's own home. Services are provided through five programs:

- Older Americans Act
- Direct financial support
- In-home services
- Community-based care facilities
- Nursing facilities

Older Americans Act

This is a federal program and is administered through APD. It provides federal funding for locally developed support programs for individuals ages 60 and older. APD distributes funds to local Area Agencies on Aging (AAA's) for service delivery through subcontractors. Nearly 400,000 Oregonians accessed these services in 2011. AAA's develop services that meet the needs and preferences unique to individuals in their local area. Program mandates require services target those with the most significant economic and social need, to minorities and those residing in rural areas. There are no income or asset requirements to receive services except those related to the Older Worker Employment Program.

APD distributes federal funds to the AAA's using a federally approved intra-state funding formula based on the demographics and square mileage of each area. Programs might include; family caregiver supports, medication management, nutrition via congregate and home-delivered meal programs, senior employment, legal services or elder abuse prevention services. They may also provide assistance to senior centers and sponsor and promote evidence-based wellness and chronic health condition management activities.

Direct financial support

Programs are designed to meet a variety of special circumstances for certain low-income populations.

Cash payments – special needs

APD is required to meet a maintenance of effort (MOE) payment for low-income aged and disabled Oregonians who receive federal Supplemental Security Income (SSI) benefits. These benefits are focused on payments that allow clients to

retain independence and mobility in a safe environment. Examples of Special Needs Payments include; help for non-medical transportation, repairs of broken appliances such as a furnace, or for such things as adapting a home's stairs into a ramp.

Employed Persons with Disabilities Program (EPD)
This program allows people with a disability to work to their full extent and not lose Medicaid coverage. To be eligible, a person must be deemed disabled by Social Security Administration (SSA) criteria, be employed and have adjusted income of less than 250% Federal Poverty Level (FPL). Eligible individuals pay a monthly participation fee and are eligible for the full range of Medicaid benefits and services.

Other benefits
The Centers for Medicare & Medicaid Services (CMS) requires DHS to coordinate with Medicare in many areas and clients need help accessing other programs for which they are eligible. The federal Medicare program is the most common program clients need assistance with. APD determines client eligibility and submits client data to CMS for two Medicare-related programs: Medicare buy-in and Medicare Part D low-income subsidy. APD served nearly 120,000 clients in these two programs over one year. These programs help low-income beneficiaries with their cost sharing requirements. Securing this coverage also ensures Medicare remains in a "first payor" status, ultimately saving the State's Medicaid program significant money.

Medicare buy-in programs
Federal law requires states to provide payments for Medicare beneficiaries who meet specific income guidelines. Medicare beneficiaries are people aged 65 and older, as well as younger individuals who have been receiving Social Security Disability Insurance (SSDI) payments for at least two years. APD served more than 90,000 seniors and people with disabilities in the following Medicare buy-in programs in one year:

Qualified Medicare Beneficiaries
Clients receive assistance for the costs associated with the Medicare hospital benefit, Part A, and physician services, Part B, including premiums, deductibles and co-payments. These clients may have income as high as 100 percent of the federal poverty level. This program provides a medical benefit and premium assistance for 60,000 individuals; most of these beneficiaries receive Part A for free. However, the department also pays the Medicare Part A premium in the amount of $461 per month for more than 3,000 clients who do not have enough of their own or a family member's work history to receive free Part A coverage.

Other Medicare savings programs Clients in these programs receive assistance with their Medicare Part B premiums only. Specified Low-income Medicare Beneficiaries (SLMBs) and Qualified Individuals (QI-1s) are those who have income above 100 and up to 135 percent of the federal poverty level. These programs serve more than 25,000 clients with monthly premium assistance of $99.90.

State Medicare buy-in
We help purchase Medicare Part B for clients eligible for both Medicare and Medicaid (dual-eligibles) who are over income for the Medicare Savings Programs (MSPs). By doing this, the state assures the Medicaid program only pays for medical services, such as physician, radiology and laboratory services

after Medicare has paid as primary payer. APD supports approximately 3,500 clients through this program.

In-home services

In-home services are the cornerstone of Oregon's community-based care system. For aging or people with physical disabilities, the ability to live in their own homes is compromised by the need for support in regular daily living activities. For more than 25 years, Oregon has created options to meet people's needs in their own homes. All options are funded with support of the Medicaid program through home and community-based waivers. Oregon has been able to create cost-effective programs that meet people's needs in their homes and other community settings using these waivers and spared Oregonians from the unnecessary use of much higher cost services, primarily offered in nursing facilities.

Services to aging and people with physical disabilities are designed to support assistance with fundamental activities of daily living (ADLs), such as mobility, cognition, eating, personal hygiene, dressing, toileting and bathing. In order to receive in-home services, an individual must be financially eligible for Medicaid. A case manager works with the client and together they identify needs and develop a plan for the in-home services.

Medicaid client-employed Home Care Workers

Home Care Workers (HCW) are hired directly by the client and provide many of the services Medicaid clients need to remain in their own homes. The client, or his or her selected representative, is responsible for performing the duties of an employer. These duties include selecting, hiring and providing on-site direction in the performance of the care provider duties authorized by a case manager to meet the client's individual needs and circumstances. The HCW must pass a criminal record check. In conjunction with the client, APD develops and authorizes a service plan, makes payment to the HCW on behalf of the client and provides ongoing contact with the client to ensure his or her service needs are met. Approximately 10,500 clients are expected to receive services supplied by HCWs each month in 2013-15.

The Oregon Home Care Commission (HCC) was established in 2000 by an amendment to the Oregon Constitution. It is a public commission dedicated to ensuring high-quality home care services to APD clients using client-employed providers. Service Employees International Union Local 503, Oregon Public Employees Union represents approximately 15,000 HCW's. For purposes of collective bargaining, HCC serves as the home care worker employer of record. The Commission maintains a statewide, computerized registry of workers and provides an extensive training curriculum. The HCC also makes training available to clients to better understand their employer responsibilities and increase their skill in managing the use of HCWs.

In-home agency services

Many clients prefer to receive their in-home services through a home care agency. These agencies employ, assign and schedule caregivers to perform the tasks authorized by the client's case manager. APD contracts with licensed in-home care agencies throughout the state. Agencies work closely with DHS case managers and clients to ensure services are provided as authorized and to ensure the quality of the work performed.

Medicaid Independent Choices
This program offers a choice to clients in the way they receive in-home services and increases clients' self-direction and independence. Clients receive a cash benefit based on their assessed need. They purchase and directly pay for services. Clients are responsible for locating providers, paying their employees, and withholding and paying necessary taxes. Depending upon how they are able to manage their service benefit, many are able to purchase a few additional services or items otherwise not covered by Medicaid to increase their independence or well-being.

Medicaid adult day services
These services provide supervision and care for clients with functional or cognitive impairments. Service may be provided for half or full days in stand-alone centers, hospitals, senior centers and licensed care facilities.

Medicaid home-delivered meals
Home-delivered meals are provided for to those who are homebound and unable to go to sites, such as senior centers, for meals. These programs generally provide a hot midday meal and, often, frozen meals for days of the week beyond the provider's delivery schedule.

Medicaid personal care services
Services are limited to no more than 20 hours a month. Personal care can be used only for tasks related to the performance of activities of daily living, such as mobility, bathing, grooming, eating and personal health assistance.

Medicaid specialized living services
Services are provided to a special-need client base, such as those with traumatic brain injuries or other specific disabilities that require a live-in attendant or other 24-hour care. The services are provided through a contract with APD and targeted to a specific group of clients living in their own apartments, and assisted by a specialized program offering direct service and structured supports.

Oregon Project Independence (OPI)
This is a state-funded program offering in-home services and related supports to individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. Approximately 2,000 Oregonians are served in this program. It represents a critical element in Oregon's strategy to prevent or delay individuals from leaving their own homes to receive services in more expensive facility-based settings, or depleting their personal assets sooner than necessary and accessing more expensive Medicaid health and long-term service benefits. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities but no additional funding has been allocated.

OPI is administered statewide by local Area Agencies on Aging (AAAs). Many areas have waiting lists due to high demand and limited program funding. Client eligibility is determined by an assessment of functional ability and natural supports related to activities of daily living. Typical services include assistance with housekeeping, bathing, grooming, health care tasks, meal preparation, caregiver respite, chore services, adult day services and transportation.

The OPI program has no financial asset limitations for clients. A sliding fee scale is applied to clients with net monthly income between 100 and 200 percent of the federal poverty level (FPL) to pay toward the cost of service. A small group with income above 200 percent of FPL pays the full rate for services provided. Generally this is because they benefit from the case management; ongoing support and monitoring, in addition to the actual purchased services.

Community-based care

Community-based facilities

These include a variety of 24-hour care settings and services to provide an alternative to nursing facilities. Services include assistance with activities of daily living, medication oversight and social activities. Services can include nursing and behavioral supports to meet complex needs. State and federal guidelines related to health and safety of these facilities have to be met.

Adult foster homes

Services are provided in home-like settings licensed for five or fewer individuals who are not related to the foster home provider. Homes may specialize in certain services, such as serving ventilator-dependent residents.

Residential care facilities

Licensed 24-hour service settings serve six or more residents and facilities range in size from six to more than 100 beds. Different types of residential care include 24-hour residential care for adults and specialty memory care facilities. Registered nurse consultation services are required by regulation.

Enhanced care services

Specialized 24-hour programs in licensed care settings that provide intensive behavioral supports for seniors and people with physical disabilities who have needs that cannot be met in any other setting. These programs support clients with combined funding from APD and the Addictions and Mental Health division of the Oregon Health Authority (AMH).

Assisted living facilities

These facilities are licensed 24-hour settings for six or more residents including private apartments. Services are comparable to residential care facilities. Registered nurse consultation services are required by regulation.

Providence Elder Place

This is a capped Medicare/Medicaid Program of All-inclusive Care for the Elderly (PACE) providing an integrated program for medical and long-term services. 950 Oregonians age 55 and older are served in this program generally allowing them to attend adult day services and live in a variety of settings. The Elder Place program is responsible for providing and coordinating their clients' full health and long-term service needs in all of these settings.

Capacity

Medicaid residents compete with the private pay market for access to community-based care. The 2008 Supplemental Legislative Session funded an interim rate increase of $260 per month to help improve access for these clients. Medicaid occupancy levels began to rise and many providers who planned withdrawal from the Medicaid program chose to remain participants. Medicaid access to community-based care is currently strong. When economic conditions strengthen,

APD may lose access as competition with the private pay market for vacant beds will increase.

Acuity-based rate restructure
APD overhauled its community-based care reimbursement system in 2002. The system is outdated in that, although adult foster homes, residential care facilities and assisted living facilities all provide similar services, the reimbursement rate is determined by the setting in which the Medicaid client resides rather than the individual's service needs. In addition, with each passing year, Medicaid rates increasingly fall behind private pay rates. This is especially apparent in Alzheimer's care in the community. The growth of the 85+ age cohort points to increasing demand for Alzheimer's services in both the public and private markets. Increased demand, coupled with static Medicaid payment rates, will also challenge Medicaid client access to specialized services. This was recognized by the Legislature in 2008 and led to the passage of SB 1061, which directed SPD to create:

"A reimbursement structure that ensures access to services while controlling costs and maintaining quality care by:
(A) Reexamining client acuity and appropriate service priority level designations;
(B) Developing reimbursement rates that are reasonably competitive with rates paid by private payers;
(C) Creating incentives for providers to participate in the state medical assistance program; and
(D) Addressing geographic differentials."

SPD took a variety of steps to meet this directive, including a private market rate study, stakeholder work groups and a complete rewrite of the rate methodology. These recommendations are outlined in SPD's Recommendations for Revitalizing Oregon's Community-based Care Reimbursement System document. These reimbursement changes were put forward in the 2009 Legislative Session as a policy option package (POP) and were not funded due to budget constraints.

Nursing facilities
Institutional services for aging and people with physical disabilities are provided in nursing facilities licensed and regulated by DHS. Nursing facilities provide individuals with skilled nursing services, housing, related services and ongoing assistance with activities of daily living.

Oregon has led the nation since 1981 in the development of lower-cost alternatives to institutional (nursing facility) care. Home and community-based alternatives to nursing facility services emphasize independence, dignity and choice and offer needed services and supports at lower costs than medical models.

Program Design
Staff and services support the administration of APD programs, including:

- Central leadership and administration
- Medicaid eligibility and federal waiver administration
- Development and maintenance of administrative rules
- Administration of Medicare Modernization Act and Buy-in programs
- Provider payments and relations
- Support and leadership for various advisory councils.
- Administration of the Older Americans Act
- Home Care Commission

Program Delivery

Staff and services provide direct services to Oregonians, including:

- Direct service staff located in local offices throughout the state
- Presumptive Medicaid Disability Determination Team
- State Family/ Pre-SSI
- Disability Determination Services

Eligibility and case management services are delivered throughout the state by DHS and AAA employees. ORS Chapter 410 allows AAAs to determine which populations they wish to serve and which programs they wish to administer. Type B Transfer AAAs choose to provide Medicaid services in addition to Older Americans Act and OPI services. In areas where the AAAs do not provide Medicaid services, DHS has offices to serve seniors and people with physical disabilities.

HISTORY

Over the past 30 years there has been a profound shift in society's understanding of the importance of independence for aging and people with physical disabilities. Traditionally, states had provided services to these individuals in institutional settings such as nursing facilities. Oregon's first nursing facility opened in the 1940s. With the passage of the federal statute creating Medicaid, the state began to pay for nursing facility services for eligible individuals in the 1960s.

Professional standards and public thinking about how to best serve people with disabilities began to change and life in their communities became more accessible. Civil rights were strengthened and expanded by the Americans with Disabilities Act, which recently celebrated its 20th anniversary in the areas of employment, public accommodations, transportation and housing. Society became available to individuals with disabilities as accessibility increased and society began to accept people with disabilities as part of the community. Families had the ability to remain intact and to keep their loved ones — child, adult or senior — at home.

Federal dollars to fund Medicaid waivers first became available in 1981 for "Home and Community-Based Services." That same year the Oregon Legislature updated its policies around disabilities and found that significant numbers of people with disabilities lived in institutions because adequate community services did not exist. The Legislature mandated that the state work to empower people with disabilities, keep them as independent as possible, and develop service settings that were alternatives to institutionalization. The 1981 Oregon Legislature also created the Senior Services Division and a strong statutory mandate to support seniors in their own homes and community settings outside of institutions. This action forged the way for Oregon to lead the nation in the development of lower-cost alternatives to institutional care.

In response to that mandate, Oregon applied for, and received, the first home and community-based waiver that allowed Medicaid funds to provide long-term services outside an institution. Throughout the 1980s and 1990s, Oregon received waivers that allowed services for unique groups of people. For Medicaid-eligible aging and people with disabilities in Oregon, this has meant that the provision of long-term care has, in large

measure, shifted away from nursing facilities to in-home services, assisted living facilities, residential care facilities and adult foster homes.

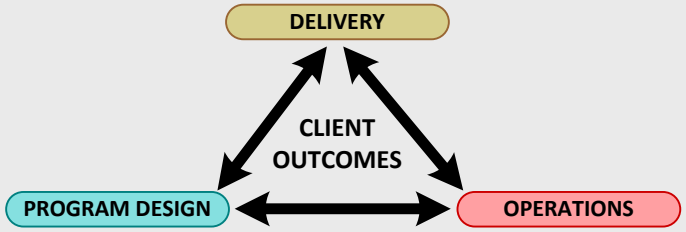
Future populations

The aging population is growing rapidly. The number of people in the United States over age 65 is projected to nearly double from 40.2 million in 2010 to more than 71.4 million people by 2030. In 2010, approximately 13 percent of Oregon's population was 65 years or older. By 2030, the percentage is expected to increase to nearly 20 percent. In Oregon, people 85 years or older make up a small but rapidly growing group within the total population. By the end of 2010, approximately 76,000 Oregonians will have reached age 85. By 2030, the number is expected to reach nearly 120,000, an increase of almost 57 percent.

DHS Office of Aging and People with Disabilities (APD)

Organizational Structure

LAST UPDATED 01/31/2013



PARTNERS

Chief Operating Officer DD/APD
Trisha Baxter

Aging and People with Disabilities Director
Vacant

APD Deputy Director
Mike McCormick

PROGRAM DELIVERY

APD Field Services
Angela Munkers

- Field Services Administration
- **District 1 / 16 Administration** - *Jessica Soletez*
- **District 2 – Multnomah Co. (AAA)** – *Peggy Brey*
- **District 3 – NWSDS (AAA)** – *Rodney Schroeder, Melinda Compton*
- **District 4 – Cascades West (AAA)** – *Scott Bond*
- **District 5 – LCOG (AAA)** – *Kay Metzger*
- **District 6 Administration** - *(Jeanne Wright – County) Merry Bailey*
- **District 7 Administration** - *Mike Marchant*
- **District 8 Administration** - *(Dave Toler – County) Kathie Young*
- **District 9 Administration** - *Carol Mauser*
  - APD Hearings Representatives
- **District 10 Administration** - *Vacant*
- **District 11 Administration** - *Vacant*
- **District 12 Administration** - *Vacant*
- **District 13 / 14 Administration** - *Sandy Hata*
- **District 15 Administration** - *Gene Sundet*

Collaborative Disability Determination
Erika Miller

- Presumptive Disability Determination
- Children's Benefit Unit
- State Family SSI / Pre-SSI

Disability Determination Services (DDS)
Mary Gabriel

PROGRAM DESIGN

LONG TERM CARE POLICY SECTION

- **Financial Eligibility & Waiver**
  Dale Marande
- **Medicaid Long Term Care Policy**
  Jane Ellen Weidanz
- **Long Term Services and Supports**
  Elaine Young

ADVOCACY & DEVELOPMENT SECTION

- **Home Care Commission**
  Cheryl Miller
- **Advocacy and Development**
  Bob Weir

CENTRAL DELIVERY SUPPORTS SECTION

- **Central Delivery Supports**
  Nate Singer
- **MMA Buy-in and Kids Eligibility**
  Melvena Gorman
- **Provider Relations**
  Patty Hall

Oregon Department of Human Services
Central and Shared Service Programs

Overview

DHS Central and Shared Services provide critical leadership and business supports necessary to achieve the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice, and preserve dignity.

DHS and OHA govern their shared services through a board composed of operational leaders of the two agencies. This approach ensures that shared services are prioritized and managed to support program needs. The board and its subgroups have established service level agreements and performance measures for each service, implemented recent budget cuts selectively, moved staff in and out of shared services to rationalize service delivery, and begun implementing more integrated systems to support the performance of all our employees.

Performance management system. The system is contained in the Director's Office and is managed by the entire executive team containing the following key elements:

- A clear statement of the outcomes DHS must achieve.
- Descriptions of the processes DHS uses to achieve its outcomes.
- Measures of success for each outcome and process.
- Owners for each measure.
- Written "breakthrough" strategies for each initiative that will significantly improve outcomes and processes.
- A quarterly all-day all-leadership review of progress on each measure and strategy.

Investment in centralized infrastructure. Based on the performance management system, DHS restructured into five programs. DHS then centralized many support services that previously had been performed separately by each program. This creates efficiencies, assigns clear accountability for the performance of support services, and allows targeted investments to improve performance. Better support services ultimately improve performance of all DHS employees and our providers.

Modernization. One of the most important breakthroughs is modernization of DHS's service delivery. This involves redesigning how DHS interacts with its clients and customers – defining where face-to-face contact better serves client needs and advances the agency mission and where on-line and automated processes can more efficiently meet the need or better support DHS staff in their direct service to clients.

DHS Central Services

DHS Central Services consist of the Office of the Director and Policy, the Office of Equity and Multicultural Services (OEMS), the Office of Human Resources, the DHS Office of the Chief Financial Officer and the Office of Communications. These offices provide essential business supports to programs in achieving the department and programs mission, vision and outcomes.

The DHS Governor's budget request for Central Services is:

DHS Central Services Total						
	GF	OF	FF	TF	Positions	FTE
LAB	18,389,204	61,409,920	21,398,423	101,197,547	91	90.43
GRB	19,965,924	879,768	21,869,402	42,715,094	86	85.18
Difference	1,576,720	(60,530,152)	470,979	(58,482,453)	(5)	(5.25)
Percent Change	8.57%	-98.57%	2.20%	-57.79%	-5.49%	-5.81%

Office of the Director and Policy is responsible for overall leadership, policy development and administrative oversight. These functions are coordinated with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector.

The DHS Director's Office provides leadership in achieving the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity. The office supports all DHS field office and central office programs by managing legislative and legal matters, client concerns, written rules, and contested hearings.

The Office of Equity and Multicultural Services (OEMS) supports the mission of the DHS by providing leadership and direction in supporting equity, diversity and inclusion initiatives throughout the agency. The office also investigates all claims of discrimination and harassment by staff. The goals of the office include reducing service disparities; ensuring a diverse and culturally competent workforce; removing barriers to a welcoming work environment; and improving life outcomes for all DHS clients.

The Office of Human Resources (HR) serves as a strategic partner to its customers in DHS, providing proactive, comprehensive human resources services. HR works closely with internal customers on Workforce Strategies that support agency and program needs and strategies, and building a healthy workplace culture of ongoing development to ensure the agency has a diverse workforce with the right skills, training, and support to do their work, now and in the future.

The DHS Office of the Chief Financial Officer (OCFO) provides optimal business services to ensure accountability, data driven decisions, and stewardship of resources in supports the mission of DHS. The OCFO is responsible to provide leadership and direction to the DHS Budget Office and the fiscal offices located in DHS that serve both DHS and OHA, including the Office of Financial Services, and Office of Forecasting. These offices ensure that accounting, budget, and forecasting practices comply with all applicable laws, rules, and professional standards and ensure transparency and accountability in the financial practices of DHS and OHA.

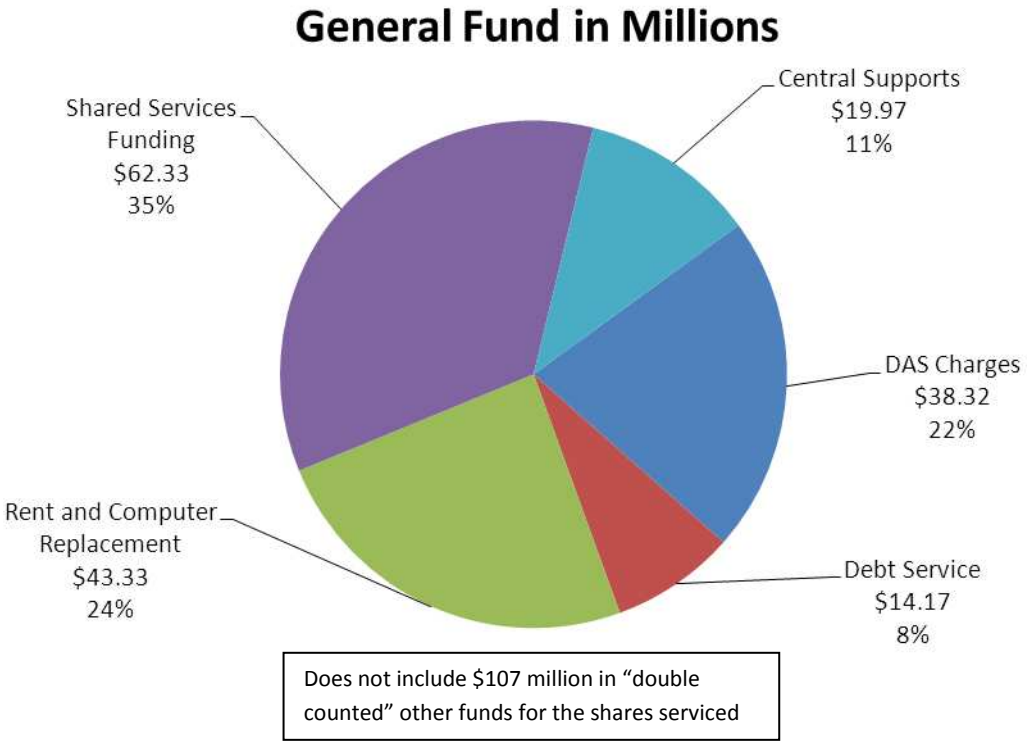
The Office of Communications supports the mission of the DHS by providing accurate information to employees, clients, legislators, stakeholders and interest groups, providers and partners, local

governments, other state and federal agencies, policymakers, the news media, targeted audiences and the general public.

DHS Shared Services and Statewide Assessments

DHS Shared Services supports both DHS and OHA by providing optimal business services to ensure accountability, data driven decisions, and stewardship of resources. The Governor's budget also includes the DAS, SDC and Risk Management assessments, debt service, and the DHS facilities rent and computer replacement budgets.

DHS Shared Services and State Assessments Total						
	GF	OF	FF	TF	Positions	FTE
LAB	143,718,850	122,010,915	137,973,614	403,703,379	602	582.57
GRB	158,139,631	125,367,581	150,664,193	434,171,405	648	630.84
Difference	14,420,781	3,356,666	12,690,579	30,468,026	46	48.27
Percent Change	10.03%	2.75%	9.20%	7.55%	7.64%	8.29%



Overview of Shared Services

DHS Shared Services contains the following key offices and programs that serve both DHS and OHA. These services keep program support cost to a minimum for both agencies and are all "other funded". Each agency has a "Shared Services Funding" budget to pay for services each program receives for both DHS and OHA (Office of Information Services) shared services. DHS shared services are listed below:

Shared Services Administration provides leadership and direction for shared services offices as well as managing the business continuity planning efforts for both DHS and OHA.

The Budget Center provides program and administrative budget planning, financial analysis and technical budget support for DHS and OHA. These services are provided for department leadership, program, policy and field managers, staff and external policymakers.

The Office of Forecasting, Research and Analysis provides client caseload forecasting services for DHS and OHA.

The Office of Financial Services provides accounting services, administers employee benefits and payroll, prepares financial reports, and collects funds owed to DHS and OHA. This office provides accurate, accountable and responsive financial management and business services to DHS and OHA clients, providers, vendors, stakeholders and employees in compliance with state laws and federal policies, rules and regulations.

The Office of Human Resources provides essential HR administrative functions and services for DHS and OHA, and supports organizational development and an improved common culture of leadership and engagement across both agencies, through background checks and fitness determinations; personnel records management; leave administration; centralized position administration; safety and risk response and management; staff and management training..

The Office of Facilities Management provides coordination of DHS and OHA offices and other facilities statewide.

The Office of Imaging and Records Management provides document and records management services for DHS and OHA through imaging, electronic workflow, data entry, archiving and retention services.

The Office of Contracts and Procurement provides contract and procurement services for DHS and OHA by making purchases, conducting solicitations, and preparing and processing contracts with other government agencies, businesses and service providers.

The Office of Investigations and Training conducts and oversees statewide protective services investigations of abuse and neglect, provides technical assistance to community-based mental health and developmental disability programs, and delivers training on investigations and abuse prevention services for DHS and OHA.

The Governor's budget includes one position is requested in Office of Investigations and Training (part of the Office of Adult Abuse Prevention and Investigation). This office is essential for ensuring safety for vulnerable populations groups including adults who receive mental health and/or developmental disability services, children in therapeutic services programs and adults over the age of 65 or who have a physical disability that reside in a long-term care setting or the community. This position will provide an additional resource for quality assurance in this critical adult safety program.

The Internal Audit and Consulting provides independent and objective information about DHS and OHA operations, programs and activities to help management make informed decisions and improve services.

The Office of Payment, Accuracy and Recovery provides services for DHS and OHA by identifying and recovering moneys paid in error to clients or providers; investigates allegations of fraudulent activities; investigates and recovers state funds expended for services when a third party should have covered the service; and recovers funds from the estates of Medicaid recipients for the cost of cash and medical benefits provided.

The Performance Excellence Office (PEO) provides leadership in coordinating continuous improvement and training services for DHS and OHA. PEO uses a blend of project management principles, a strong governance structure, metrics developing and tracking, training and Lean techniques to drive a comprehensive approach to creating a culture of continuous improvement that is cutting red tape, delivering better and faster services to clients, generating cost savings and increasing transparency.

Below is a table comparing the 2011 LAB to the GBB for the OF funded DHS Shared Services. There is included in the GBB a "true up" of new positions at a $0GF cost. This adds 49 positions using S&S funds where historically DHS and OHA have found efficiency in adding positions, for example in Imaging and Records, where centralizing document management for the ease of field use is much more economical.

	2011-13 LAB	2013-15 GBB		2011-13	2013-15 GBB	
Shared Services Office (LAB)	OF	OF	Difference	POS	POS	Difference
Shared Services Administration	$2,899,269	$949,203	($1,950,066)	8	3	-5
Budget Center	$3,333,795	$2,998,171	($335,624)	18	16	-2
Office of Forecasting and Research Analysis	$2,539,392	$2,802,586	$263,194	14	13	-1
Office of Financial Services	$22,499,404	$24,407,848	$1,908,444	154	157	3
Human Resources Center	$11,062,076	$13,018,387	$1,956,311	55	73	18
Facilities Center	$5,214,249	$4,866,153	($348,096)	28	28	0
Imaging and Records Management Services	$10,471,303	$10,597,657	$126,354	59	76	17
Office of Contracts & Procurement	$5,363,452	$8,090,559	$2,727,107	29	42	13
Office of Investigations and Training (OIT)	$6,430,409	$6,934,486	$504,077	30	41	11
Internal Audit and Consulting	$1,758,126	$1,980,946	$222,820	12	10	-2
Office of Payment Accuracy & Recovery (OPAR)	$26,564,098	$26,656,763	$92,665	184	166	-18
Performance Excellence Office	$2,108,278	$1,985,499	($122,779)	11	8	-3
Publication and Design Section	$0	$2,336,086	$2,336,086	0	15	15
Total DHS Shared Services	$100,243,851	$107,624,344	$7,380,493	602	648	46

DHS also has statewide assessments that include DAS charges such as the State Government Service Charge, Risk Assessment and State Data Center Charges. Rent for all of DHS is in the Facilities budget, and IT Direct is for all computer replacement needs. Shared Services funding is the revenue for the DHS portion of DHS and OHA shared services, and Debt Services is to pay off Certificates of Participation loans taken for major DHS projects. Each service, both shared and assessed, are important for DHS to attain its programmatic outcomes. It is critical to continue to look for efficiencies in our systems, processes or staffing.

The Governor's budget includes $1.07 million in GF and $2.1 in TF, which corresponds with a similar investment in OHA to allow DHS and OHA to move to upgrade the computers and

network infrastructure necessary to achieve their respective program outcomes. DHS and OHA have up to 66%, of over 14,000 active computers over five years of age, which is beyond industry standard lifecycle, causing inefficient work processes due to how slow DHS systems operate on these computers and systems. In addition, as modern systems such as HIX and Eligibility Modernization are implemented, a further strain on the performance of DHS and OHA systems will occur. Many computers will not support these modern applications,

Two tables comparing 2011-13 LAB to 13-2013-15 GBB are set out below for these services.

LAB Statewide Assessments	GF	OF	FF	TF	GF %
State Government Service Charge	$10,027,284	$570,266	$8,732,708	$19,330,258	6.98%
Risk Assessment	$8,879,434	$120,695	$3,691,122	$12,691,251	6.18%
State Data Center	$9,604,794	$605,014	$9,578,656	$19,788,464	6.68%
Facilities	$39,163,943	$8,030,181	$62,229,006	$109,423,130	27.25%
IT Direct Charge	$828,725	$61,455	$1,649,030	$2,539,210	0.58%
Shared Services Funding	$57,369,077	$12,379,453	$52,093,092	$121,841,622	39.92%
DHS Debt Service	$17,845,593	$0	$0	$17,845,593	12.42%
Total	$143,718,850	$21,767,064	$137,973,614	$303,459,528	100.00%

GRB Statewide Assessments	GF	OF	FF	TF	GF %
State Government Service Charge	$10,524,676	$655,833	$9,035,852	$20,216,361	6.66%
Risk Assessment	$12,369,136	$168,129	$5,141,768	$17,679,033	7.82%
State Data Center	$12,619,214	$794,895	$12,584,873	$25,998,982	7.98%
Facilities	$41,795,914	$8,082,336	$65,735,195	$115,613,445	26.43%
IT Direct Charge	$1,529,641	$81,019	$2,445,893	$4,056,553	0.97%
Shared Services Funding	$62,329,222	$7,084,093	$51,863,441	$121,276,756	39.41%
DHS Debt Service	$14,167,748	$0	$0	$14,167,748	8.96%
Telecommunications	$2,804,080	$876,932	$3,857,171	$7,538,183	1.77%
Total	$158,139,631	$17,743,237	$150,664,193	$326,547,061	100.00%

Oregon Department of Human Services
Director's Office, Operations and Shared Service Programs

Vision

Safety, health and independence for all Oregonians.

Mission

To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.

Goals

- People are safe and living as independently as possible.
- People are able to support themselves and their families through stable living wage employment.
- Children and youth are safe, well and connected to their families, communities and cultural identities.
- Choices made by seniors and people with disabilities about their own lives are honored.
- Partners, clients and stakeholders are actively engaged in a variety of collaborative and meaningful ways.
- Culturally specific and responsive services are provided by highly qualified and diverse staff.
- The department is committed to equal access, service excellence and equity for all Oregonians

Director's Office

The DHS Director's Office is responsible for overall leadership, policy development and administrative oversight for all programs, staff and offices in DHS. These functions are coordinated with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, communities of color, local governments, advocacy and client groups, Oregon Tribes and the private sector. Included in the DHS Director's Office are the Office of Equity and Multicultural Services, Community Engagement, the Tribal Unit, the Communications Office and the Legislative and Client Relations Office.

Operations

The Chief Operations Officer is responsible for Shared Services, Internal Audits, Business Intelligence, Licensing & Regulatory Oversight, Continuous Improvement, Information Technology Business Supports, Adult Abuse Prevention & Investigations, Performance Excellence and Program Integrity; including the Office of Payment Accuracy and Recovery.

Shared Services- These are customer-driven shared services. When the agency split, DHS and Oregon Health Authority (OHA) received legislative approval to maintain many administrative functions as shared services to prevent cost increases, maintain centers of excellence and preserve standards that help the agencies work together. This helps keep control over major costs. Some of these costs, like many DAS

charges, are essentially fixed to the agency. Others, like facility rents, are managed centrally to control the costs.

DHS and OHA govern their shared services through a board composed of operational leaders of the two agencies. This approach ensures that shared services are prioritized and managed to support program needs.

Overview of Director's Office services

The Office of Equity and Multi-cultural Services (OEMS) provides leadership and direction in supporting equity, diversity and inclusion initiatives throughout the agency. OEMS guides systemic changes to both internal workforce developments as well as improve service delivery to all Oregonians. The office also investigates all claims of discrimination and harassment. The goals of the office include reducing service disparities; ensuring a diverse and culturally competent workforce; removing barriers to a welcoming work environment; and improving life outcomes for all DHS clients.

The Office of Human Resources (HR) serves as a strategic partner to its customers in DHS, providing proactive, comprehensive human resources services, in alignment with agency and program mission and goals. HR works closely with internal customers on Workforce Strategies that support agency and program needs and strategies, and building a healthy workplace culture of ongoing development and feedback to ensure the agency has a diverse workforce with the right people with the right skills, training, and support to do their work, now and in the future.

The DHS Office of the Chief Financial Officer (OCFO) provides optimal business services to ensure accountability, data driven decisions, and stewardship of resources in supports the mission of DHS. This is done by working closely with DHS programs and the OHA CFO and programs, to ensure accurate, timely and efficient recording and management of financial resources: culturally competent services; authorizing the redistribution of available resources to meet changing needs, establishing administrative controls. The OCFO is responsible to provide leadership and direction to the DHS Budget Office and the fiscal offices located in DHS that serve both DHS and OHA, including the Office of Financial Services, the Central Budget Unit, and Office of Forecasting. These offices ensure that accounting, budget, and forecasting practices comply with all applicable laws, rules, and professional standards and ensure transparency and accountability in the financial practices of DHS and OHA.

The Office of Community Mobility and Engagement (CME) is designed to bring the agency, community partner's and local communities together to achieve the common goals for a healthy and safe community. Effective community engagement is built on a foundation of mutual respect and collaboration, along with knowledge of the needs with-in the communities we serve. Community engagement is the first critical step that begins the process of bringing people together. Community Mobility & Engagement is essential to DHS's commitment to equitable outcomes for all. It is a framework that actualizes the work of the community and the agency as they try to achieve the stated goals in our mission. CME is built on a foundation of trust, honesty, integrity stewardship and professionalism.

The Office of Communications supports the mission by providing accurate information to employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, the news media, targeted audiences and the general public. The office

also provides support to the department's priority projects as defined by the DHS director and Executive Team.

The Office of Legislative and Client Relations supports all DHS field office and central office programs by managing legislative matters, legal matters, client concerns, written rules and contested hearings. The LCRO consists of the following operational areas:

Legislative Unit – This Unit handles all legislative matters for DHS. This team coordinates all DHS legislative matters with legislative offices, key stakeholders and the Governor's Office. This team supports both field and central office staff providing consultation and support in legislative matters, primarily working with central office staff on policy development for program services. During a legislative session, this Unit tracks and assigns all bills related to DHS program and operations. Staff in this unit support the Director of DHS, the Directors of all program and operations in DHS regarding legislative matters and the District Managers in field offices.

Legal Unit – This Unit manages all law suits, tort claims and subpoenas related to DHS program and operations. Staff in this Unit provide expert consultation to DHS staff (field and central office staff), Department of Justice (DOJ) and Department of Administrative Services (DAS) Risk Management in policy related to legal matters. This team ensures timely completion of the required judicial documents to move smoothly through a complicated legal matter.

Governor's Advocacy Office (GAO) – This Office handles client complaints coming into Central Office related to DHS services. This Office operates independently in the investigations performed and reports directly to the Governor quarterly on the calls received and handled. The team in this Office works closely with field office staff, central office program staff, the Governor's Office, key stakeholders and the DHS Director's Office to successfully, equitably and respectfully reach a conclusion. Efforts are underway to have the GAO handle all client-related complaints coming into central office and the Director's Office.

Contested Hearings Unit – This Unit provides expert technical support to hearing representatives in DHS field services and to the Administrative Hearings Office regarding DHS contested hearings. This team serves as a liaison for DHS contested hearing representatives and the Department of Justice when required. This team also provides support and advice to the DHS field staff and to Administrative Hearings Office when they are involved in a DHS contested hearing.

Program Rules Unit – This Unit provides expert technical support to program staff writing and filing rules for DHS programs. This team supports staff efforts to arrange Rules Advisory Committees with external stakeholders and performs the required tasks to file a rule with the Secretary of State.

Tribal Affairs We are committed to a positive working relationship with the nine tribes in Oregon. Staff regularly holds meetings with tribal governments through tribal liaisons and continually strives to ensure these communities receive sufficient and appropriate human services.

Overview of Shared Services

DHS Shared Services provides optimal business services to ensure accountability, data driven decisions, and stewardship of resources in supports the mission of DHS. DHS Shared Services contains the following key offices and programs:

The Budget Center provides program and administrative budget planning, financial analysis and technical budget support for DHS and OHA. These services are provided for department leadership, program, policy and field managers, staff and external policymakers.

Office of Forecasting, Research and Analysis provides client caseload forecasting services for DHS and OHA.

Office of Financial Services provides accounting services, administers employee benefits and payroll, prepares financial reports, and collects funds owed to DHS and OHA. This office provides accurate, accountable and responsive financial management and business services to DHS and OHA clients, providers, vendors, stakeholders and employees in support of both agencies' missions and in compliance with state laws and federal policies, rules and regulations.

Office of Facilities Management provides coordination of DHS and OHA offices and other facilities statewide.

Office of Imaging and Records Management provides document and records management services for DHS and OHA through imaging, electronic workflow, data entry, archiving and retention services.

Office of Contracts and Procurement provides contract and procurement services for DHS and OHA by making purchases, conducting solicitations, and preparing and processing contracts with other government agencies, businesses and service providers.

Office of Investigations and Training conducts and oversees statewide protective services investigations of abuse and neglect, provides technical assistance to community-based mental health and developmental disability programs, and delivers training on investigations and abuse prevention services for DHS and OHA.

Internal Audit and Consulting provides independent and objective information about DHS and OHA operations, programs and activities to help management make informed decisions and improve services.

Office of Payment, Accuracy and Recovery provides recovery services for DHS and OHA by identifying and recovering moneys paid in error to clients or providers; investigates allegations of fraudulent activities; investigates and recovers state funds expended for services when a third party should have covered the service and the recovery of claims made by a client; and recovers funds from the estates of Medicaid recipients for the cost of cash and medical benefits provided.

Performance Excellence Office (PEO) provides leadership in coordinating continuous improvement and training services for DHS and OHA. PEO uses a blend of project management principles, a strong governance structure, metrics developing and tracking, training and Lean techniques to drive a comprehensive approach to creating a culture of continuous improvement that is cutting red tape, delivering better and faster services to clients, generating cost savings and increasing transparency. The PEO uses a multi-level approach designed to create an organic self-sustaining culture of continuous improvement through all levels of the organization. The PEO provides lean and continuous improvement training for all agency staff, coaching and mentoring for agency management and oversight of agency performance in continuous improvement and performance excellence.

Rules Coordinator advises, consults, leads, coordinates and trains staff in all DHS and OHA divisions in drafting, interpreting, defining and developing the intent and scope of administrative

rules. In addition, the rules coordinator monitors and reviews contested case orders, trains hearing representatives, assists with legal issues and acts as liaison with the Office of Administrative Hearings to discuss performance measures.

Adult Abuse Prevention and Investigations (OAAPI) is responsible for accountable and well-supported programs that focus on customer service and client outcomes; program designs that are developed using model practice; and activities that support continuous quality improvement and facilitate cross program collaboration. The scope of OAAPI services includes over-arching statewide responsibility for assuring protective services are offered or provided and abuse investigations are commenced in response to the reported abuse and neglect for OHA and DHS.

Overview of Operations

Program Integrity (OPI) Provides quality assurance, quality control, and quality improvement related services for DHS. The purpose of the office is to ensure program integrity and improve accuracy through state and federally mandated operational and case reviews (Quality Control Unit), field reviews (Quality Assurance Unit and CMS Waiver group), and regular caseworker trainings.

Licensing & Regulatory Oversight Provides for the safety of children, aging and physically disabled, and people with developmental disabilities through licensing, regulatory and corrective action functions within programs provided by the Department of Human Services. This includes Developmentally Disabled (DD), Aging and People with Disabilities (APD), and Child Welfare (CW) providers, adult foster homes, assisted living facilities, residential care facilities', nursing homes, supportive living and employment programs for people with developmental disabilities, and private child care agency licensing. OLRO strives to ensure that service equity and delivery of culturally and linguistically appropriate services are provided to Oregonians.

Business Intelligence provides data-driven information about what we're doing, how it's working, and what we need to be doing next to provide programs with the information they need to make good decisions.

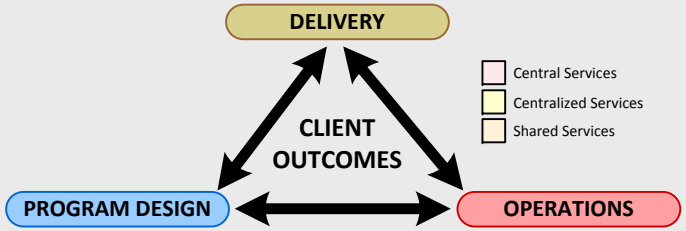
IT Business Supports helps business needs lead our information technology infrastructure needs to transform our work.

Continuous Improvement leads an on-going effort to improve services and processes, and involves all employees helping build standard processes in all DHS programs.

DHS Operations and Administration

Organizational Structure

LAST UPDATED 02/05/2013



Central Services
Centralized Services
Shared Services

DHS Director
Erinn Kelley-Siel

ADMINISTRATION

- **Executive and Administrative Support** — *Karrie Pitrof*
- **Community Engagement** — *Margaret Carter*
- **Tribal Relations** — *Rick Acevedo*
- **Medical Director** — *Vacant*
- **Multicultural and Service Equity** — *Gloria Anderson*
- **Communications (dedicated)** — *Gene Evans*
- **Human Resources (dedicated)** — *Carolyn Ross*
- **Legislative and Client Relations** — *Mickey Serice*

FINANCIAL OPERATIONS

Chief Financial Officer
Eric Moore

- **Resource Analysis and Mgmt** — *Wendy Gibson*
- **Budget (dedicated)** — *Ralph Amador*

- **Financial Services** — *Shawn Jacobsen*
- **Budget Center** — *Sara Singer*
- **Shared Services Budget** — *Dawn Werlinger*
- **Forecasting Research & Analysis** — *Betsy Jensvold*

BUSINESS OPERATIONS

Chief Operating Officer
Jim Scherzinger

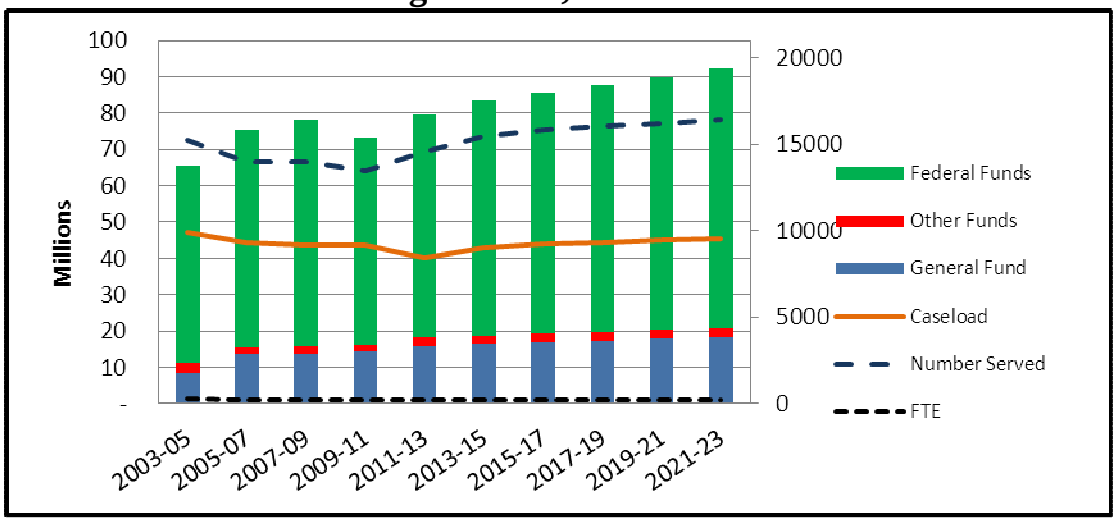
- **OBI - Business Intelligence** — *Angela Long*
- **OLRO - Licensing & Regulatory Oversight** — *Donna Keddy*
- **OPI – Program Integrity** — *Chuck Hibner*
- **OCI – Continuous Improvement** — *Christy Williams*
- **ITBS – IT Business Supports** — *Trina Lee*
- **OAAPI – Adult Abuse Prevention & Investigations** — *Marie Cervantes*

- **Payment Accuracy and Recovery** — *Chuck Hibner*
- **Internal Audits and Consulting** — *Dave Lyda*
- **Performance Excellence** — *Wes Charley*
- **Contracts and Procurement** — *Vacant*
- **Investigations and Training** — *Marie Cervantes*
- **Shared Services Liaison** — *Jeremy Emerson*
- **Facilities** — *Linda Riddell*
- **Imaging Records Management Services** — *Wendy Nelson-Baca*
- **Governor's Advocacy Office** — *Naomi Steenson*
- **Human Resources Center** — *Lisa Harnisch*
- **Publication and Design** — *Nick Kern*

Department of Human Services: Vocational Rehabilitation Services

Primary Outcome Area: Economy and Jobs
Secondary Outcome Area: Education
Program Contact: Stephaine Parrish Taylor, 503-945-6201

VR Funding Sources, Caseload Levels and FTEs



Note: FTE for VR has remained at 224 from 2003-05 to date. Cost per case increase is the result of a growing number of people with cognitive disorders requiring services that come with higher costs.

Executive Summary

Vocational Rehabilitation Services (VRS) assists youth and adults with disabilities to obtain, maintain, or advance in employment. VR services are designed to help clients succeed in jobs that enable them to live as independently as possible, reduce or eliminate their need for publicly funded benefits, and be fully contributing members of their local communities.

VR provides services to clients through field offices across the state. VR assists clients with all disabilities with the exception of blindness and deaf-blindness. The most common categories of disability among VR clients are cognitive impairment, psychosocial, physical, mental and orthopedic impairments. Specialized services that help clients be as self-sufficient as possible are provided through seven Centers for Independent Living (CILs) located throughout the state.

VR staff also work in partnership with community organizations and businesses to develop employment opportunities for people with disabilities. These activities range from live resume events and job fairs to presenting disability awareness workshops for local businesses. VR also offers business services that include consultations with employers about diversifying their workforces by hiring people with disabilities and pre-screening services to match employers with clients who are qualified, reliable job candidates.

Significant Proposed Program Changes from 2011-13

In January 2012, the United States Department of Justice informed the Department of Human Services that they were in violation of the Olmstead Act due to individuals working in sheltered workshops who did not have access to supported employment. VR became party to a lawsuit subject to this finding. The program, along with the Office of Developmental Disability Services and the Director's Office are in active negotiations with USDOJ. The likely result of these negotiations is an increased number of clients who experience intellectual and developmental disabilities being referred to VR.

Program Description

Services to clients are individualized to ensure that each eligible client receives the services essential to their employment success. Vocational rehabilitation counselors work with clients to identify their needs, create a plan to address barriers to employment and implement the plan together. VR services align to four major focus areas:

- **Basic Vocational Rehabilitation Services** assists individuals whose disabilities are impediments to employment. Counselors determine the client's eligibility for services; provide vocational counseling; and identify and arrange for services, activities and accommodations needed to obtain, maintain or advance in employment. Counselors work with job developers to obtain job placements and with job coaches to provide clients with the extra supports they need to be successful in their jobs. Counselors also work with employers to accommodate incumbent workers or to recruit new employees with disabilities.

- **Youth Transition Services** prepares youth with disabilities for employment or career-related, post-secondary education or training. The program bridges the gap between school and work by providing coordinated vocational rehabilitation services while the special education student is in school. VR partners with local school districts and other organizations to ensure students' smooth transition to adult services and employment after high school.

- **Supported Employment Services** is an evidence-based rehabilitation strategy, targets individuals with the most significant disabilities who can obtain and retain competitive employment in the community if they receive intensive training, job coaching and ongoing support. Supported Employment Services are provided in partnership with the Oregon Health Authority, Addictions and Mental Health Services, and the DHS Office of Developmental Disabilities.

- **Independent Living Services** are available through the seven CILs in Oregon. The CILs are consumer controlled nonprofit organizations that receive funding to provide four federally mandated core services to promote independence and remove barriers to employment: Information and referral, skills training, peer counseling, and both systems and individual advocacy.

The major cost driver in VR is the severity of the disabilities of the individuals requesting services. Many clients have two or more disabilities. Severity is determined by the number of

functional limitations, the number of services needed to address the impediments and the estimated length of time services will be needed.

Program Justification and Link to 10-Year Program

Vocational Rehabilitation assists individuals with disabilities to achieve success in education and employment, and become independent, productive citizens. Its services and programs link to three focus areas in the 10-Year Plan for Oregon: Employment and Jobs, Education and Safety.

There are 279,001 working age Oregonians of whom 34.1% are employed compared to the 71% of Oregonians working who do not have a disability. VR assists individuals with disabilities to achieve the education, skills and accommodations needed to secure employment. Additionally, the program assists employers who wish to maintain employees with disabilities or diversify their workforce by hiring qualified employees. Its services and programs link to three focus areas in the 10-Year Plan for Oregon: Employment and Jobs, Education and Safety.

VRS links to both the Governor's 10-year Strategic Plan and the 10-year Workforce Strategic Plan. The program has performance goals that align with the following goals in the Governor's plan: support two years of postsecondary education or equivalent technical training; create work ready communities; strengthen and align workforce; and increase diversity and equity in the workforce.

Employment and Jobs

- The nationally recognized Youth Transition Program supports the 10-Year Plan goal of two years of post-secondary education or equivalent technical training. Through this program, 93 percent of youth with disabilities transition to work or post-secondary education as compared to the national average of 85 percent. Over the past 20 years, the rate of youth engaged in work or post-secondary education had ranged between 75 and 85 percent.
- Every year, VR develops a State Plan which includes goals to increase self-employment and employment outcomes for clients and to increase the number of individuals who obtain post-secondary degrees and certificates.
- VR is helping create work-ready communities through its Preferred Worker Project. This program is in collaboration with the Department of Consumer and Business Services to help injured workers who do not qualify for regular VR services to return to work.
- In the 2012 Federal Fiscal Year, 2,032 individuals obtained and maintained work through the basic rehabilitation program. VR Employer Services provides training and technical assistance to employers for new hires and incumbent workers, and identifies and refers qualified candidates.

Education

- The Youth Transition Program was recognized in 2012 as a best practice program by the Swiss Foundation. A study found that 93 percent of youth with disabilities transitioned to work or postsecondary education.
- VR utilizes supported employment, an evidence-based model, which allows individuals with developmental and intellectual disabilities to work in competitive employment in the community.

- A partnership with the Office of Developmental Disabilities Services implements the Employment First program to focus service dollars to work as an outcome for people with intellectual and developmental disabilities.
- The Independent Living program partners with schools and families to support the transition of students with disabilities to secondary education and/or work.
- Memorandums of Agreement with the Office of Developmental Disabilities Services and the Oregon Department of Education are designed to more effectively align transition services, identify opportunities to braid and leverage funding in order to increase the number of students with disabilities.

Safety

- CILs train seniors and people with disabilities to develop personal preparedness plans and on empowerment and safety as a preventative for crime and abuse often faced by these populations.
- CILs also provide training and mentoring to parents with disabilities, which enhances skills for management of their homes and families.

Program Performance

VR measures its performance primarily by employment outcomes. Employment outcomes are the number of individuals who obtained and successfully maintained employment for a minimum of 90 days. The chart below shows employment outcomes for VR since 2008.

VR

YEAR		FY2012 (projected)	FY2011	FY2010*	FY2009*	FY2008
# Served	Youth	1,779	1,720	1,305	1,392	1,681
	Adults	14,527	13,487	13,940	13,954	15,246
Employment Outcomes	VR	1,978	1,793	1,176	1,928	2,604
	SE	220	185	131	138	649
	YTP	476	404	237	365	571
Rehab rate	SSI/SSDI	4,670	4,570	4.549	4,163	4,561
(Federal min. req. is 55.8%)		57%	57%	47%	55%	63%

Wage		11.68	11.68	11.38	$11.43	$11.19
Hours		26	27	27	29	30
Cost Per Client**			$3,065	$2,487.83	$2,940.41	$2,489.98

**Order of Selection limited the number of clients served due to a lack of resources.*
***The average case cost of $3,065 equates to about four months of Supplemental Security Income (SSI).*

A 2010 assessment demonstrated that the Independent Living Program could serve three percent of its consumers with an Oregon investment of only $390,429 and produce a return of $2,405,227 to public sources (from new taxpayers or reduced use of public benefits). The chart below shows Independent Living Program outcomes since 2008.

Independent Living Program

YEAR	*FY2013 (Projection)	*FY2012 (Projection)	FY2011	FY2010	FY2009	FY2008
# Served	11,863	11,863	11,863	7,358	5,688	4,676
Consumer Goals	4,225	4,225	4,225	3,533	4,317	4,635
% Goals Achieved	60%	60%	60%	60%	62%	55%
Consumer Satisfaction	87%	87%	87%	89%	92%	88%

Enabling legislation/program authorization

VR is a State and Federal program authorized by State law (ORS 344.511et seq.) and the Federal Rehabilitation Act of 1973 as amended in 1998 and as implemented by 34 C.F.R. 361.1 et seq.

The Independent Living Program is a Federal program established in Title VII of the Rehabilitation Act of 1973, as amended, and regulated by the Code of Federal Regulations, Title 34, and Parts 364-367. In conjunction, Oregon's State Independent Living Council was established in 1994 by Governor's Executive Order 94-12. VR is listed as the designated state unit for this program in the State Plan for Independent Living, per Section 704 of Title VII.

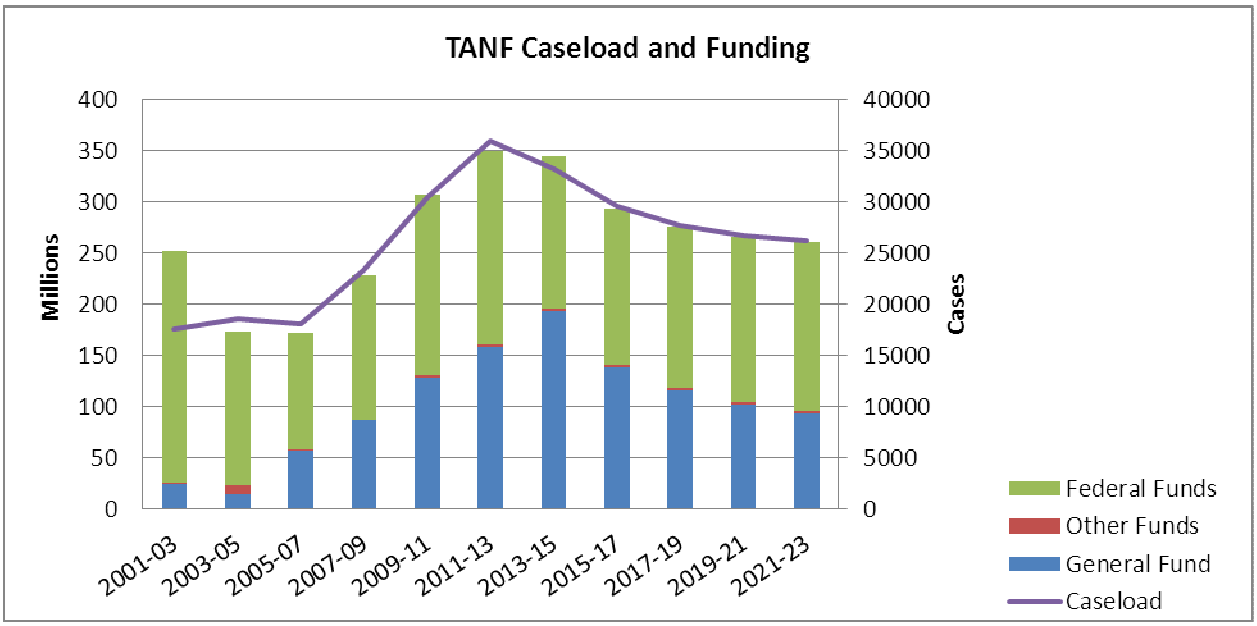
Funding Streams

VR is funded through the federal Department of Education, Vocational Rehabilitation Services. It receives a formula-based grant with Match and Maintenance of Effort requirements. The match rate for Vocational Rehabilitation is 21.3 percent General Fund; 78.7 percent Federal Fund. For Independent Living, the match rate is 1 percent General Fund; 9 percent Federal Fund. There is no match required for the Supported Employment grant. Grant dollars cannot be utilized by other programs. Program income includes Social Security reimbursement, Youth Transition Program grants, and revenue from the VR Preferred Worker Project.

Department of Human Services: Temporary Assistance for Needy Families – Cash Assistance

Self-Sufficiency Program

Primary Outcome Area:	Economy and Jobs
Secondary Outcome Area:	Safety
Program Contact:	Xochitl Esparza, 503-945-6122



Note: The Temporary Assistance for Needy Families (TANF) caseload has seen dramatic increases since the economic downturn. Projections assume Oregon's economic conditions and job market improves beginning the end of the 2011-13 biennium.

Executive Summary

Temporary Assistance for Needy Families (TANF) is a critical safety net program for families with children living in extreme poverty. TANF helps families, including over 63,000 children, from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. Safety net programs are usually the last step for families with few or no resources left, and any assistance can have an immediate impact on their health, safety and well-being. These families typically use TANF funds to prevent homelessness and to help with other factors contributing to family instability. The goal of the program is to help families address barriers, and gain skills and access to employment opportunities to become self-sufficient.

Significant Proposed Program Changes from 2011-13

	TANF Cash Assistance			
Self Sufficiency Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Continue 185% FPL TANF eligibility for non-needy caretaker relatives	(6.84)	0.00	0.00	(6.84)
Continue 120 ineligibility for TANF if unemployed without good cause	(0.91)	0.00	0.00	(0.91)
Continue up front assessment and JOBS orientation to be TANF eligible	(3.08)	0.00	0.00	(3.08)
Caseload and cost-per-case adjustment	1.14	0.00	0.00	1.14
Continue Pre-SSI enhanced rate reduction	(2.35)	0.00	0.00	(2.35)
Continue Post-TANF reduction	(3.05)	0.00	0.00	(3.05)
TANF Time Limit to 48 months	(0.01)	0.00	0.00	(0.01)
TANF Time Limit to 36 months	(10.30)	0.00	0.00	(10.30)

($, millions)

This budget proposes to continue three eligibility limitations set to expire at the end of the 2011-13 Biennium. These funds are then redirected into the JOBS budget to increase the number of TANF clients receiving JOBS services. By investing in the JOBS program and in case management staff (in the Healthy People Budget) the length of stay of clients will be reduced, leading to lower TANF caseloads and higher work participation. This is necessary both to reduce costs but also to avoid federal penalties of up to $26 million currently facing Oregon. This budget also includes backfill of one-time reductions taken in 2011-13 due to budget shortfalls.

Program Description

TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. Our overall TANF program provides immediate cash assistance at a point when families have exhausted all other resources. We also provide employment and training services, linkages to services in the community and short-term interventions such as support to strengthen parenting skills or the healthy development of children. Most parents and caretaker relatives must meet additional requirements to receive TANF services, such as participating in the Job Opportunity and Basic Skills (JOBS) program. These individuals must participate in JOBS to gain the skills necessary to join the workforce and retain a job or face possible sanctions, including losing benefits. A TANF family may participate in the JOBS program and access a variety of other programs and services as part of the plan to move a client towards self-sufficiency.

To qualify for TANF, families must be below 40 percent of the Federal Poverty Line. For a family of three, this means an income below $616 per month. Currently the maximum monthly benefit for a family of three is $506 (approximately 33 percent of FPL). There is a 60-month time limit for adults to receive TANF.

The TANF program serves population with a wide range of abilities and challenges. While 95 percent of TANF recipients have no current earnings, over 30 percent have been employed

within the last two years. About 50 percent of TANF households have a disability or other barrier. Most clients - 85 percent - are paying for housing without any assistance from a Federal housing program or other subsidy.

Young children make up a large number of those served within TANF. Half of all children in TANF are between 0-5 years old. In about 20 percent of TANF households, the adults receive assistance for the children but not for themselves. In these households, many have an adult who is disabled and receiving Social Security benefits or a caretaker relative, such as an aunt, uncle or grandparent, is caring for the children. Many of these families have unique needs in both providing basic support for children and in navigating resources that can help them provide a stable, safe home environment.

The State Family Pre-SSI/SSDI (SFPSS) Program is designed to assist TANF-eligible individuals with disabilities obtain Social Security disability benefits through the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs. The program serves individuals who are not required to participate in the JOBS program. The program provides families with a cash grant, professional assistance with Social Security Administration (SSA) applications and appeals and case management services. Once a client is awarded SSI benefits, the department recovers a portion of the payments it made to the family during the application process from the client's initial SSI lump-sum payment.

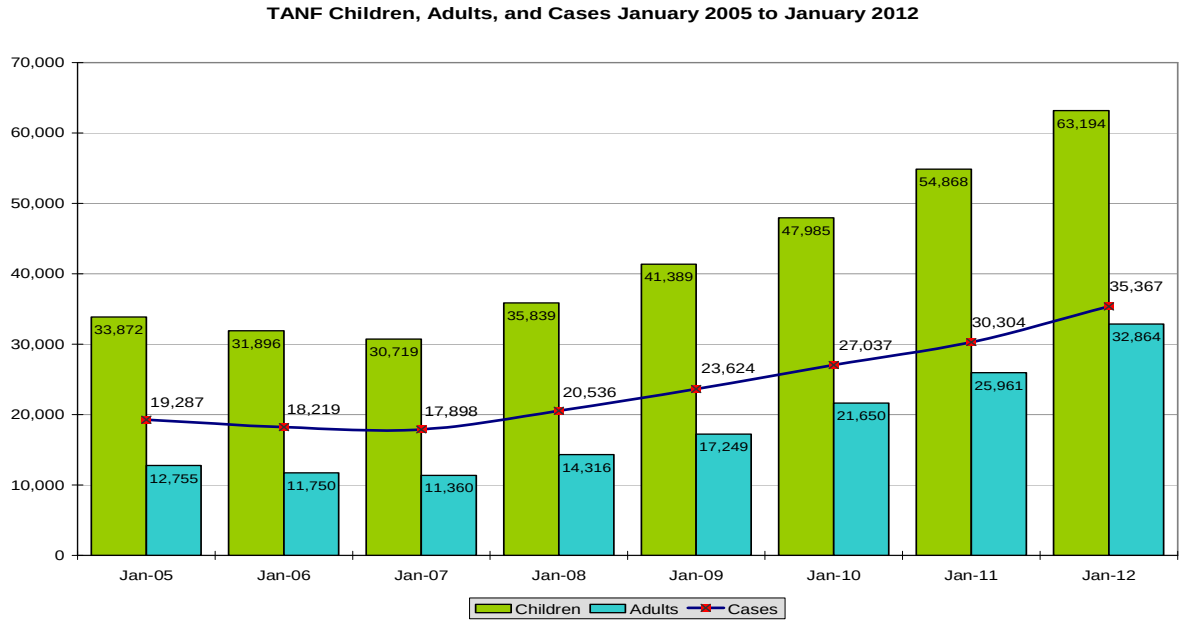
Post-TANF is a program that provides an incentive to employment. This program has been suspended for the remainder of the biennium because of budgetary constraints. Post-TANF provided a small transitional payment of $50 a month for up to a year for those who leave TANF due to employment. The goal of this incentive was to help families transition to financial independence to reduce their chances of returning to the program.
Other programs such as Employment Related Day Care (Education Outcomes Area), the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, Family Support and Connections (Safety Outcomes Area), and medical assistance all play a critical role in helping those on cash assistance transition to employment and financial independence.
The major cost driver for the TANF cash assistance programs is the economy. As the state of the economy has worsened, families (including parents with disabilities who may have been able to work previously with accommodations) are finding it more difficult to obtain employment. The resulting financial strain leads them to seek our services.

Program Justification and Link to 10-Year Outcome

There is a direct link between the TANF cash assistance programs and the Economy and Jobs Outcome area. TANF strives to reduce unemployment - including unemployment of underrepresented individuals - and create job-ready communities. The TANF program is represented in the Oregon Workforce Investment Board which is aligning strategies across Oregon's workforce programs.

The TANF and Pre-SSI/SSDI programs also contribute to family stability and safety. TANF cash assistance provides for the basic financial needs of very low-income families with children. Over 95 percent of families with an adult recipient receiving TANF in Oregon have zero earned income. Some of these families are homeless, which makes finding and maintaining employment

extremely difficult. Being in a constant state of crisis can also negatively impact children, including their ability to attend school and make progress in their learning. Without this cash assistance, most of these families would not have the financial means to survive. Extreme poverty is one of the leading family stressors that can put children at risk of abuse. The program faces challenges in times of economic recession when the demand for services increases and state funds to provide those services are stretched.



Program Performance

In January 2012, the TANF program served 35,367 families. These households include 63,194 children and 32,864 adults from a diverse range of abilities, cultures and communities. The number of children served by the program has nearly doubled since January 2005.
TANF cash assistance expenditures have increased since the onset of the economic recession.

As the caseload increased, we improved our processes to reduce the time a client waits for an intake appointment when applying for TANF. This effort helped to both standardize services across the state and ensure that applicants are seen more quickly. Many offices went from a three-week wait for an appointment to four days, with the majority being seen within two days.

Enabling Legislation/Program Authorization

The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005. A significant portion of the TANF eligibility criteria is codified in State statute chapters 411 and 412.

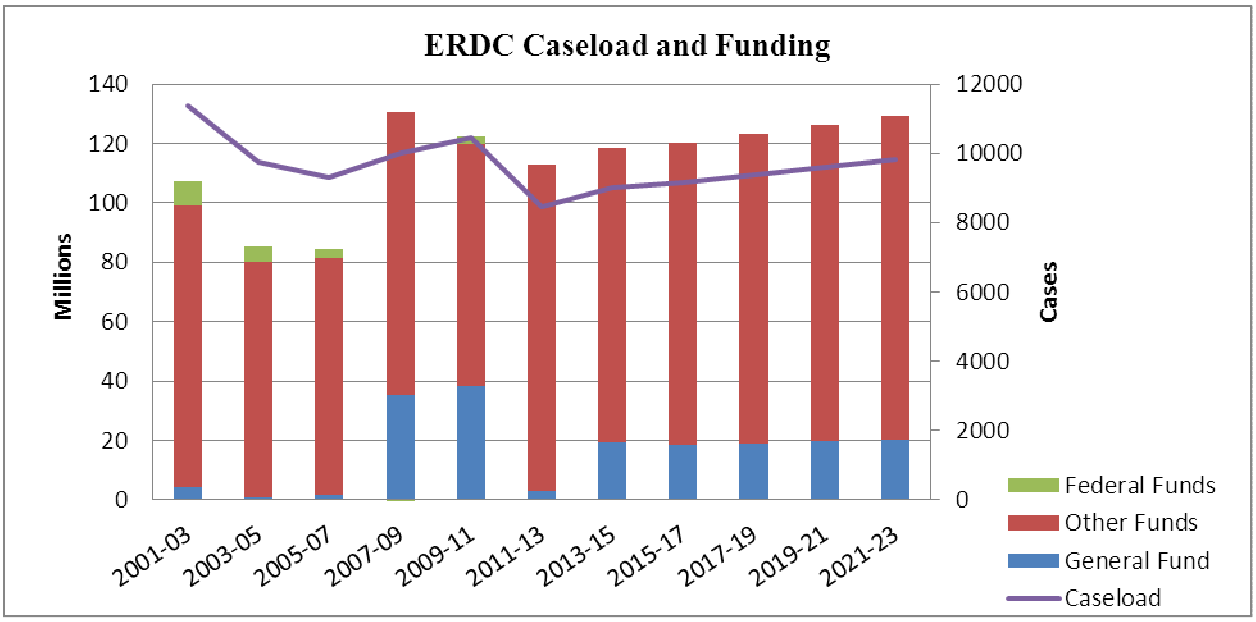
Funding Streams

TANF is funded primarily through General Fund dollars and the TANF Federal block grant that requires a minimum state expenditure level, known as Maintenance of Effort (MOE). Oregon's TANF block grant is $166.8 million per year. Oregon's MOE requirement is equal to 80 percent of the state's historic expenditures or approximately $98 million per year. Expenditures counted towards MOE must not be from a federal source and must not be matched to other federal funds. Oregon generally meets MOE through a combination of eligible DHS and other agency expenditures. Both the TANF federal block grant and MOE expenditures must be spent in a manner reasonably calculated to meet one of the four federally-mandated TANF purposes which are: 1) provide assistance to needy families; 2) end dependence of needy parents by promoting job preparation, work and marriage; 3) prevent and reduce out-of-wedlock pregnancies, and 4) encourage and maintain family formations.

The State Family Pre-SSI/SSDI program is a General Fund program. A large portion of SFPSS funds expended count as MOE dollars for the TANF program. In addition, the Department recovers a portion of funds expended through client reimbursements.

Department of Human Services: Employment Related Day Care
Self Sufficiency Program

Primary Outcome Area: Education
Secondary Outcome Area: Economy and Jobs
Program Contact: Rhonda Prodzinski, 503-945-6108



Note: Out years assume static costs per case with funding inflated each year at 2.3% and invested in additional cases. Added funding could also be used for other quality activities in lieu of increasing the caseload cap.

Executive Summary

The Employment Related Day Care program (ERDC) helps very low-income working families from a variety of cultural and linguistic backgrounds arrange and pay for quality child care. ERDC provides low-income families with the same opportunity to quality child care as other families with higher incomes. Quality child care nurtures a child's learning and development so the child is better prepared to succeed in school. ERDC helps parents stay employed and gain self-sufficiency by assisting with the consistent, stable child care parents need to remain on the job ERDC also supports care for children with special needs, as well as offering providers who come from diverse cultural backgrounds. Providers required to register with the State must meet a set of health and safety standards, and all are required to complete background checks. They also have access to additional training and education. Providers employed by ERDC clients are contributing members to local economies throughout the state.

Significant Proposed Program Changes from 2011-13

	Employment Related Day Care - Education Total			
ERDC Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Continue ineligibility for ERDC for Self-Employed	(1.97)	0.00	0.00	(1.97)
Continue increased co-pay of 10% begun in 2011-13	(3.41)	0.00	0.00	(3.41)
Increase average monthly caseload from 8,500 to 9,000	5.60	0.00	0.00	5.60

($, millions)

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.

Program Description

To be eligible for the program, a family's income must be less than 185 percent of the 2012 Federal Poverty Level. For a family of three, this amounts to a $2,944 gross income per month. ERDC and families share the cost of child care. Families choose their child care provider and ERDC pays the provider directly for the State portion of the payment. The amount ERDC pays is based on the type of care and hours needed. Families pay a portion, called a copayment, of the child care bill. The copayment is based on a sliding scale depending on family income and size. Families often pay additional costs, depending on the provider rates and the amount they are eligible through the program. As the family's income increases, the parent's share of the child care cost increases while still remaining affordable. Co-payments and additional costs paid by the family are also paid directly to the provider by the parents. Parents must pay their portion to remain eligible in the program.

ERDC helps families find child care and connects child care providers to those needing care. This service is provided through the DHS offices in every county. Most child care providers are self-employed. They have passed a background check including a criminal history and child protective services check. Most are required to register with the Oregon Employment Department Child Care Division and the DHS Direct Pay Unit. Licensed child care providers are represented by the American Federation of State, County and Municipal Employees Council 75 (AFSCME). The Service Employees International Union Local 503 (SEIU) represents family

child care providers who are exempt from licensing. These providers are referred to as Family, Friends and Neighbor (FFN) providers.

DHS collaborates and works with multiple partners in support of child care system activities. We contract with local Child Care Resource and Referral (CCRR) agencies to provide consumer education to assist parents, employers, care givers, and others interested in the ERDC program, and on the importance of maintaining and providing quality child care. These referral agencies educate parents on the importance of choosing the right caregiver. Many parents are not familiar with indicators of high-quality care, as well as licensing standards for child care. DHS partners with nine Head Start programs for full-day, full-year contracts for ERDC families. We also work closely with the Oregon Employment Department Child Care Division.

The major cost drivers are the number of families receiving ERDC, cost per case and contracted services (such as Head Start and Child Care Resource and Referral). The cost per case includes payments to providers which are collectively bargained. Potential changes in Federal requirements and collective bargaining agreements are also factors that drive costs in the program. Currently, the ERDC program serves less than 20 percent of eligible Oregon families with a priority given to families transitioning from TANF. We maintain a reservation list for families that are eligible but not served by the program. As budgets allow, we extend an application to those on the reservation list to apply.

DHS coordinates services across its program areas in order to be as efficient as possible in our service delivery. Families receiving services generally are clients of other programs. Maintaining employment for these families is important as they work towards long-term self sufficiency.

- In March 2012, there were 7,140 ERDC cases and 6,969 (97.6%) were receiving food benefits through the Supplemental Nutrition Assistance Program (SNAP).
- In March 2012, there were 5,079 ERDC cases that had a companion medical case. The medical cases included 13,079 children receiving Oregon Health Plan or insurance through the Healthy Kids program.

Today child care providers enter daily attendance hours and calculate monthly billing amounts manually. DHS is developing an automated Child Care Billing and Attendance Tracking (CCBAT) system to increase program efficiencies. This solution will allow for the electronic capture of attendance and authorization data. CCBAT will provide cost savings, improve program management and accountability, reduce the number of payment adjustments and provide better outcomes for providers and parents. Implementation of the system begins in 2013, with pilot providers being added monthly followed by regional rollouts of the system.

Program Justification and Link to 10-Year Outcome

Child care that supports children's development, especially in the early years, helps children succeed in school and better prepares them for their future. Early learning opportunities for children are generally provided for by the parents. Access to quality child care for low-income families is important so that their children also have the same opportunities to develop cognitive, social, emotional and behavioral skills to be ready for school. Low-income families are faced with difficult choices when it comes to child care expenses. They may rely on an older sibling, or a variety of family or friends. This may lead to inconsistent or unstable care that interferes with the employment of the parent. Research shows that ERDC is critical in helping low-income families maintain employment.

The Governor's Early Learning Council (ELC) and the opportunity through the 2012 Race to the Top federal grant embraces the importance of investing in measureable, quality child care. DHS supports improving safety, quality and enrichment of child care programs as well as ensuring low-income families have easy access to a variety of child care settings. DHS is partnering with the Child Care Division and other stakeholders to plan improvements to DHS programs to strengthen outcomes for our children and their parents.

Beginning in September, DHS will offer contracted child care slots for ERDC families with 21 Oregon Programs of Quality (OPQ) facilities and continue contracted slots with some full-day, full-year Head Start programs. OPQ programs have completed a rigorous process of documenting a high level of quality. The goals of the OPQ/Head Start contracted slots are to provide continuity of care for infant, toddler and preschool children in quality programs, access to continuous care for low-income working families and stable funding for quality early learning programs serving low-income children.

Program Performance

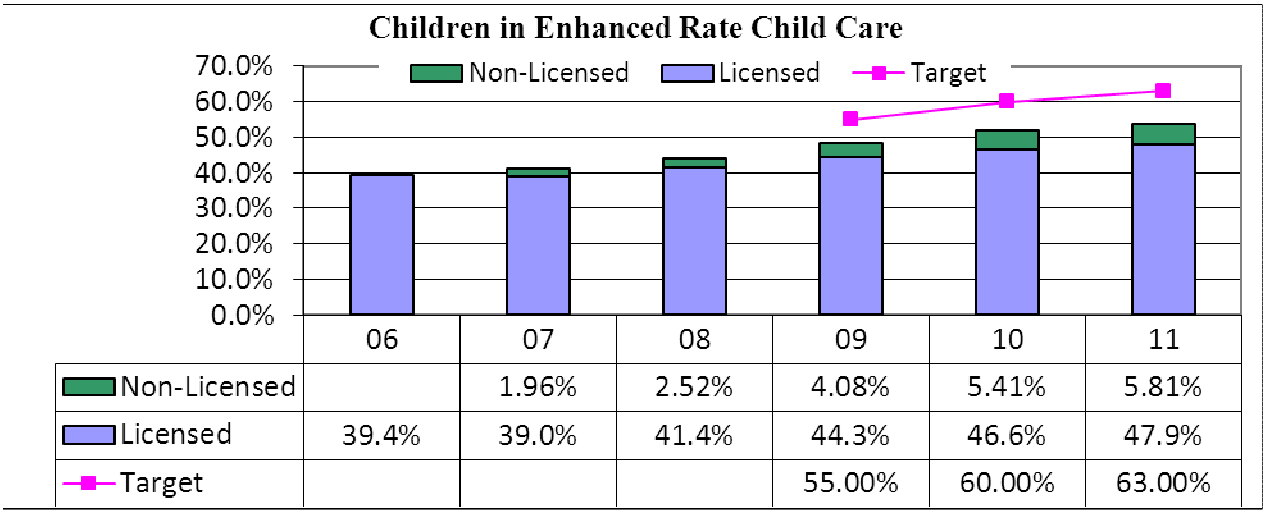
In March 2012 there were 7,140 ERDC cases that served 13,193 children. As of April 2012 the average cost per case was $529. This rate fluctuates greatly depending on the specific family needs. As of April 2012 there were 1,512 licensed child care providers actively providing child care for DHS families across the state.

Researchers have identified education and training as an indicator of quality that has been proven to be associated with positive child outcomes. Parent education on selecting quality care is provided through DHS contracts with Child Care Resource and Referral agencies. CCRR's referred 9,643 parents to child care providers during the 2011 calendar year. To improve the quality of care available to subsidized families, DHS provides a higher maximum rate (approximately 7 percent above the standard rate) for license-exempt providers who meet the same basic training requirements that are required of licensed family providers. There has been a steady increase in the percentage of children receiving care either from a license-exempt provider receiving the enhanced rate or from a licensed provider.

The earliest years, from birth to age three, are critical for young children's healthy development. Experiences during the infant and toddler years shape the architecture of the brain – including cognitive, linguistic, social and emotional capacities – at a phenomenal rate and lay the foundation for future growth and learning.[1] Subsidy policy improvements need to be made in order to provide parents of infants and toddlers more accessibility to high quality licensed programs.

The number of children and families we serve in this program is based on available funding. The program is currently capped at 8,500 through legislative action.

[1] Shonkoff and Phillips, etc., *From Neurons to Neighborhoods: The Science of Early Childhood Development,* National Research Council and Institute of Medicine, 2000.



	06	07	08	09	10	11
Non-Licensed		1.96%	2.52%	4.08%	5.41%	5.81%
Licensed	39.4%	39.0%	41.4%	44.3%	46.6%	47.9%
Target				55.00%	60.00%	63.00%

Enabling Legislation/Program Authorization:
ORS 409.010(2)(c), 411.141 and 418.485 provide statutory authority to DHS for administration of the ERDC program.

Child Care and Development Fund (CCDF) grants are administered by the Department of Health and Human Services, Administration for Children and Families Office of Child Care. They are authorized by the Child Care and Development Block Grant (CCDBG) Act of 1990 (45 CFR Part 98 and 99). Authorization for CCDBG expired in FY 2002; however, the Act continues to receive funding through annual appropriations bills.

The Oregon Employment Department (OED) Child Care Division[2] is designated as the lead agency in Oregon to administer these funds. CCDF funding is transferred from OED to DHS.

Funding Streams
Other Funds – Federal grants provided to OED
General Funds – Required in order to receive the Federal funds

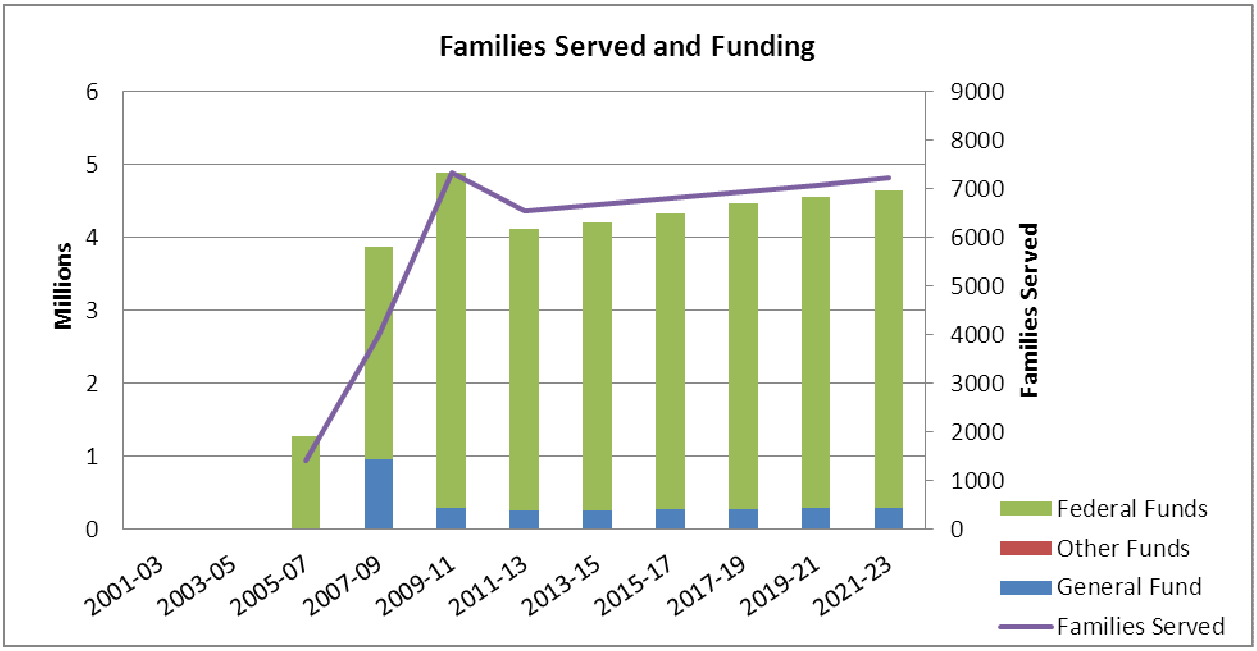
The Other Funds are the CCDF Federal Funds that are transferred from OED. The General Funds are state revenue that is used for our Maintenance of Effort (MOE) as part of the Federal fund requirement. We also spend General Funds on our administrative expenses and use that money for MOE. DHS spends $12 million in General Funds per biennium in order to meet our CCDF MOE requirements.

[2] The DHS ERDC proposal needs to be reviewed with CCD's proposal.

Department of Human Services: Family Support and Connections Program

Self Sufficiency Programs

Primary Outcome Area:	Safety
Secondary Outcome Area:	Economy and Jobs
Program Contact:	Xochitl Esparza, 503-945-6122



Note: The Family Support and Connections program began in fall 2005. With a decrease in funding for the program, fewer families were served in the 2011-13 biennium.

Executive Summary

Family Support and Connections (FS&C) is a child abuse and neglect prevention program that provides services through home visits. These families are eligible for the Temporary Assistance for Needy Families (TANF) program, a safety net program that provides cash assistance to parents. FS&C services are generally provided to families with barriers or issues that put them at a higher risk of involvement with the Child Welfare system. Services are provided through contracts with local community organizations. The services focus on strengthening parenting and family stability, and decreasing the risk factors for child abuse and neglect to prevent children on TANF from entering the foster care system. Through home visits, families develop relationships with a community organization that can effectively assess the family's environment to best understand its needs and connect the family with the appropriate resources in its community.

Significant Proposed Program Changes from 2011-13
No additional changes are proposed in this program in 2013-15.

Program Description
FS&C is part of the continuum of community supports to prevent child abuse and neglect. This program focuses on TANF families who may be at risk for involvement with the foster care system. DHS collaborates with numerous local and State, and informal and formal prevention services and activities to meet families' needs. Program staff work within the existing community structure to coordinate referrals and offer some direct services where gaps or needs exist for a family. For example, the FS&C home visitor may facilitate a parenting support group, and help with referrals to community services for assistance with rent and other needs.

Services are designed to increase parental protective factors and decrease the risk factors of child abuse and neglect. Families receive weekly home visits for approximately six months. The program served 7,336 families during the 2009-2011 biennium. This program provides voluntary home visiting services in all 36 counties and works collaboratively with Self Sufficiency and Child Welfare program staff, contracted staff and other community partners.

FS&C also provides services and supports to families to help them move towards greater independence while promoting the health and well-being of all family members. The service array focuses on immediate, crisis needs of families but also provides prevention and early intervention services that help families avoid reaching a crisis.

Because a diverse population is served through the program, FS&C providers are asked to design their program in a culturally appropriate way to best meet the needs of the families served. Local FS&C Steering Committees provide guidance and direction on how services are provided and ensure that community linkages are established, and are required to have membership representative of the cultural diversity in the district they serve. The Steering Committees also includes representatives from agencies working with minority and special needs populations, and faith-based organizations.

Occasionally referrals are made to Child Welfare but in the cases where risk does exist, the early intervention and assistance from FS&C can help the family stabilize sooner and help keep children safe.

The program provides short-term interventions including home visits, family assessments, advocacy for services in the community, supports to strengthen parenting, coping and other skills to support the healthy development of children, individualized interventions and joint outcome-based case planning. The services are community-based and tailored to meet a family's needs. FS&C advocates support the family by working with them to identify risks and strengths. Together they tackle issues before there is irreversible damage, reducing the incidence of child abuse and neglect.

FS&C aims to build genuine partnerships with families that recognize their strengths in the context of the family's culture. This program combines the best practices of a family-

strengthening model with a unique partnership providing joint case planning with FS&C, Self Sufficiency and Child Welfare programs. FS&C also uses a combination of principles using an empowerment approach and building a helping alliance with the family. Families volunteer for the program.

The major cost drivers are the number of families in need of child abuse and neglect prevention services as well as the number of contracted staff needed to provide the preventative interventions. It is estimated that DHS serves less than half the need.

Reductions in the Job Opportunities and Basic Skills (JOBS) program, understaffing in TANF and rising caseloads have impacted referrals to the program.

Program Justification and Link to 10-Year Outcome

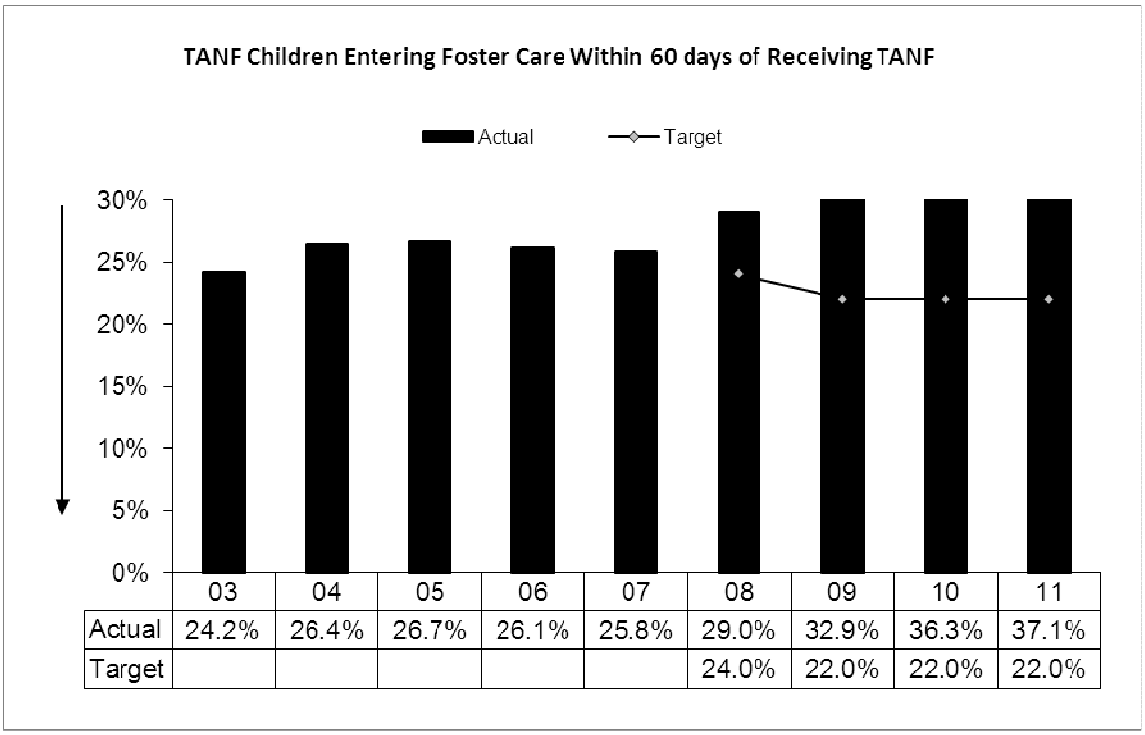
This program contributes to the Safety Outcome Area through its goal of increasing family stability and child safety. The goal of this program is to prevent children receiving TANF from entering foster care. Children who enter foster care are more likely to fail in school, experience homelessness and unemployment, and may become part of the juvenile and adult corrections system. Most TANF families served through FS&C have significant needs that run the range from help with parenting to housing or other stabilization services. The connection to TANF is an important part of the service array. TANF provides cash assistance, case management, and employment and training services to families with children living in extreme poverty. Families must be under 40 percent of the Federal Poverty Level to participate. For a family of three, their income must be below $616 per month to participate.

The FS&C program is also linked to the Economy and Jobs Outcome Area by helping families stabilize. Stabilization helps prepare clients to participate in employment and training activities, and connect the family to resources to address crises.

Program Performance

The primary performance measure is the percentage of children entering foster care who received TANF 60 days prior to foster care entry. Since the recession, more Oregonians are accessing programs for low-income Oregonians such as TANF. This is also true of families who are involved with other DHS program areas such as Child Welfare. The TANF caseload has continuously increased since the onset of the economic recession. The display below shows the percentage of children entering foster care who had received TANF has also been increasing.

There is a high percentage and disproportionate number of African American children who received TANF prior to entering foster care. FS&C is aligning with the new Differential Response program in Child Welfare and other family stability efforts such as In-Home Safety and Reunification Services to better serve all at-risk families and improve equity in outcomes for populations which are overrepresented in both TANF and Child Welfare.



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Actual	24.2%	26.4%	26.7%	26.1%	25.8%	29.0%	32.9%	36.3%	37.1%
Target						24.0%	22.0%	22.0%	22.0%

FS&C also uses a Protective Factors Survey to measure program performance. The survey includes a pre- and post-evaluation tool to measure changes in protective factors. The protective factors covered in the survey are family functioning, emotional support, concrete support, nurturing and attachment, and parenting knowledge. In the initial results of the pre- post-surveys clients report positive outcomes as a result of participation in the Family Support and Connections program. The program is convening a workgroup to assess FS&C outcomes. Part of this work will include strategies to increase participation in the pre- and post- evaluation as well as determine alternative measurement tools.

Enabling Legislation/Program Authorization

Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320, authorizes grant funds to be released to the states and names the program Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP). The grant requires a 20 percent match of State General Funds.

The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005.

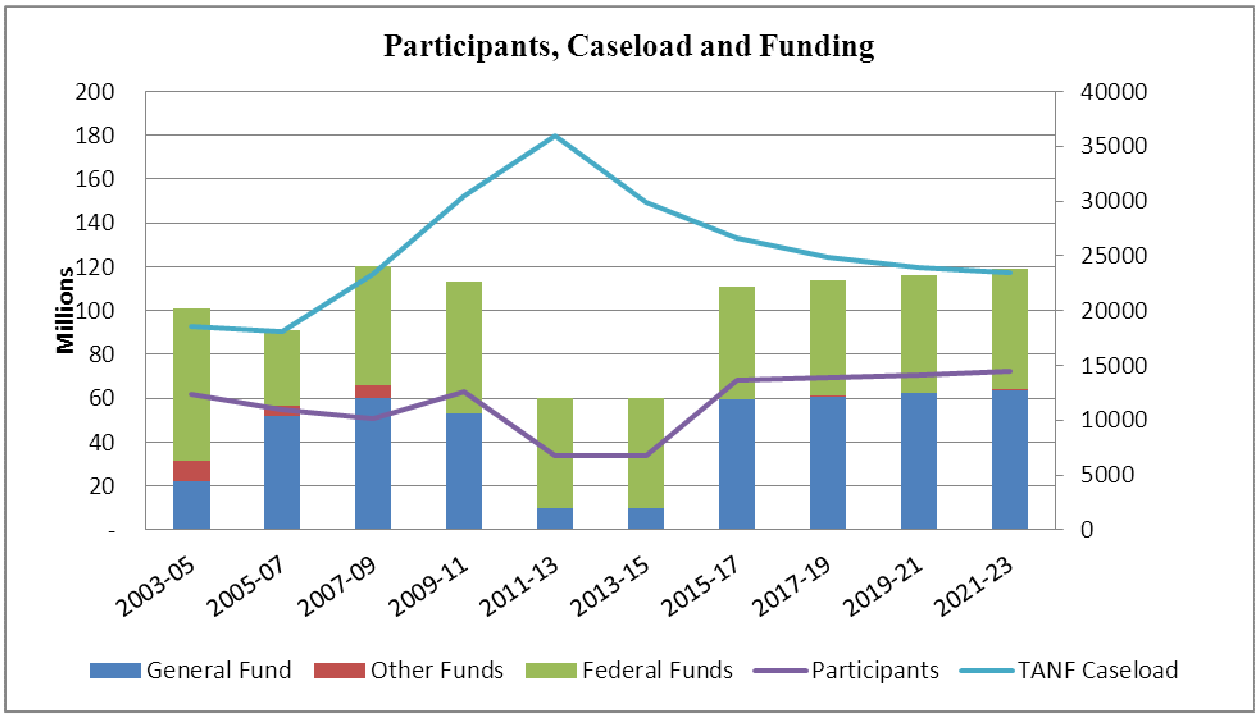
Funding Streams

The FS&C program is funded with a blend of TANF Federal funds, CBCAP grant funds and State General Fund dollars. The CBCAP grant awards additional leveraged funds each year based on a formula giving credit for the previous year's contribution of state General Fund dollars. In addition, individual contracted programs in the DHS districts add leveraged funds on the local level from agency donations, grants and fundraising.

Department of Human Services: Job Opportunity and Basic Skills (JOBS) – Temporary Assistance for Needy Families (TANF)

Self-Sufficiency Programs

Primary Outcome Area: Economy and Jobs
Program Contact: Xochitl Esparza, (503) 945-6122



Note: This chart illustrates the Job Opportunities and Basic Skills (JOBS) program caseload numbers and funding sources which support the program.

Executive Summary

The Job Opportunity and Basic Skills (JOBS) program is an employment and training program for those receiving Temporary Assistance for Needy Families (TANF) benefits. The goal is to help adults in TANF families gain the skills needed to become self -sufficient through employment. TANF clients are extremely poor families with children who represent an increasingly diverse population. Most parents or caretakers in TANF families are required to participate in the JOBS program to maintain their eligibility for cash assistance. They can face possible sanctions that include losing benefits if they do not. Job preparation services are provided through the DHS field offices and a network of contracted JOBS program providers with locations in every county.

Significant Proposed Program Changes from 2011-13

There are no proposed changes for 2013-15 in this program.

Program Description

The JOBS program provides limited education, training and job placement services to eligible families. A component of the program, JOBS Plus, provides subsidized jobs for parents or caretaker relatives by reimbursing employers for part of the wages paid to the parent or caretaker relative. In

February 2012, the JOBS program provided employment and training services to 7,825 (8/31/12 updated to correct number from last bid form) TANF families.

DHS administers the JOBS program through an extensive, statewide network of community partners that help deliver services. DHS case managers work with families to develop individualized, culturally specific case plans. These plans guide what job preparation activities the client will participate in and outline any needs for support services, such as transportation and child care. The department coordinates with several organizations to deliver services including Workforce Investment Act (WIA) agencies, community colleges, the Oregon Employment Department, WorkSource Oregon One-Stop offices, and many local and county-based organizations.

Oregon's difficult economic situation has resulted in increased demand for TANF and JOBS services. At the same time, there has been a reduction in the number of case management staff. Case managers are responsible for working with the family to develop a plan to achieve self-sufficiency and to provide support and monitor progress. Currently, case managers are staffed at 35 percent of need. This impacts our ability to work with participants to achieve stability and employment outcomes. Additionally, a high percentage of a case manager's time is focused on determining eligibility for program benefits due to the increase in demand for services. This means case managers spend less time working with families on self-sufficiency plans. The JOBS program need is higher than budgeted and the related need for support services is significantly higher than existing resources can support.

The economy also has impacted the JOBS program service offerings and the number of clients that can be served at any one time. In 2007 the Oregon Legislature allowed a comprehensive redesign of the TANF and JOBS programs with a focus on enabling families living in extreme poverty to remain or become stable. Significant improvements were made in the first year of implementation. In Federal Fiscal Year (FFY) 2008, Oregon reported a 24.1 percent all-family participation rate. Reductions made during subsequent Legislative sessions have made it difficult to maintain elements of the redesign and funding cuts greatly reduced the program's ability to help parents or caretaker relatives participate in skill-building activities and find work. In July 2011, the JOBS program was cut by over 50 percent, which cause cuts in the program's service offerings and its capacity to serve eligible clients. The chart below shows the changes in services provided.

.JOBS Service Array 2009-2011	JOBS Service Array 2011-13
Job Search Work Experience/Supported Work Subsidized employment (JOBS Plus) High School Diploma or GED (adults and teen parents) Adult Basic Education English as a Second Language Life Skills JOBS Skills Training Community Services Program Vocational Training On-the-Job Training Employment Retention Parents as Scholars Program Entry/Holistic Orientation Child Related activities Domestic Violence Drug and Alcohol Mental Health Learning Disability Assessments Short-Term Medical Issues Rehabilitative Services	Job Search Work Experience/Supported Work Subsidized employment (JOBS Plus) No longer funded
Support Service Payments according to need: • Child Care • Transportation • Housing • Other	Support Service Payments: • Limited Child Care • Transportation • Other (must be needed to obtain employment)
	Job Participation Incentive (JPI) payments to certain SNAP eligible working families

The July 2011 cuts to the JOBS program also negatively impacted the department's ability to meet federal participation requirements for TANF. States must ensure that 50 percent of work-eligible adults receiving TANF are participating in work preparation activities to meet the federal requirement. Oregon did not meet work participation requirements in Federal Fiscal Years 2007, 2008 and 2009. Oregon was not compliant in 2007 because the State Legislature was not in session when the federal government established the work participation requirement, preventing Oregon from making a statute change needed to re-design the TANF program in time to meet the requirement.

The state has until September 30, 2012 to correct its participation rate violations in order to avoid up to $27.7 million in penalties. The department has submitted a Corrective Compliance Plan that outlines the steps it is taking to meet participation goals. These penalties, if assessed, would mean fewer resources to fund employment and training programs that help TANF families' transition out of extreme poverty through employment.

Program Justification and Link to 10-Year Outcome

There is a direct link between the JOBS program and the Economy and Jobs Outcomes area. The JOBS program aims to reduce unemployment (including underrepresented individuals) and create job-ready communities. Many of the parents or caretakers of the children in this program have limited or no work experience. The JOBS employment and training program provides activities and services focused on preparing participants to enter the workforce, help them find employment and support them as they transition off public assistance. The TANF and JOBS programs are represented in the Oregon Workforce Investment Board which is aligning strategies across Oregon's workforce programs. While the WIA programs serve all Oregonians, the JOBS program provides employment and training services to TANF recipients to address their specific needs around basic skills building, job development and placement, and support of family stability efforts.

Program Performance

DHS tracks performance and outcome measures to gauge its ability to help people become employed or improve their employment situation through participation in the JOBS program.

JOBS program outcomes were severely impacted by the 50 percent funding reduction during the 2011-2012 program year and by the low staffing levels for case managers. Many services were eliminated because of these cuts. Eliminated services include vocational training, Adult Basic Education, and life skills classes. Other services were eliminated that helped participants remove other barrier to employment such as home visitor specialists, vocational nurse consultants and specialists who helped parents or caretaker relatives with criminal history or fines work with the courts on expungement. They also provided guidance to clients for talking with prospective employers during job searches about these issues. The services that remain, and are partially funded, include job search, work experience, supported work, and JOBS Plus. Child care, transportation assistance and other supports are available in a reduced manner.

We measure total employment placements reported by parents or caretaker relatives served by the JOBS program each month. While there is considerable seasonal variation in placements, the number of placements remained relatively constant until 2007. Due to the economic downturn, placements dropped beginning in 2008. Placements gradually increased through the early part of 2011; however, they have dropped since program changes related to the 50 percent budget reduction were implemented in July 2011. Beyond the funding loss, part of the reduction in placement outcomes can be attributed to a 75 percent staffing reduction when budget cuts forced the loss of 322 of 426 FTE. This required significant redesign, including a reduction in administrative costs. Since January 2012, placements have increased slightly.

We also measure average hourly beginning wages for those entering full-time employment. Since 2003, there have been fluctuations, but also gradual improvement with an increase of $2.30 per hour for the average starting hourly wages. Recent data shows that while the state minimum wage increased by only 10 cents (from $8.40 in 2010 to $8.50 in 2011), the average beginning wage for

TANF families entering full-time employment increased by 25 cents between July 2010 and June 2011.

Another measure is the percentage of parents or caretaker relatives who exit TANF and the JOBS program and do not return within 18 months. Currently 64 percent of parents or caretaker relatives do not return within 18 months.

Enabling Legislation/Program Authorization

The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005. A significant portion of the JOBS program is codified in State statute chapters 411 and 412.

Funding Streams

The JOBS program is currently funded primarily through the Federal TANF block grant and General Fund dollars that count towards the state Maintenance of Effort (MOE) requirement. Oregon's TANF block grant is $166.8 million per year. Oregon's MOE requirement is equal to 80 percent of the state's historic expenditures or approximately $98 million per year.

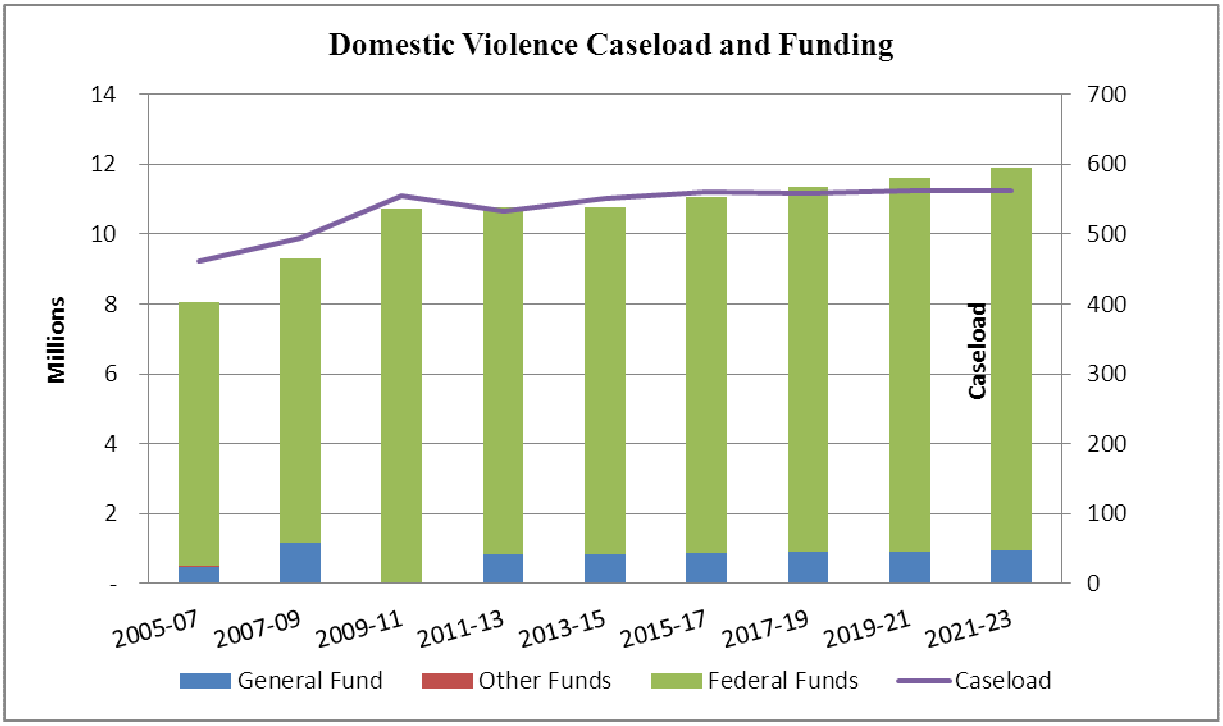
Expenditures counted towards MOE must not be from a Federal source and must not be matched to other Federal funds. Oregon generally meets MOE through a combination eligible DHS and other agency expenditures. Both the TANF federal block grant and MOE expenditures must be spent in a manner reasonably calculated to meet one of four TANF purposes, which are: 1) provide assistance to needy families; 2) end dependence of needy parents by promoting job preparation, work and marriage; 3) prevent and reduce out-of-wedlock pregnancies, and 4) encourage and maintain family formations.

Federal Child Care Development Funds from the Employment Department's Child Care Division provide Other Funds used for related child care costs.

Department of Human Services: Domestic Violence, Refugee and Youth Services

Self-Sufficiency Programs

Primary Outcome Area: Economy and Jobs
Secondary Outcome Area: Safety
Program Contact: Belit Burke, 503-947-5389



Note: This chart represents the average number of cases receiving a TA-DVS payment per month. In the year ending June 2011, TA-DVS served 7,409 eligible families; however, not all request a TA-DVS payment.

Executive Summary – Domestic Violence

Temporary Assistance for Domestic Violence Survivors (TA-DVS) provides resources to low-income families impacted by domestic violence. These are individuals or a family whose safety is at risk and need help to escape or remain free from domestic violence. Many domestic violence survivors need assistance to create safety and stability in order to be successful in finding and maintaining a job, all keys to becoming self-supporting without public assistance. A guide on domestic violence created by the Oregon Firearms and Domestic Violence Task Force in 2011 estimated that the costs of domestic and sexual violence injuries in Oregon exceed $50 million a year. Nearly $35 million of those costs are for direct medical and mental health care services. Approximately $9.3 million are from victims' lost productivity from paid work and $10.7 million are lifetime earnings lost by victims who are killed.

Significant Proposed Program Changes from 2011-13

There are no significant changes proposed in these programs for 2013-15. However, changes in other program areas such as Child Safety and funding for Differential Response staff will improve outcomes in these areas.

Program Description

TA-DVS provides up to $1,200, over a three-month period. Payments include rent deposits, initial month's rent, moving costs, and items to help address safety. The program serves families with minor children or individuals who are pregnant, who are low-income and meet eligibility requirements of the Temporary Assistance for Needy Families (TANF) program. Case managers, through DHS field offices, meet with the clients to review their situation and develop a safety plan. Depending on the service needs, payments are made directly to vendors including landlords, truck rental companies, gas stations, or other retailers. DHS also works in partnership with local non-profit domestic violence and sexual assault service providers who assist families with safety planning and emergency shelter.

Program Justification and Link to 10-Year Outcomes

The TA-DVS program has a secondary link to the Safety Outcome area. Futures Without Violence (formerly the Family Violence Prevention Fund) indicates that about 30 percent of women receiving public assistance have experienced domestic violence. Research has shown that individuals impacted by domestic violence have more chronic health issues[i] including depression and post-traumatic stress, more difficulty obtaining and maintaining employment[ii], and that these impacts can be mitigated by addressing safety.[iii] This program provides economic support to very low-income families who are seeking services to meet basic needs while they are working towards self-sufficiency. Ensuring safety and stability helps the domestic violence survivor be more successful when they engage in job training or job search.

Program Performance

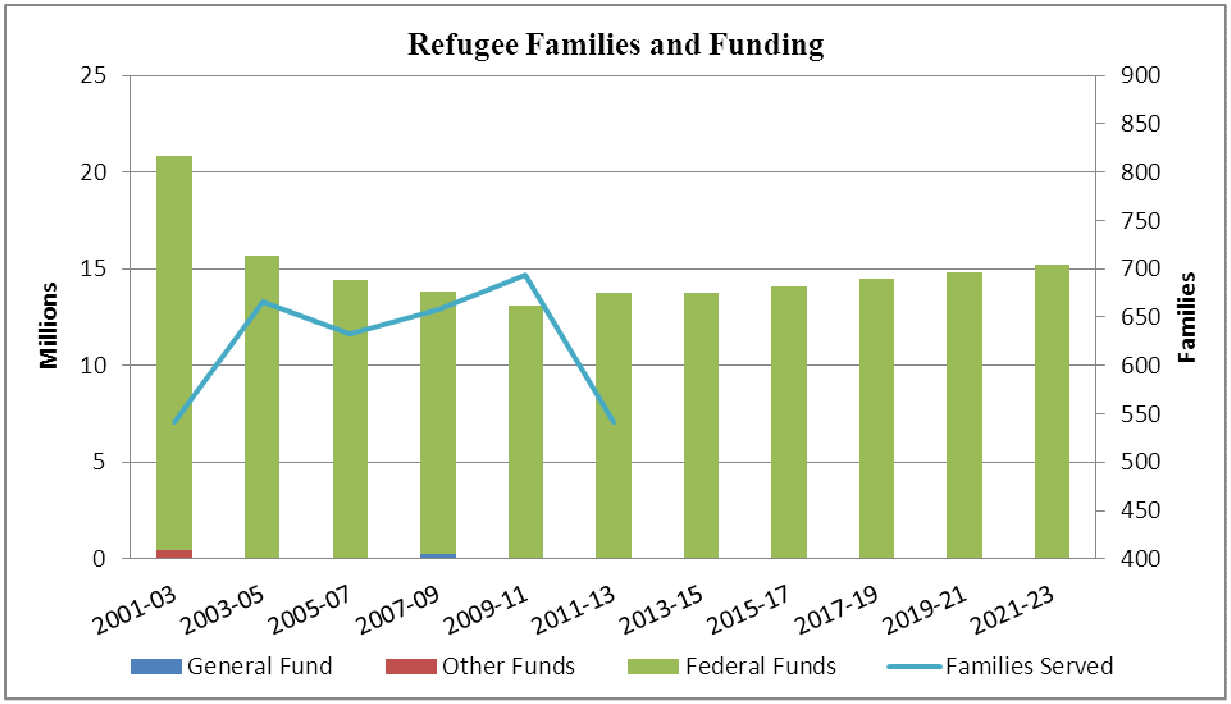
In the year ending June 2007, the program served 5,494 families. In the year ending June 2011, 7,409 families were served. This is a nine percent increase. The average payment was $730. Not all individuals or families who are determined to be eligible for a TA-DVS payment request one. In the year ending June 2011, 75 percent of eligible individuals or families received a payment.

Enabling Legislation/Program Authorization

Domestic violence emergency assistance also known as TA-DVS is mandated under ORS 411.117 (1)(e). Federal authorization through the TANF block grant includes use of the TANF funds to meet non-recurrent, short-term benefits to deal with specific crisis situations including domestic violence. (See 45CFR 260.31 (b))

Funding Streams

TA-DVS is funded with the Federal TANF block grant. (See 45CFRPart260)



Note: The number of families served in the 2011-13 biennium represents the average mid-way through the biennium. Some caseload decline is expected related to the loss of the Youth Employment Services component to Federal funding cuts. An average monthly caseload for all resettlement agencies is 286 refugee cases.

Executive Summary – Refugee Services

The Refugee Program serves individuals and families who fled persecution in their country of origin and were legally admitted for resettlement by the United States government. The program helps refuges and asylum residents successfully resettle in this country by providing financial, employment-related services and acculturation services. The program guide refugees into self-sufficiency through employment as early as possible so they become contributing members of Oregon's economy.

Program Description

The Refugee Program can serve only those persons in immigration categories approved by the Federal Office of Refugee Resettlement (ORR): Refugees, Asylees, Cuban/Haitian Entrants and Parolees, Amerasians, Victims of Human Trafficking (international) and certain family members, Iraqi/Afghan Special Immigrant Visa Holders.

Resettlement services are comprehensive. Initial resettlement and case coordination services are delivered by non-profit resettlement agencies located in the Portland tri-county (Multnomah, Clackamas and Washington counties) area where the majority of refugees seek services. This may include essential tasks such as picking-up refugees at the airport, finding them a place to live and helping to furnish their home with basic necessities. During Federal Fiscal Year (FFY) 2011, the average monthly caseload for all resettlement agencies was 286 refugee cases. Employment-related services are delivered by the Immigrant and Refugee Community Organization (IRCO) in Portland. IRCO services may include: Assistance with job search, employment acculturation, English language classes, citizenship, and naturalization help. These services assisted an average of 865 refugees per month. Those refugees who resettle outside the

tri-county area are served through a local DHS field office. These refugees represent less than five percent of the total refugee population of Oregon.

Program Justification and Link to 10-Year Outcomes

Refugees receive help to become safe, healthy and independent by learning how to understand and navigate the prevalent culture, become self-sufficient through employment as early as possible and become contributing members of Oregon's economy. These services enhance the ability of arriving refugees to succeed in the U.S., most services are provided for up to eight months after arrival. Employment services can extend to a maximum of 60 months after arrival.

Program Performance

ORR requires states to establish goals related to self sufficiency of refugees. Two of the more significant measures are the percentage of clients who become employed and the percentage who remain employed 90 days after placement. During Federal Fiscal Year (FFY) 2011, the Refugee Program was able to help gain employment for about 55 percent of the on-going caseload, with the goal being 46 percent. The retention goal was met at 85 percent for those still employed after 90 days.

Enabling Legislation/Program Authorization

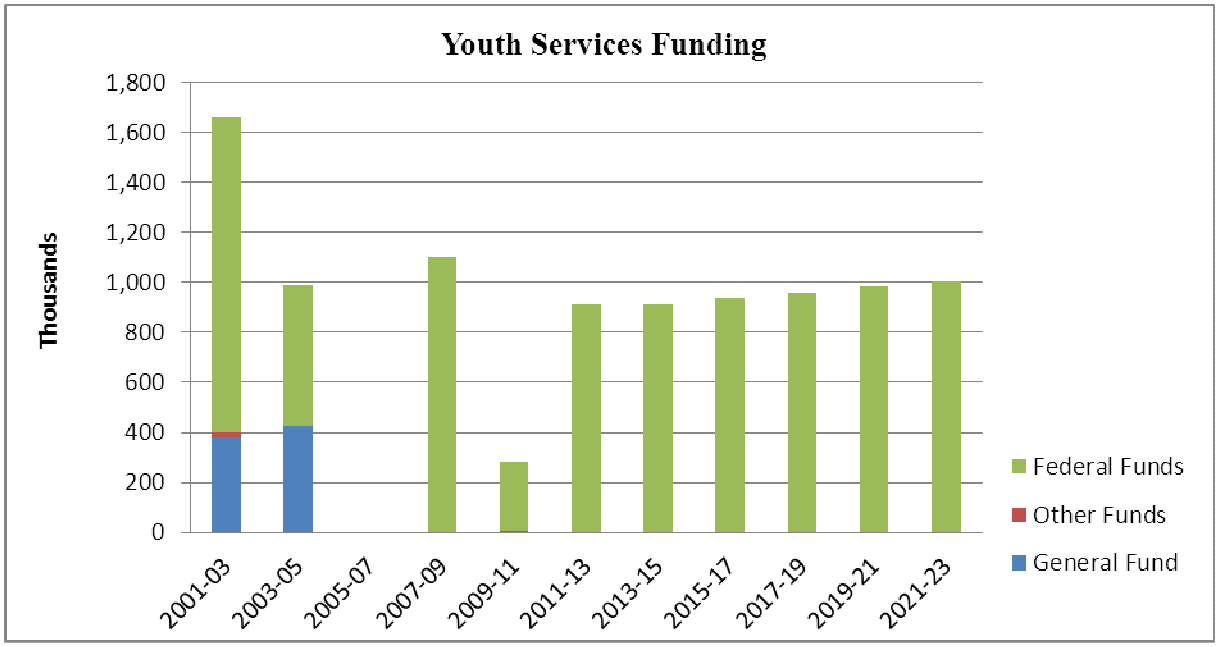
The Refugee Program is authorized and operates under the Federal Immigration and Nationality Act and the Refugee Act (8 U.S.C. 1522). The Refugee Program operates as a public assistance program under ORS 411.060, 409.010(2)(c), and 409.010(2)(h).

Funding Streams

During the initial resettlement period, the Refugee Program serves two different populations of refugees: Those refugees who are eligible for Temporary Assistance for Needy Families (TANF) and those refugees who are eligible for ORR-funded services

- The TANF eligible refugees receive cash assistance and services paid with funding. No TANF funds are used for state administration of the Refugee Program.

- All other refugees are served with ORR funds, which are Federal. All State administration costs associated with the Refugee Program are charged to ORR.



Note: This program is generally funded by two-year grants and funding streams vary by grant.

Executive Summary - Youth Services

Youth Services include sexual health education programs. Services that support community prevention efforts to enable Temporary Assistance for Needy (TANF) families to break the generational dependence on public assistance.

Program Description

Youth Services includes age-appropriate, medically accurate sexual health education programs and services that support community prevention efforts to enable TANF families in breaking the generational dependence on public assistance. The Youth Services Programs expand on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk taking behaviors. DHS partners with the Oregon Department of Education and the My Future - My Choice Advisory Committee to develop and implement this sexual health education program. During the 2010-2011 school year, this curriculum was implemented in 17 counties and 26 school districts. School districts implement this program at many different times of the year; the 2011-2012 school year data will be available July 1, 2012.

Program Justification and Link to 10-Year Outcomes

An analysis from the National Campaign to Prevent Teen Pregnancy shows that teen childbearing (ages 19 and younger) in Oregon cost taxpayers (Federal, State and local) at least $91 million in 2004. Of the total 2004 teen childbearing costs in Oregon, 32 percent were Federal costs and 68 percent were State and local costs. Investing in preventing teen pregnancy reduces the risk to teen pregnancy, which can lead to a lifetime of poverty for both the teen parent and the child.

Program Performance

Oregon teen pregnancy rates have consistently stayed below the national average. The teen birth rate in Oregon declined 39 percent between 1991 and 2004. According to national data from the U.S. Department of Health and Human Services, the 2009 national rate for births to teens between the ages of 15 and 19 is 38 per 1,000 teen girls. The Oregon rate is 33 per 1,000. Oregon

has seen a steady decline in the teen pregnancy rate for teens ages 15 through 17. The rate dropped from 27.6 percent in 2002 to 21.9 percent in 2009, the most recent year data is available.

Enabling Legislation/Program Authorization

The Oregon Legislature passed HB 2509 in 2009 which requires that all schools provide comprehensive sexual health education. The *My Future – My Choice* curriculum complies with all requirements of this legislation for sixth and seventh grades. In 2010, the Oregon Department of Education, the Oregon Health Authority and DHS signed a Memorandum of Agreement to share responsibility for collaborative efforts to increase youth sexual health education and services.

Funding Streams

A Title V Federal grant provides annual funding of approximately $537,780 to the *My Future – My Choice* Curriculum for the next five years. DHS must submit a continuation application each year, and continued funding is contingent on Federal budget approval.

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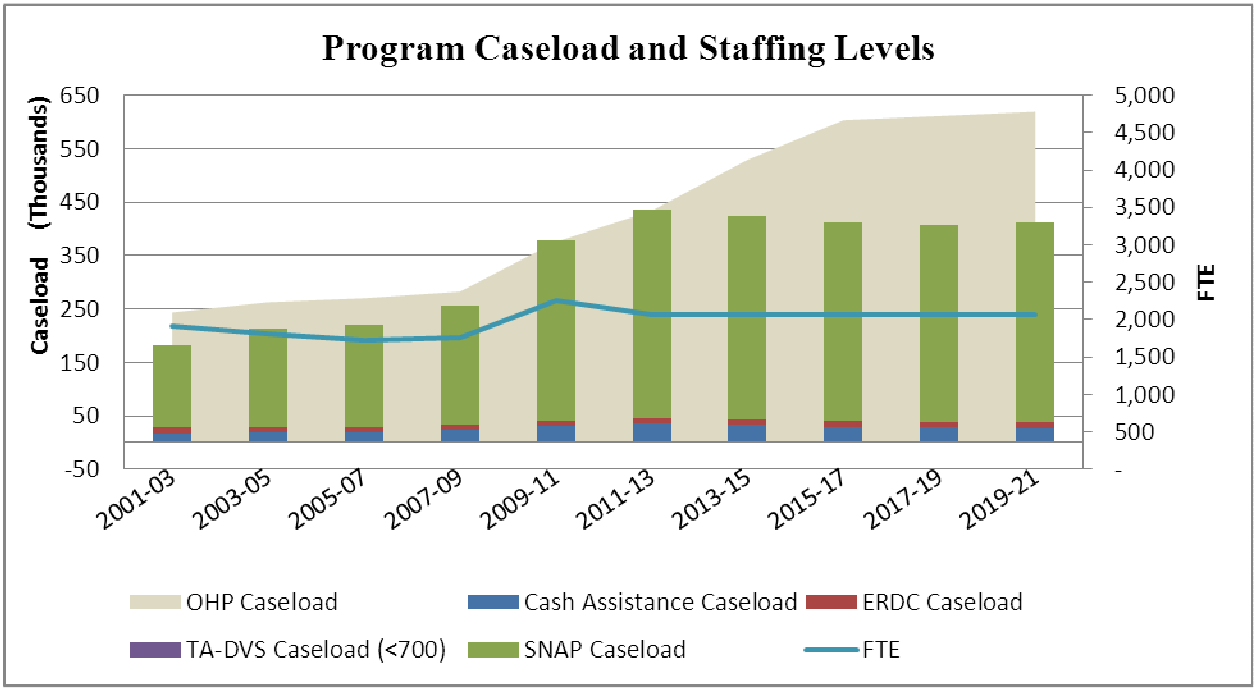
[i] Depression, Substance Abuse and Domestic Violence; National Center for Children in Poverty; Sarmila Lawrence; Michelle Chau; Mary Clare Lennon; June 2004

[ii] Welfare and Domestic Violence Against Women: Lessons from Research – Eleanor Lyon, PHD; August 2002

[iii] Self-Sufficiency & Safety; Lee McKean, PHD; Center for Impact Research; October 2004

Department of Human Services - Program Delivery and Design
Self-Sufficiency Program

Primary Outcome Area:	Healthy People
Secondary Outcome Area:	Economy and Jobs
Tertiary Outcome Area:	Safety
Program Contact:	Carol Lamon, 503-945-6071 Sandy Dugan, 503-947-5374



Note –Reduction in staff in 2011-13 due to 196 positions moving to the Oregon Health Authority.

Executive Summary

This program provides design, personnel and service delivery in addition to oversight, planning, reporting, implementation, training, eligibility and benefit issuance for programs that support a diverse, low-income population in need of economic supports and self-sufficiency services to meet their basic needs. The last economic recession triggered a dramatic increase in demand for these services which include food and cash assistance, and other programs that enhance employability and support job retention among clients.

Significant Proposed Program Changes from 2011-13

	Design and Delivery			
Self Sufficiency Investments/Reductions	**GF**	**OF**	**FF**	**TF**
IT modernization and eligibility automation continuation	7.12	14.18	34.66	55.96
Phase In of DV Advocates	1.90			1.90
Transfer of Shared Services SSM Funding to Self Sufficiency Design and Delivery	0.17	5.59	4.92	10.68

($ = millions)

DHS proposes improving staffing levels in order to meet client demand and increase positive outcomes for TANF clients by both adding and reclassifying current positions. It's projected that our case managers will be staffed at 42 percent of the demand for the 2013-15 without further investment. These positions provide families, who are living at less than 43 percent of the federal poverty level, with services to stabilize their living situations, increase their earning potential to move them off of state provided services. This investment would increase case managers from 42 percent of workload to 78 percent of workload by the end of the biennium. This investment is also supported by an increase in JOBS funding in the Economy and Jobs budget. Together, these investments would significantly increase the level of case management and employment barrier services available to TANF clients. It is anticipated that a significant increase in JOBS clients that would receive services will lead to shorter lengths of need and lower TANF caseloads.

In addition, DHS proposes to continue efforts, started in 2007-09, to transform the process for enrolling people and delivering services in eligibility programs including SNAP, TANF, Medicaid and ERDC. It also expands and focuses efforts for 2013-15 in the areas of business service, service delivery transformation and the connectivity and dependency between them. This comprehensive request supports technology needs and business transformation, supporting a business architecture scalable for future needs. The result will accomplish consistency in service delivery and maximize economies of scale as we work with clients all across the state. Working with seamless data access and data sharing will lead to positive outcomes, greater efficiency for caseworkers, leading to the best assistance we can offer those we serve.

The Domestic Violence (DV) advocate program provides co-locate domestic violence advocates in DHS Child Welfare and Self Sufficiency offices throughout the state with consideration to clients who may have specific needs due to cultural, ethnic and/or disability accommodations. These 22 FTE non-profit service providers provide on-site, direct services, in-depth safety planning, education, advocacy and on-going support to adult victims of domestic violence as well as consultation and training to Child Welfare and Self Sufficiency staff. Co-location of domestic violence advocates is a nationally recognized best practice.

Program Description

This program encompasses and supports the personnel necessary to provide eligibility and case management services to vulnerable Oregonians who request assistance to meet basic needs such as food and shelter, and need access to employment programs. Self Sufficiency family stability and work support programs:

- Temporary Assistance to Needy Families (TANF) provides cash assistance, job preparation services and community connections to low-income families with children while they strive to self-sufficiency.
- TANF Jobs Opportunity and Basic Skills (JOBS) program is an employment and training program.
- Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, helps low-income families buy healthy foods to meet their nutritional needs.
- Employment Related Day Care (ERDC) helps low-income, working families with quality child care.
- Family Support and Connections (FS&C) provides local advocates who work with families to help them overcome parenting challenges to create family stability and prevent Child Welfare involvement.
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) which provides up to $1,200 to help pregnant women and families flee or stay free from domestic violence.

- Refugee Services support the successful resettlement of families in the U.S. who are fleeing persecution in their countries of origin.
- Oregon Health Plan and Medicaid eligibility determination to connect Oregonians who qualify for subsidized medical coverage with the appropriate program.

Since the start of the last recession, demand for these services has grown dramatically. The department is handling record caseloads in its primary self-sufficiency programs. Currently more than 800,000 people – or one in five Oregonians – get help purchasing food for their families through programs like SNAP. Of those Oregonians receiving SNAP, approximately 95,600 people are also receiving cash assistance through TANF to cover their family's basic living expenses such as rent, utility payments and medical needs. Other programs, such as the child care subsidy, help parents provide the safe, reliable child care to stay employed.

Major cost drivers for the personnel need for Self-Sufficiency Program Delivery and Design are: Federal or State program mandates; economic conditions which affect caseload size such as the number of Oregonians needing assistance; personnel turnover and the related training and travel costs; the work effort required to provide services, and personnel packages such as furlough mandates, position costs, etc.

Program Justification and Link to 10-Year Outcomes

This program primarily supports the 10-Year Outcome for Healthy People by helping Oregonians meet their basic needs such as food, housing and medical care in order for people to be healthy and have the best possible quality of life at all ages. It also links to the Economy and Jobs, and Safety Outcome areas.

Staff supports basic need programs such as financial assistance, food assistance, medical insurance (eligibility only), child care, domestic violence services, employment and training, refugee and youth services. Also, staff is responsible for disaster program delivery when needed and as identified by the Federal program.

Staff at the State and local levels coordinates with Child Welfare to work with families to increase their stability and prevent Child Welfare involvement. This collaboration helps to support the State's 10-Year Outcome for safety by ensuring children are cared for regardless of the system of service. Other collaborations have been built around domestic violence; housing; alcohol, drug and mental health treatment; workforce development; Vocational Rehabilitation; health care, and education.

Program Performance

Personnel resources provide performance in the delivery of programs within Self Sufficiency. The charts below provide a comparison of the caseload growth to the personnel growth providing a stark display of how our current resources are struggling to keep pace with the need of vulnerable Oregonians. A workload model is used to provide a basis for determining personnel needs to adequately support those seeking services.

Self Sufficiency Workload **SPRING 2012 Forecast**

Position Type	2011-2013 Current Position Authority	2011-2013 Forecast Positions Needed	2011-2013 Percent of Need	2011-2013 Difference Current to Forecast	2013-2015 Current Position Authority	2013-2015 Forecast Positions Needed	2013-2015 Percent of Need	2013-2015 Difference Current to Forecast
Combined Eligibility Workers	793.2	886.8	89.4%	-93.6	793.2	810.5	97.9%	-17.3
Case Managers	237.0	681.8	34.8%	-444.8	237.0	573.0	41.4%	-336.0
Combined Support Staff	547.9	784.3	69.9%	-236.4	547.9	691.7	79.2%	-143.8
Field Mgmt/Leadership Support	254.9	314.9	81.0%	-60.0	254.9	275.9	92.4%	-20.9
Totals	1833.0	2667.7	68.7%	-834.7	1833.0	2351.1	78.0%	-518.1

The Spring 2012 Forecast matrix below provides a comparison of the delivery positions authorized by the 2011-2013 Legislature and the need based on work effort to meet the need. The work of staff in administration and central support is not included in the workload model; however, the work of central support staff is vital to the delivery of services in field offices. Central support provides the oversight of policy development, program design and changes required through legislation as well as Federal reporting compliance.

The charts below provide a comparison of the caseload growth to the personnel growth providing a stark display of how our current resources are struggling to keep pace with the need of vulnerable Oregonians.

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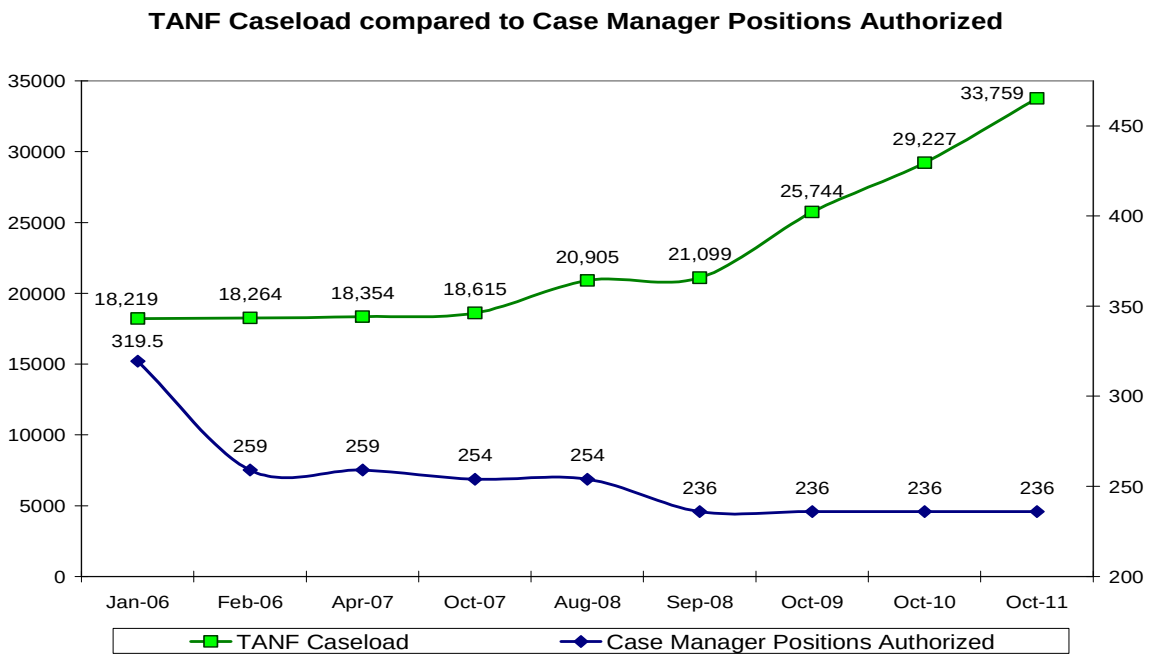
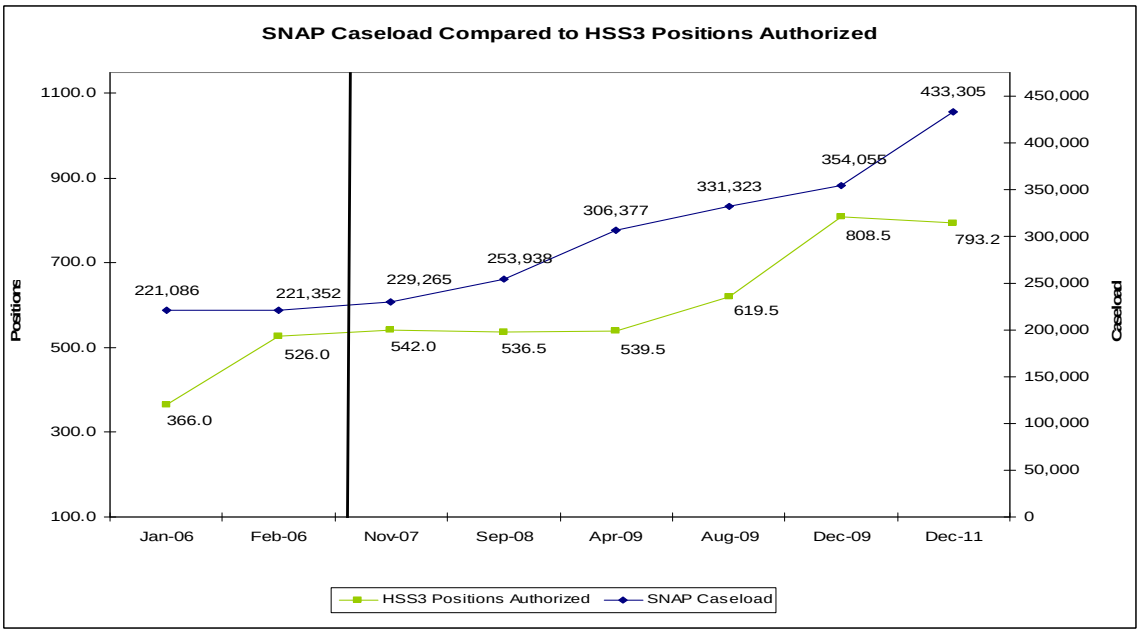




We are committed to continually evaluating how to work in a more lean and efficient way to help streamline our efforts and improve outcomes for our clients and our budgets. As an example, improvements have been made in how we interview and determine eligibility for SNAP and TANF. This greatly improved the capacity of staff to see clients and issue benefits quickly, and helps us gain monetary performance awards to further benefit the State. The Federal Food and Nutrition Service (FNS) recognized Oregon as a national model for effective administration of the SNAP program. FNS awarded Oregon performance bonuses totaling $5 million for its timeliness in issuing benefits and for program accessibility.

This active process of identifying ways to improve efficiencies allowed the Self-Sufficiency Program to reinvest staff resources to close the gap between positions needed and those authorized in the 2009-2011 biennium. The Self-Sufficiency Program continues to identify opportunities for other efficiencies as the delivery programs are at 69 percent of needed positions based on client demand. We are developing new models of delivery that will include on-line applications and eligibility automation which, over time, will allow staff to spend less time on paperwork and more time working directly with clients providing services such as referrals to community resources, employment and training assistance, and case management.

Additionally, program areas are developing strategic plans for program delivery, including high-priority areas where breakthroughs are desired in either outcomes or the way work is done. One high priority area we share with the Vocational Rehabilitation and the Aging and People with Disabilities programs is on increasing employment outcomes for clients. We can best meet the needs of our clients by collaborating across programs to help them progress quickly along the road to self sufficiency.

Enabling Legislation/Program Authorization

Self-Sufficiency Programs have varying levels of mandates from Federal law and the Oregon Constitution. SNAP and Medicaid are federally mandated programs. TANF is a federal block grant program. It is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005. A significant portion of the TANF eligibility criteria is codified in State statute chapters 411 and 412. DHS has statutory authority to administer the ERDC program through ORS 409.010(2)(c), 411.141 and 418.485. Family Support and Connections services are authorized through the Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320.

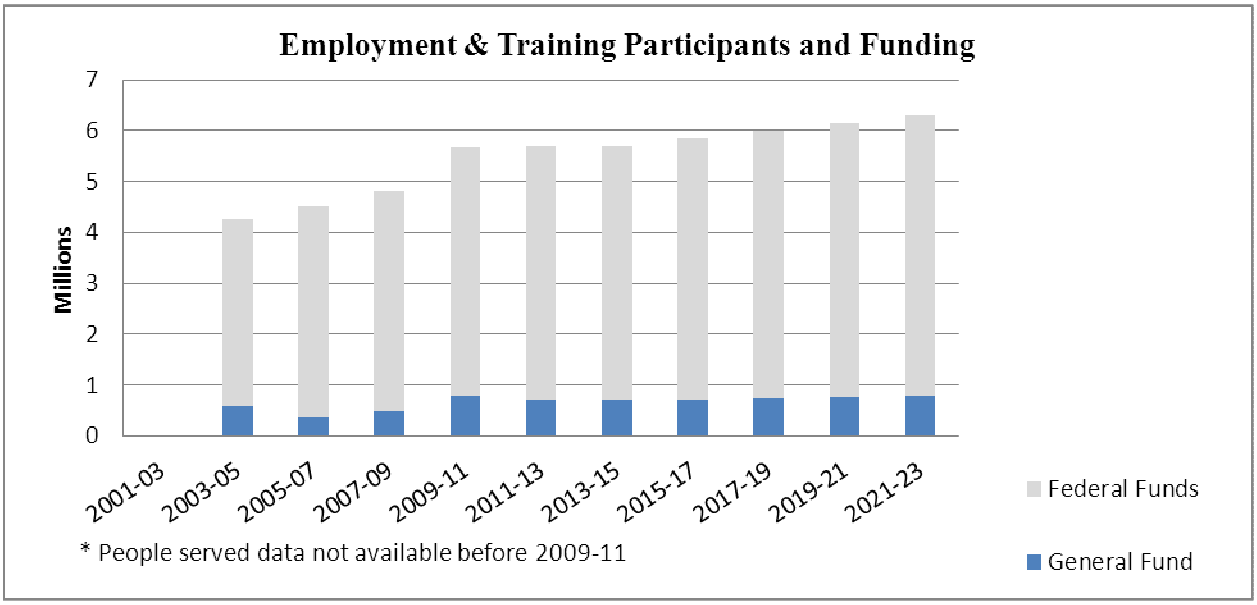
Funding Streams

Funding for personnel for program Delivery and Design is determined through Random Moment Sampling Surveys to identify which programs are being worked on in the moment and the funding split for administration of the program. With RMSS, field delivery staff are required at random intervals to indicate the time spent on various activities to determine the level of federal funding which directly supports our ability to provide Self-Sufficiency Program services. The funding is a mixture of Federal and General Funds that cover the work done by the employees to support the programs that they work on. The main grants used are SNAP Administration and Medicaid which are both 50 percent Federal funds and 50 percent General Funds. TANF and CCDF funds also are used and both are 100 percent General Fund for administration.

Department of Human Services: Supplemental Nutrition Assistance Program – Employment and Training

Self-Sufficiency Program

Primary Outcome Area: Economy and Jobs
Program Contact: Belit Burke, 503-947-5389



Note: There are currently 19,833 adults participating in the Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) program. Approximately 46,342 SNAP recipients are eligible for this program; however, funding limitations restrict participation to about 42 percent of those eligible.

Executive Summary

The Supplemental Nutrition Assistance Program (SNAP) has an Employment and Training (E&T) component known as the Oregon Food Stamp Employment and Training (OFSET) program. This program assists clients to gain valuable skills, training, or experience that will improve employment prospects leading to self sufficiency and a reduced reliance on SNAP benefits. This program provides employment-related services to federally defined mandatory adult SNAP clients. Mandatory clients are defined as those aged 18 to 59 (or age 16 and 17 if the client is the primary person/head of household) and who do not meet a federal exemption. Clients come from a variety of linguistic and cultural backgrounds from across the State. The program is mandated by the federal government and adheres to strict requirements.

Significant Proposed Program Changes from 2011-13

There are no proposed changes for 2013-15 in this program.

Program Description

Oregon has 19 contracts with employment-related partners in all Oregon counties to deliver E&T components. Contractors specialize in workforce development and job placement. Components are designed to assist SNAP clients to move into employment. Typically participants have an assessment followed by job search training and supported independent job search. Participation is limited to a maximum of eight weeks per year. The two primary program components are:

> **Job search training**: Trains participants on specific skills and strategies for finding and keeping a job. Information is geared towards the local labor market. Topics include resume building, interview skills, and other soft skills for finding or retaining employment.
>
> **Job Search**: Includes job search techniques, referrals to the local Oregon Employment Department for I-Match registration and the assignment and monitoring of required monthly employer contacts. Clients are required to complete 12 employer contacts per month over the course of eight weeks.

Other allowable activities include Adult Basic Education (GED), English as a Second Language (ESL), job retention activities, and short-term vocational training. At this time, contractors are not providing services in these areas due to funding limitations.

The United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) determines the annual allotment of E&T administrative funding. FNS has a set amount of funding for all states. Each state's share is based on a formula using, in part, the state's SNAP mandatory client figure. Mandatory clients are defined as those aged 18 to 59 (or age 16 and 17 if the client is the primary person/head of household) and who do not meet a federal exemption. Federal exemptions include the following:

- Caretaker of a dependent child under age 6
- Caretaker of an incapacitated individual
- Physical or mental barriers to employment
- TANF participant
- Receipt of unemployment benefits
- Participation in alcohol or drug rehabilitation
- Eligible students enrolled at least half time
- Employed 30 hours a week at federal minimum wage.

The FNS annual allotment is the major cost driver for the E&T program. As this number is adjusted annually, services provided by contractors are scaled back to stay within budget. FNS is currently facing potential cuts to the E&T program due to the federal budget deficit which in turn would reduce the amount of Oregon's allotment in the next fiscal year.

A limited amount of support service funding is available to clients. Support services are provided to pay a clients' up-front transportation expense related to independent job search efforts, such as transportation to job interviews, submitting job applications and informal, in-person job search.

The majority of reimbursements are vendor payments in the form of gas vouchers and bus tickets. Contractors use the lowest cost alternative available to maximize the number of clients who may receive a support service payment.

The support service budget is funded by 50 percent General Fund and 50 percent Federal fund per FNS regulations. Since 2009, the annual Oregon support service budget has been $1.2 million. This figure is based on 20,000 anticipated participants using $60 in support services per participant. Contractors historically serve more than 20,000 participants annually, which brings the average support service cost per person significantly down. For Federal Fiscal Year (FFY) 2012, the average support service payment per participant is $28.

SNAP E&T contractors work to leverage resources with other workforce programs. While E&T dollars cannot be utilized for clients where there is a prior resource available (for example, job preparation activities for TANF clients would be funded with JOBS dollars and not E&T dollars). The program does work with programs funded through TANF and the Workforce Investment Act (WIA) to coordinate services and refer clients into services that may not be funded by E&T but could benefit the job seeker. An example of this would be a referral of a SNAP E&T participant to a WIA-funded training program or the leveraging of job openings and referrals with co-located job placement programs.

Program Justification and Link to 10-Year Outcome

The SNAP E&T program's goal is to assist clients to gain skills that will improve their employment prospects and reduce reliance on SNAP benefits. Participants improve job skills, which add to the diversity and strength of Oregon's workforce. Using local contractors to deliver the E&T program results in a higher quality workforce because services can be tailored to the area and local economies benefit from these expenses. The program supports Oregon's 10-year focus on long-term economic prosperity and resiliency through people-based strategies.

Program Performance

Current funding supports 19,833 individuals, or 1,652 people monthly. Each month, approximately 146 clients are placed into employment, about eight percent of those served. For FFY 2012, DHS projects a total of 46,342 participants are eligible for this program. However, the program is only able to serve about 42 percent of these individuals per year because of the amount of funding received.

While not all participants find employment after the eight-week E&T program, clients do become connected to employment specialists in their local area. Some clients choose to continue accessing other services available from local employment specialists once their mandatory participation in E&T ends. This link assists clients in continuing and enhancing job search efforts.

Enabling Legislation/Program Authorization

This program is mandated by Federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill. Program policy is reauthorized every five years though the Farm Bill and the next reauthorization is this year. FNS is facing potential funding cuts to the E&T program for the next FFY due to the federal budget deficit.

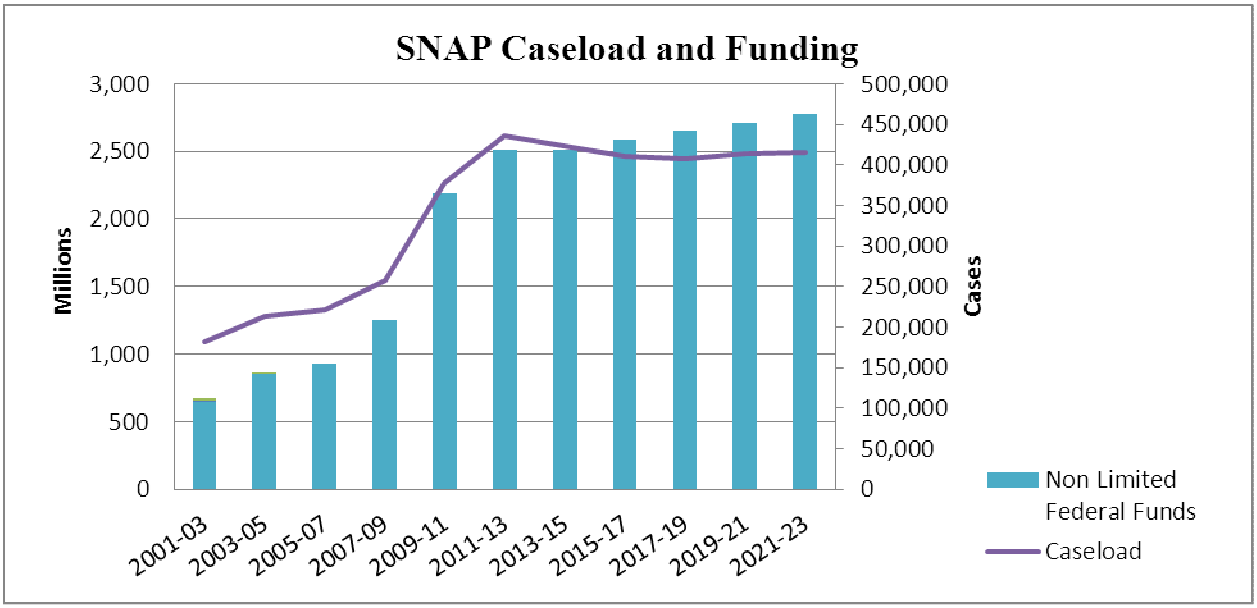
Funding Streams

This program is funded primarily through Federal funds, with a small amount of General Fund dollars. E&T administrative costs are 100 percent Federal funds based on a fixed formula. E&T participant support service costs are funded through 50 percent General Fund and 50 percent Federal Funds.

Department of Human Services: Supplemental Nutrition Assistance Program (SNAP)

Self-Sufficiency Program

Primary Outcome Area:	Healthy People
Secondary Outcome Area:	Economy and Jobs
Program Contact:	Belit Burke, 503-947-5389



Note: Cases represent the number of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits. SNAP participation has grown by 60 percent since July 2008. SNAP participation is expected to peak in June 2012 at 811,285 people and then begin a gradual decline. By June 2013, DHS estimates 755,111 people will be receiving SNAP benefits.

Executive Summary

The Supplemental Nutrition Assistance Program (SNAP) is a federally funded food benefit program. SNAP provides supplemental food benefit dollars to low-income families, seniors, single adults, persons with disabilities, and children to help purchase food to meet their nutritional needs. Currently, one in five Oregonians receive these benefits. Benefits to clients are 100 percent federally funded; the administration of the program requires a 50 percent state match. Money from the program spreads quickly through the State economy. The United States Department of Agriculture (USDA) calculates that for every $5 of SNAP benefits, there is $9.20 of total economic activity. SNAP also has been an important and constantly growing anti-poverty program. Recent research has shown that SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing the depth and severity of child poverty.

Significant Proposed Program Changes from 2011-13

This program is federally funded; no General Fund dollars are requested.

Program Description

SNAP serves as a crucial safety net and food benefits are intended to be a supplement to what families already provide. However, for households with little or no income, it is the primary means for Oregonians to feed their families.

Food and Nutrition Service (FNS) within the USDA regulates SNAP. Although Federal regulations do allow a few state options, any significant variation from the regulations must be approved by FNS through a formal process.

For the last three years, even during times of high caseload growth, Oregon has been ranked as one of the top three states nationally for program participation. The participation rate is the percentage of potentially SNAP-eligible persons in the state receiving SNAP benefits. Outreach efforts along with policy and procedural changes have helped significantly increase participation in SNAP in recent years. Non-profit partners such as the Hunger Relief Task Force, the Oregon Food Bank and 211 Info have been invaluable in helping increase Oregon's SNAP participation rates.

The major drivers for program growth have been a successful program outreach coupled with the economic downturn. This has resulted in a high demand for our services. Simplifying policies and making it easier for clients to apply and meet eligibility requirements has allowed for timely benefit delivery.

Approximately one in five Oregonians or 21 percent of the population receive SNAP benefits. In March 2012, a total of 805,883 Oregonians received SNAP benefits, which includes 439,352 cases (households). This is a 6.7 percent increase from the same time last year. In March 2012, a total of $104,896,499 SNAP benefit dollars were paid to Oregonians which are spent in clients' local communities. According to the USDA's Economic Research Service, 8,900 to 17,900 full-time jobs are created per $1 billion in SNAP benefits.

Program Justification and Link to 10-Year Outcome

SNAP directly addresses the 10-Year Outcome for Healthy People by providing an important economic boost to struggling households and access to nutritious foods. According to the USDA Economic Research Service, receipt of SNAP benefits reduced the national poverty rate by almost 8 percent during the recent recession.[1]

The SNAP program can also provide limited assistance with job search and links to employment resources through the Oregon Food Stamp Employment and Training (OFSET) program.

Program Performance

The goals of the SNAP program are to ensure that benefits are delivered accurately and in a timely manner to those who are eligible for the program. It also aims to ensure those who are eligible for the program have access to program benefits. Oregon's program has enabled the State to maintain a high participation rate along with a high Federal Quality Control (QC) rate.

[1] http://www.ers.usda.gov/publications/err132/

Oregon's SNAP program has continually performed above the national average and not paid a performance penalty in seven years.

Oregon has received three federal bonuses because of the state's high SNAP participation rate and has been the recipient of multiple competitive national grants. Oregon also was one of six states recognized for the timeliness of SNAP application processing. The two awards come with performance bonuses totaling $5 million. This is in addition to a $1.5 million award received in June 2011 for accurate payment of benefits to SNAP clients. This is the fifth year in a row Oregon has been among the best in the nation. The bonus award funding has been used over the years to support partner agencies, help meet the program's goals and, frequently, to shore up needs in other programs through the State General Fund.
Oregon is considered a model state by FNS in terms of timeliness and commitment to customer service. One example of this is Oregon's Lean process which was used to streamline and standardize the eligibility process statewide to ensure that most applicants receive benefits within 48 hours of applying. In April of 2012, program administrators from Minnesota Department of Human Services and FNS representatives from the Midwest Regional office came to Oregon to learn about our Lean process and to gather information on how we maintain such a high participation rate. Oregon is continuing to improve efficiencies and in early spring 2012, another workload initiative is being rolled out statewide to reduce interruptions to ongoing benefits.

The 2010 census data showed that 15.8 percent of Oregonians lived in poverty, which was slightly higher than the national average of 15.3 percent. Through our forecasting we expect SNAP participation to peak in June 2012 with a total of 811,285 persons receiving benefits. However a slow decline in program participation is expected for the 2013-2015 biennium. It is estimated that by June 2015 the number of households receiving SNAP will reduce to 755,111.

From 2007 when Oregon issued $487,482,626 in benefits, to 2011 when that amount had more than doubled to $1,211,274,990, SNAP has been an important and constantly growing anti-poverty program. Money from the program spreads quickly through the economy. The USDA calculates that for every $5 of SNAP benefits, there is $9.20 of total economic activity.

Calendar Year	SNAP Benefits Issued in Oregon
2007	$487,482,626
2008	$579,344,356
2009	$910,919,825
2010	$1,098,444,539
2011	$1,211,274,990

In 2009, Congress enacted an economic stimulus package known as the American Recovery Reinvestment Act of 2009 (ARRA) that increased SNAP benefits nationwide. Effective April 2009, SNAP benefits increased 14 percent. The minimum increase in benefit for a one- or two-person group is $16 a month.

Benefits are expected to be reduced overall when the ARRA ends in Federal Fiscal Year 2013 and the Thrifty Food Plan Benefit level recalibration (an effort to recalculate benefits across the board) will reset SNAP benefit levels. This is expected to result in a net reduction in benefits for households.

Enabling Legislation/Program Authorization

SNAP is guided by Federal legislation found in the Food and Nutrition Act of 2008 authorized by the 2008 Farm Bill. Program policy is reauthorized every five years though the Farm Bill. The Farm Bill is due for reauthorization in 2012.

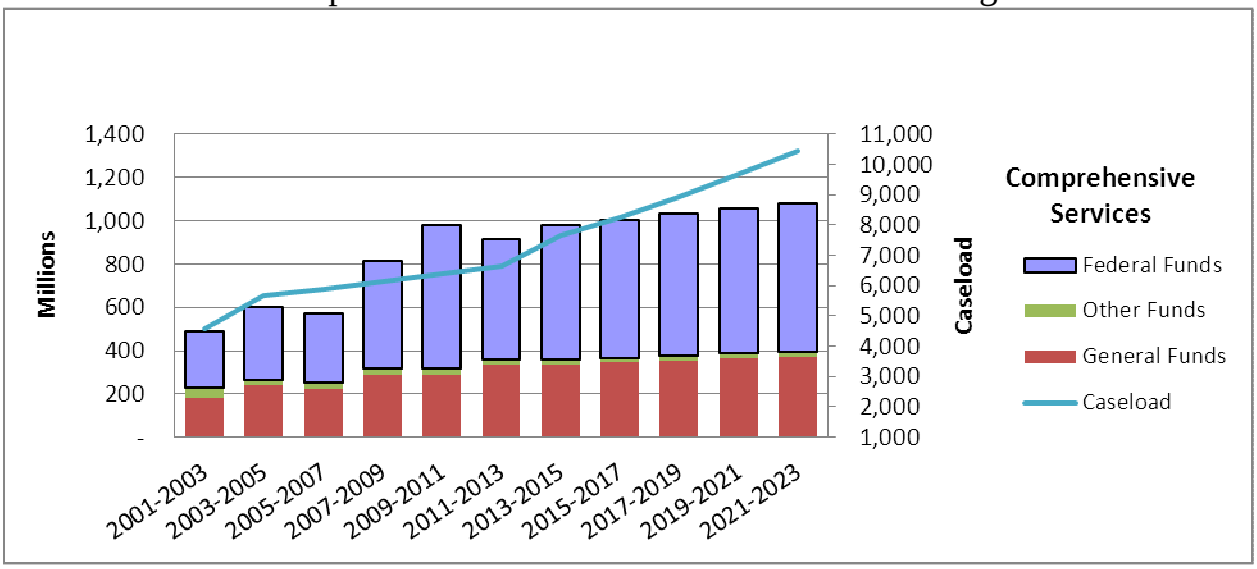
Funding Streams

SNAP benefits are 100 percent federally funded. Oregon is responsible for 50 percent of the administrative costs. Oregon's portion of the administrative costs for SNAP comes from the state General Fund. In Federal Fiscal Year (FFY) 2010, the SNAP program received two bonus awards totaling $5,123,907. These awards were based on Oregon's participation rates and application timeliness. In FFY 2011, SNAP received an award for $1.5 million for SNAP payment accuracy. In FFY 2012, SNAP received $11,784,787 in Federal funds to administer the Employment and Training Program, Nutrition Education and Outreach. These bonus funds are generally eligible for a match which enables Oregon to stretch these dollars even farther.

Department of Human Services: Comprehensive Services
Developmental Disabilities Program

Primary Outcome Area: Healthy People
Secondary Outcome Area: Safety
Program Contact: Mike Maley, 503-947-4228

Comprehensive Services – Caseload and Funding



Note: Comprehensive Services (24 hours of support) is prioritized for individuals who can no longer live at home. Developmental Disabilities services average about 80 new cases a month, caseload numbers reflected in the chart are based on actual enrolled individuals.

Executive Summary

Comprehensive services are for individuals with the highest level of care needs and those who can no longer remain at home. Comprehensive Services are 24-hour supports, mostly provided in settings outside the family home such as group homes, supported apartments or foster care. Of the 20,650 individuals enrolled in services, 5,832 individuals are in group home or foster care services.

Significant Proposed Program Changes from 2011-13

	Comprehensive Services (with Housing)			
Developmental Disability Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Restore Fairview Trust to pre-2011-13 $13 million balance	6.95	0.00	0.00	6.95
Elect State K Plan option to add 6% match for Community Facilities	(22.60)	0.00	22.60	0.00

($, millions)

This request restores $6.95 million to the Fairview Housing Trust removed due to budget shortfalls in 2011-13. This would restore the Trust Fund Balance to the pre 2011-13 balance of $13 million. Historically, interest on these funds is used to assist individuals living at home with their families - with housing modifications such as bathroom remodels, ramps, etc., that have

made it possible for the person with disabilities to remain at home. Finally, a request to include electing the state "K" plan to add an additional 6 percent federal funds match.

Program Description

Comprehensive services are funded under a Medicaid 1915c Home and Community-Based Waiver. These waivers provide a statutory alternative to institutional care. Community-based, as opposed to institutional care, remains a more cost effective program as well as being the most desirable by clients and the State. The current average monthly cost for someone in comprehensive, community-based services is $5,472. Individuals usually enter Comprehensive Services when they are unable to stay at home on their own or with their family. This is usually due to a change in the person's needs or the change in the caregiver's ability to continue providing services. Before a person enters the Comprehensive Services program, there is a period of 90 to 120 days where crisis services may be provided to determine if we can divert long term placements or behavior consultation to determine if an intervention can turn the crisis around. This means that most people now entering Comprehensive Services have greater acuity levels, resulting in higher costs per case. The system has experienced a steady growth in use of these services in recent years.

For children with disabilities, they enter comprehensive service as a voluntary placement because the intensive needs of the child can't be met in the family home or is involuntary through child welfare action. Fifty percent of the children in comprehensive care come in through the child welfare system. Child Welfare programs maintain responsibility for court relationship but DD provides the specific disability related care.

Within comprehensive service, most adults get day services up to 25 hours a week for out of home activities, services which usually is involvement in our Employment First program. DD and our stakeholder community have identified that individuals who are engaged in employment have better health and social outcome. Our goal is to see a 30 percent increase in Employment First within five years helping integrate these individuals into our community.

The services are structured to meet the person's needs on a 24-hour basis. Individuals are assessed using either the Supports Intensity Scale or the Support Needs Assessment Profile to determine the extent of support needed and resulting provider payment. The use of a statewide rate assessment tool is a requirement of the Waiver. Services include both residential and day programs if the person is over 21 and out of school. Of the 20,650 people enrolled in services, approximately 7,000 are in Comprehensive Services.

The group homes, apartment programs and day programs are run by 120 private agencies, the majority being non-profit organizations. There are approximately 1,200 foster providers. The field services are provided through the county Community Developmental Disabilities Program (CDDP). Case managers determine program eligibility, develop and monitor plans of care, and provide crisis and protective service work. Since services through this program can last through a person's lifetime, much work has been done to defer and delay out-of-home services. Comprehensive Services are only accessed when a person can no longer stay in the family home or in their own home due to level of care needed in combination with the lack of available supports to address those needs. Because of Oregon's recent efforts and success in supporting people with developmental disabilities to stay in their own homes, individuals who are now entering the comprehensive system typically have higher and more intense care needs than those placed in group and foster homes in past years.

The Comprehensive Services costs per case have increased due to both the intensity of need, often behavioral, around a person coming into the system in their twenties, and the changing care needs, often medical, for people who have aged in the system. Developmental Disabilities has developed a strategic plan with the stakeholder community to continue to defer or delay access to Comprehensive Services by strengthening family support services, promoting increased employment outcomes and utilizing technology to create individual independence. For providers in the Comprehensive Services, Developmental Disabilities also is implementing strategies to more fully utilize various forms of available technology that can reduce staffing. For example, the use of remote monitoring may be used to augment and replace some staffing. Individual devices that increase independence, communication and skills may also be used to reduce direct staffing needs.

Program Justification and Link to 10-Year Outcome

Comprehensive Services are linked to the Healthy People Outcome area through its focus on providing supports to individuals with developmental disabilities to assure they are living in their communities, with families and friends, and are working or attending school to achieve their greatest potential. The programs funded through Comprehensive Services assure that health and safety needs are met daily. The assurance of health and safety such as freedom from abuse or neglect, or proper medical supports, is also one of the primary assurances CMS requires of those receiving funding through a Home and Community-Based Waiver. These assurances are met by procedures that require the reporting, review and response to abuse allegations and other critical incidents. Provider reviews are also conducted to assure the development and proper implementation of procedures such as individual medical and safety protocols.
Virtually all of the individuals receiving Comprehensive Services qualify for Medicaid and get their health care needs met through the Oregon Health Plan. They will transition from current managed care plans or fee-for-service to the Coordinated Care Organizations. As a group, health care needs exceed the non-disabled population based on unique syndromes and diagnoses. In addition, high target medical conditions such as obesity, diabetes and smoking-related diseases are prevalent, and traditional strategies to change behavior require significant adaptation. Families and case managers are critical help with the care coordination, and the communication and implementation of any treatment.

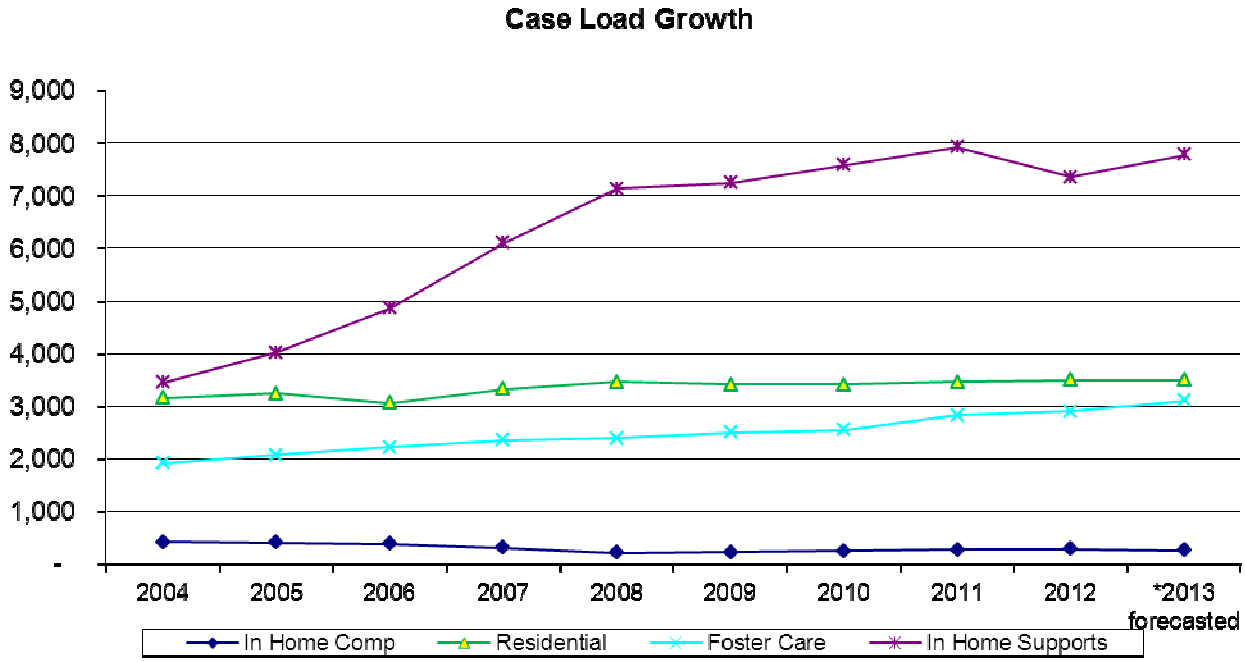
Since all Comprehensive Services are community based, affordable housing is critical. The Office of Developmental Disabilities partnered with Housing and Community Supports when the State was closing Fairview Training Center to build or remodel over 200 homes using Housing Bonds. The program continues to assure the homes are maintained. Rent costs to people living in group and foster homes are controlled to allow for affordability based on the general low income levels of the individuals. These controls are based on Federal Supplemental Security Income payment amounts.

Developmental Disabilities also is working to ensure financial stability for the long-term service system, including Comprehensive Services. The service providers, counties and brokerages will invest in and use technology that increases a client's ability to communicate, increases skills and independence, increases the ability to communicate with physicians and other health professionals, and decreases the amount of direct support staff needed. It is also critical that working age-adults with developmental disabilities are supported to work. Oregon has implemented an Employment First policy. This requires that the individual is actively engaged in developing work skills and defining work interests or are in job development or are

employed and receiving support to maintain the job. The increased outcome of people with developmental disabilities working can result in delaying or deferring the need for 24-hour supports or will result in lower costs for both day and residential supports.

Program Performance

The numbers of people with developmental disabilities continues to increase at the same pace as the general Oregon population about .5 percent a year. Oregon has seen additional growth beyond the typical trend due in part to diagnosis such as Autism and Fetal Alcohol Syndrome. The program performance is directed at supporting people at home and delaying or deferring entry into Comprehensive Services. The graph below shows overall population growth and caseload growth in Support Services and Comprehensive Services. The comprehensive services are growing at a slower rate due to Oregon's work to defer and delay out-of-home services. However, individuals who are now entering the comprehensive system typically have higher and more intense care needs than in the past.



Enabling Legislation/Program Authorization

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver. Without the Waiver, individuals would be entitled under Federal Law to Institutional Care for the Mentally Retarded (ICF/MR). Individuals can also be court committed to State care and custody under ORS 427.

The provision of Comprehensive Services for individuals with developmental disabilities is in ORS 430.610 - .670, ORS 443.400 - .455, and ORS 443.705 - .835. The enabling statutes are in ORS 409.050 and ORS 410.070. At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws are subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. This means that services are available statewide to all who meet the level of need and are delivered in the most integrated setting.

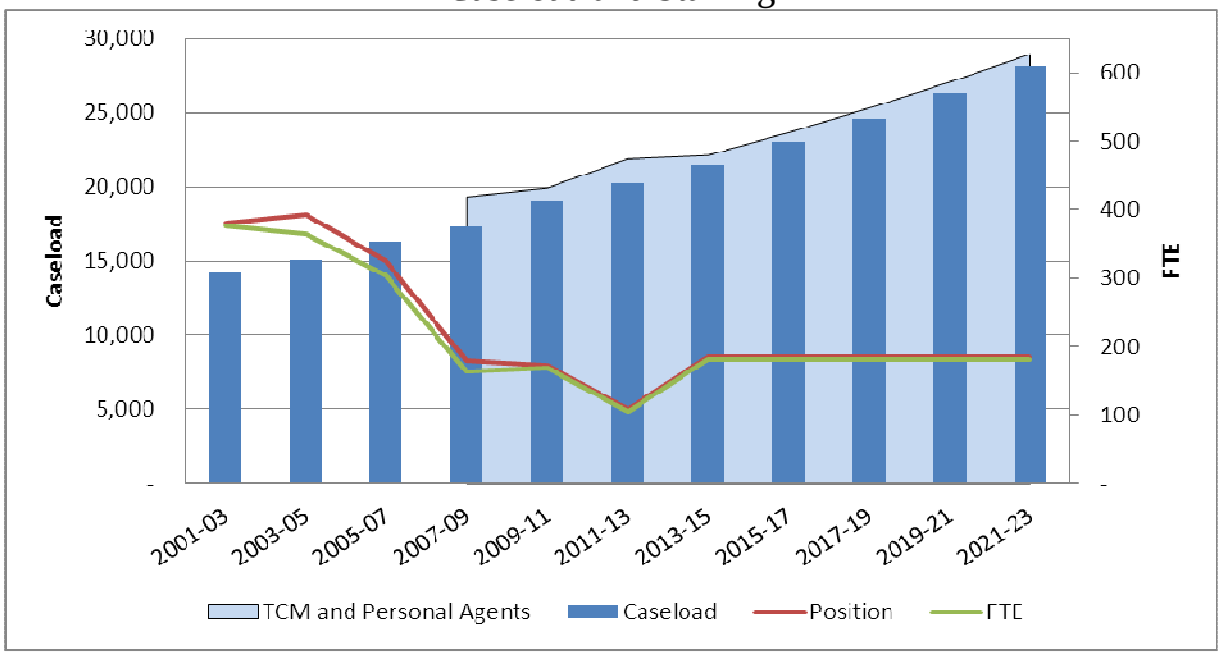
Funding Streams

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver which provides a Federal match to the program's General funds. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds.

Department of Human Services: Program Delivery and Design
Developmental Disabilities Program

Primary Outcome Area: Healthy People
Program Contact: Trisha Baxter, 503-945-5858

Caseload and Staffing



Note: Graph shows central office Developmental Disability staff. Background shows Targeted Case Managers and Personal Agents (the field case management) staffing models that were developed in 2007-2009. Comparable staffing models not available before 2007. TCM=Targeted Case Managers

Executive Summary

Developmental Disabilities (DD) is a lifespan program that provides support and funding to children and adults with developmental disabilities to live fully engaged lives in their communities. Oregon has stopped using institutional models to care for people with developmental disabilities and has focused all efforts on people living in their community. Programs are provided in the community in the family home or in a foster care, group home or supported apartment.

Significant Proposed Program Changes from 2011-13

	Developmental Disabilities Delivery and Design			
Developmental Disabilities Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Increase OVRS services to DD clients due to DD employment first referrals	0.31	0.00	1.12	1.43
Implement electronic case management and client record system for DD	2.45	0.00	2.45	4.90

DHS requests funding to allow for the implementation of an electronic, web-based, central client record and case management system. Currently the statewide system for serving individuals with developmental disabilities is a highly decentralized structure relying on contract providers 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.

Also included is a separate request to increase staff support for services for additional 200 people per year anticipated to access OVRS services as the Employment First policy continues to be implemented.

Program Description

There are over 20,650 Oregonians with developmental disabilities receiving case management and other supports. The numbers of people with developmental disabilities requesting service have steadily increased. We receive requests from approximately 80 new people per month. Caseload typically grows in accordance with the general population at a rate of approximately .5 percent per year but additional factors that influence the increase include autism diagnosis and drug and alcohol affected births.

The structure for service delivery and design includes a central program administration office and contracted services with Community Developmental Disabilities Programs (CDDP) and Adult Support Service Brokerages (Brokerages). The Developmental Disabilities central office provides strategic planning, program funding, policy development, general oversight, and technical support to community services. Contracted county Community Developmental Disability Programs (CDDP) are responsible for eligibility determination, program enrollment, case management, abuse investigation, provider development, quality assurance, and crisis response. For adults who are getting Support Services, the case management function is provided by the contracted Brokerages.

Services are based on a model that first prioritizes the provision of in-home supports for a person with developmental disabilities before the provision of more expensive alternatives. The table below demonstrates this model of services.

FIRST	**IF**	**THEN**
Support Services	*Crisis*	*Comprehensive Services*
• Person lives at home with family or in their own apartment. • Family or others provide support and care in the home as part of natural (unpaid) supports. • DHS funds portion of care that cannot be met fully by family or natural support network. • Limits are placed on amount of funding that can be used.	Person's family or network cannot continue to provide the care under the budget caps per the program. This may be due to increase need by the individual or the decrease capacity by the care giver. It is determined to be more than a short-term issue and will require long-term services	Person is in services that are provided on a 24-hour basis. Includes both residential care such as foster care or group home as well as employment or day services for an adult or school (not funded by DHS) for children.

DD program delegate's responsibility for program administration to local county government, Community Developmental Disabilities Program (CDDP) in accordance with state statutes (ORS 407) giving the counties the option of running the DD programs. DHS has Intergovernmental Agreements with all but six counties. In five of the counties, the state contracts with a private agency. In one county, Umatilla, the CDDP is managed with state staff. Local oversight responsibilities include determining eligibility for developmental disabilities, planning and resource development, authorizing program services and program rates, developing and monitoring individual plans of care, documentation of service delivery to comply with state and federal requirements.

Counties also are responsible for case management services, evaluation and coordination of services, abuse investigations of adults and quality assurance services. The DD program provides funding for the equivalent of nearly 497 full time employees of CDDP staff through contracts. CDDP provides case management for all individuals except those in Adult Support Services. The case management for those individuals is through Support Service Brokerages.

In 2001, the Developmental Disability office started the Adult Support Services Program. This program provides services such as respite, in-home staffing and community access to adults living at home with their family or on their own. The program is organized around Support Service Brokerages who hire staff to plan and monitor services. In order to not duplicate services, once a person is in a Brokerage, they do not also get case management from the CDDP. There are 13 Support Service Brokerages statewide that support over 7,300 individuals. Brokerages vary in size and support from 300 to 850 people.

The person with developmental disabilities is enrolled in a Brokerage from the county. Once in a Brokerage, the Brokerage Personal Agent (PA) develops individual plans, assists the person in determining types of services, amount of service, possible workers or agencies and costs of services. PA's help the individual design plans not to exceed the amount and provide ongoing monitoring of monthly expenses. Clients are the employers or contractors for services and the Brokerages provide the fiscal functions for payroll and voucher expenses. This model of using Support Service Brokerages was codified in statute via House Bill 2600 in 2011.

The majority of individuals receiving Developmental Disability services are eligible for Medicaid. Oregon no longer uses institutional models of care for people with DD. Instead, the State uses Medicaid Home and Community-Based (HCBS) Waivers that allow for shared funding from the Federal government. In order to maximize Federal participation, control costs and triage access to the highest level of services for children and adults with the most needs, Oregon operates five HCBS Waivers. Three of the Waivers are Model Waivers for children which allow the State to ignore family income for Medicaid determination and provide staffing, including nursing, in the family home. The 2011-13 Medicaid match for all services in developmental disabilities is 63 percent Federal funds to 37 percent State General Funds.

Developmental Disability central office staff provides policy and program design, technical support, quality assurance, provider development and review, and field support of CDDPs, Brokerages and direct service providers.

There are 120 private service providers, 1,200 foster care providers and over 7, 500 Personal Support Workers. Regulatory oversight is provided by the DHS Office of Licensing and Regulatory Oversight. There are six payment systems used in Developmental Disability services. The DHS Office of Business Intelligence provides the technical support on payments and is working on the development of streamlined payment systems with the goal to limit the numbers of systems.

Central office staff provides programmatic and budget analysis support to Department of Administrative Services Labor Management, collective bargaining, for the Adult Foster Homes, Home Care Worker, and Personal Support Worker. The central office also works with the Children's Intensive In-Home services and the Children's Residential Services. This includes assessing level of care and authorizing services, developing and monitoring plan outcomes, and developing provider resources. Due to understaffing, the Developmental Disabilities program has prioritized central office staff responsibilities to three critical areas: Development and implementation of policies

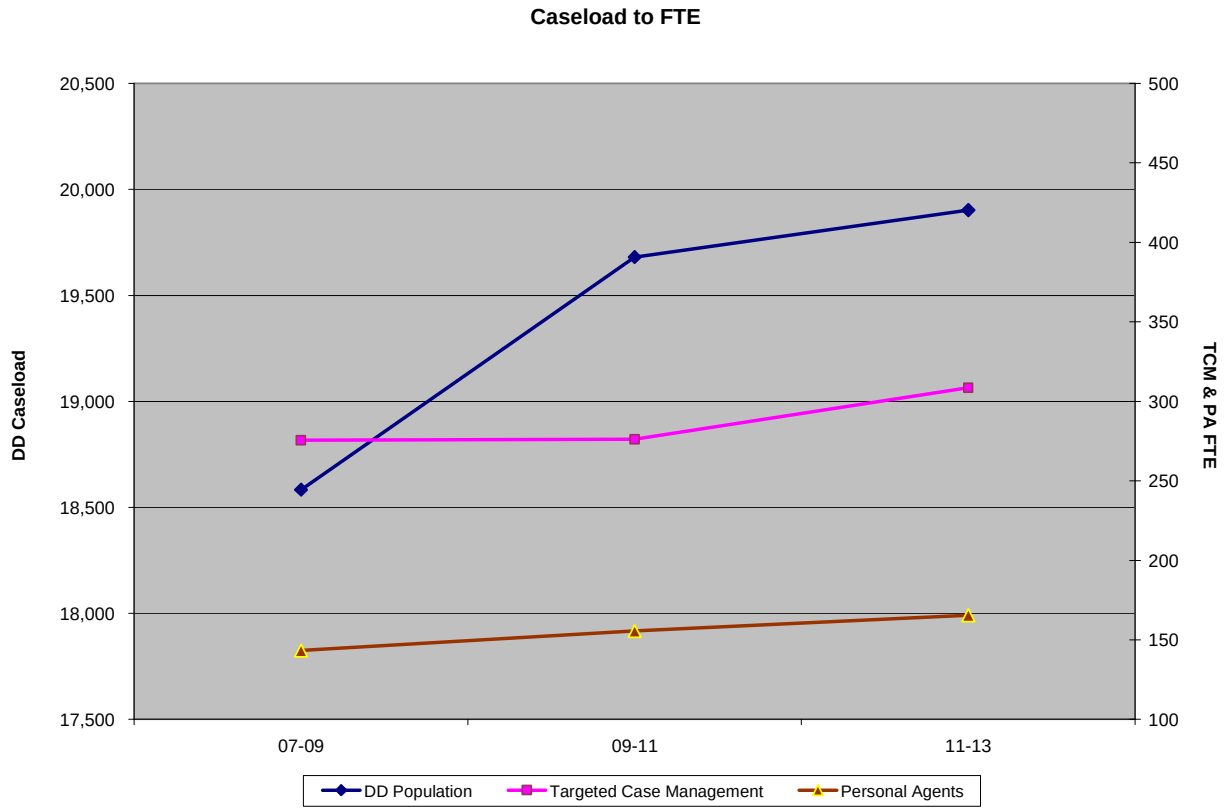
related to sustainable practices, liaison and support of the Brokerage and CDDP services, and liaison and support to service providers.

Program Justification and Link to 10-Year Outcome

The program delivery system, designed and monitored by central staff and implemented through either the CDDP or Brokerage, is designed to assure supports are provided so the individual is healthy and safe, and fully engaged in their community. The goal is to help them have the best possible quality of life at any age. Person centered strategies are used to maximize the person's natural supports. The CDDP and Brokerage reports on critical incidents and the data are used to track trends and determine strategies to improve healthy living outcomes. Almost all adults (99 percent) and many children (30 percent) qualify for Medicaid benefits and receive health care through the current Oregon Health Plan. The case managers in CDDP and Brokerages are part of a team that looks at health outcomes and health issues. They will be critical to the Coordinated Care Organizations' efforts to achieve positive health outcomes.

Program Performance

Personnel resources are necessary to provide performance in the delivery of programs within Developmental Disabilities in a linguistic and culturally competent manner. The chart below provides a comparison of the caseload growth to the equivalent contracted CDDP and Brokerage personnel - Targeted Case Managers and the Brokerage Personal Agents. The growth over time provides a stark display of how our current resources are struggling to keep pace with the need of vulnerable Oregonians with developmental disabilities. (see chart).



This chart is not updated…finding data LB 2/4/13

Enabling Legislation/Program Authorization

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver. Without the Waiver, individuals would be entitled to Institutional Care for individuals with Intellectual or other Developmental Disabilities (ICF/IDD). Individuals can also be court committed to the State care and custody under ORS 427. Targeted Case Management is authorized under the Medicaid State Plan. Federal authorization for all services is at 42 C.F.R. 441 and Section 1915(c) of the Social Security Act. Authorization to provide the services in Oregon is in ORS (410.070, 409.050).

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead Decision requires states to provide services and supports in non-segregated settings.

Funding Streams

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver which provides a Federal match to the program's General Funds. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds.

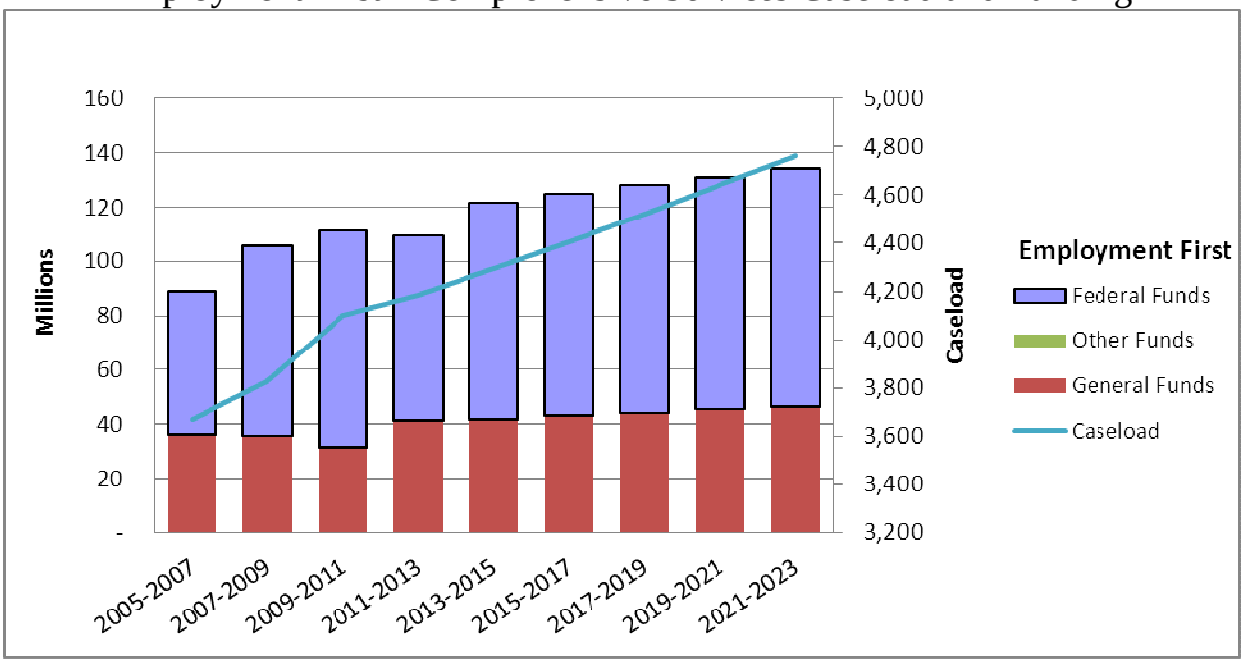
The Brokerage services and case management are funded with Medicaid service level FMAP. The CDDP case management is funded with Medicaid at the service level FMAP. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds. The administration of CDDP and central office staff are funded at the Medicaid administrative match of 50/50. Authorization to provide the services in Oregon is in ORS (410.070, 409.050).

Department of Human Services: Employment First – Comprehensive Services

Developmental Disabilities Program

Primary Outcome Area: Healthy People
Secondary Outcome Area: Jobs and Economy
Program Contact: Mike Maley, 503-947-4228

Employment First – Comprehensive Services Caseload and Funding



Note: Graph represents overall caseloads for all-day services provided through Comprehensive Services and compared to the funding. Caseloads refer to actual enrollments. Lower graph represents community employment services.

Executive Summary

All people with developmental disabilities who receive Comprehensive Services get residential support through foster care and group homes, and receive access to day services for up to 25 hours a week, five days a week through Employment and Day Supports Providers. The day services are intended to help the person be integrated in the community and be engaged in meaningful activities. The person with developmental disabilities may work in facility-based employment or in community businesses. If they don't work, they are engaged in activities in a facility or in the community.

People who are employed in the community have the highest level of integration and have stronger social networks. The more people with developmental disabilities that achieve paid employment, the less dependence there is on public resources and the greater the State's flexibility in designing future services that respond to the need of this population.

Employment First is a policy that prioritizes employment as the first and primary outcome of service and looks to increase the number of people with developmental disabilities in jobs in their communities by 30 percent by 2017.

Significant Proposed Program Changes from 2011-13

	Employment First			
Developmental Disabilities Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Improving employment outcomes for people with disabilities	9.40	0.20	11.60	21.20
Increase OVRS services to DD clients due to DD Employment First referrals	0.43	0.00	0.87	1.30
Elect State K Plan option to add 6% match for Community Facilities	(2.71)	0.00	2.71	0.00

($, millions)

This request provides funds to implement a new rate structure at a level that will best advance the program goals. Specifically to promote more services targeted at securing integrated employment for more individuals. The Office of Developmental Disability Services (ODDS) has implemented a project for several years to restructure budgets, assessments, and rates (ReBAR) for individuals in the developmental disability service system. The Centers for Medicare and Medicaid Services (CMS) requires uniform setting of rates for services. The ReBAR project has completed work on residential programs and starting to revise the rate setting process for employment related services. The request also includes resources to help existing provider entities transform their services and structures to better meet the Employment First goals. Last, the request includes funds to help assess outcomes and implement quality improvement strategies where necessary.

Included is a separate request to increase funding for services for additional 200 people per year anticipated to access OVRS services as the Employment First policy continues to be implemented.

Finally, a request to include electing the state “K” plan to add an additional 6 percent federal funds match.

Program Description

Employment First is based on the general philosophy that individuals with developmental disabilities have the ability, with the right supports, to be productive and contributing members of their communities through work. This philosophy also recognizes intrinsic and financial benefits of paid work to the individuals with disabilities and their families. This improved economic self-sufficiency has shown to also reduce reliance on government services.

Oregon has been very successful in developing community-based care to move away from institutions as a model of care. Having individuals with developmental disabilities fully engaged in their communities is highly desirable as an outcome and fiscally efficient. However, the success of having people live at home or in their home community did not extend to getting people jobs in their communities. Recent trends show the numbers of individuals in community

jobs are at a relatively flat or declining rate, while the number of individuals choosing non-work service options is trending upward.

Oregon joined a network of states to discuss how improvements could be made to integrated employment opportunities for people with developmental disabilities. The states formed the Supported Employment Leadership Network and compared key policies and funding strategies for increasing employment outcomes.

In 2009, Oregon and four other states implemented an Employment First policy. Providers using an Employment First policy are expected to seek employment opportunities, in a typical work place setting, for developmentally disabled working-age adults. Wages are paid by the employer and are consistent with wages paid to workers without disabilities. The program helps individuals gain jobs and provides support throughout their job history.

Implementing Employment First policies requires some fundamental systems transformation action; many of the providers need support to change business practices to support individuals in jobs throughout their communities. It is also critical for business partners to embrace the benefits of hiring people with developmental disabilities. We partner with the Oregon Council on Developmental Disabilities, Vocational Rehabilitation, Oregon Department of Education, and the Office of Developmental Disability Services to jointly develop policies and communications that strengthen employment outcomes equitably.

For employment among people with developmental disabilities, their time in job training and exploration activities must be increased and the time spent in facility based employment decreased. Job readiness and exploration work is typically available through provider partners. Job development may be done by a Vocational Rehabilitation counselor or, if the person does not qualify for those services, then by a developmental disability provider. Most people who become employed require long-term supports to keep the job. This includes job coaching and staff support. A facility based employment is a supervised work center for those with developmental disabilities. As part of the department's strategic planning to integrate those with developmental disabilities into their communities, efforts are being made to move away from the facility based model in favor of jobs in the typical work place setting.

Because of our work to implement the Employment First policy, Oregon received a grant in April 2012 from the U.S. Department of Labor to further develop a strategic plan for Employment First implementation.

Program Justification and Link to 10-Year Outcome

Employment First links to the Healthy People and Economy and Jobs Outcome areas in the 10-Year Plan.

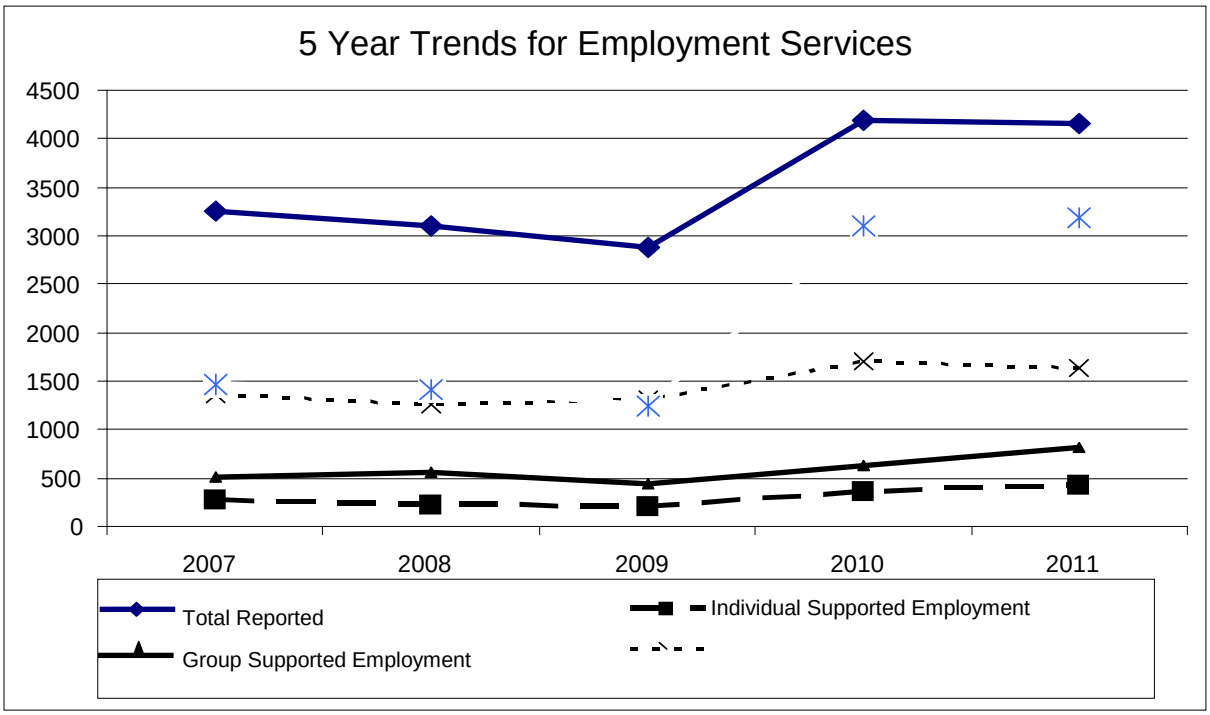
Individuals with developmental disabilities who work have broader networks of support and more people observing daily behavior. This helps them to be healthier and have the best possible quality of life. Individuals are more likely to be able to live with their family longer when they have their own daily schedule that is similar to working parents. Benefits to employment are both financial and health-related. Employment helps improve poverty and improving feelings of

isolation and loneliness which are contributing factors to poor health. Employment supports are key in moving people with developmental disabilities away from 24-hour support services which results in less public funds being spent.

Employment First also links to other economic development strategies to increase workforce diversity while meeting business design needs in ways that result in jobs and prosperity for all Oregonians.

Program Performance

Employment trends have been tracked since 2007. Since Employment First began in 2010, there has been some growth in community employment.



This Chart is not updated, looking for .xls file with this data LB 2/4/13

Moving forward, Employment First has a specific set of goals it is working toward:

- By 2016, no young adults will enter facility based employment when leaving school
- By 2017, decrease the census of adults on the Comprehensive waiver served in facility based employment by 492 individuals or 30 percent.
- Increase integrated supported employment opportunities for those served in the comprehensive adult program.
- By 2017, increase the statewide census of individuals in supported employment by 32 percent or a total of 1000 individuals, with 80 percent of capacity growth and placements in individual employment
- By 2017, increase by at least 100 percent the census of individuals on Path to Employment.

Enabling Legislation/Program Authorization

The provision of employment-related services for individuals with developmental disabilities are in ORS 430.610, .650 and .670. The enabling statutes are in ORS 409.050 and ORS 410.070.

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws are subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. ADA and Olmstead are relevant to Employment First since the program must assure statewide access in the least restrictive environment.

Funding Streams

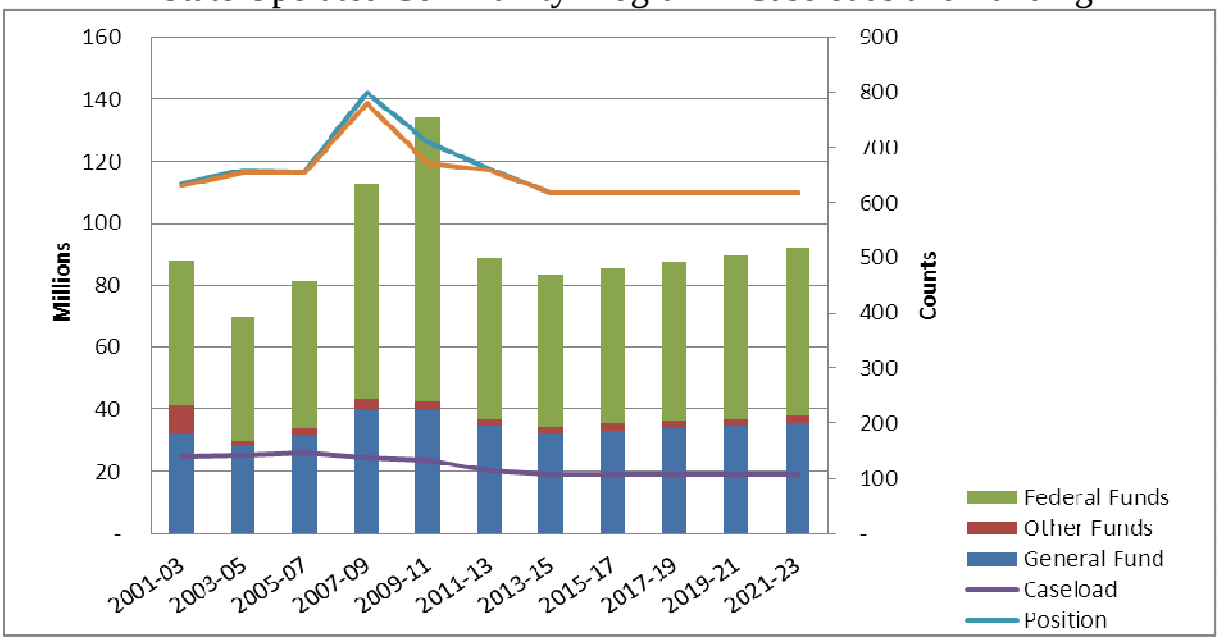
All funding for employment first is matched through the Medicaid 1915c Home and Community-Based Waiver. When a person is getting job development from Oregon's Office of Vocational Rehabilitation Services (OVRS), OVRS Title 1 case service funding is used.

Department of Human Services: State Operated Community Program

Developmental Disabilities Program

Primary Outcome Area: Healthy People
Secondary Outcome Area: Safety
Program Contact: Bob Clabby, 503-385-7144

State Operated Community Program – Caseloads and Funding



**A 7% overall budget reduction occurred in 2011. As caseloads change and homes are reduced staffing needs have stabilized.*

Executive Summary

The State Operated Community Program (SOCP) provides a safety net for Oregon's most vulnerable, intensive, medically and behaviorally challenged individuals with developmental disabilities. This includes people with developmental disabilities coming out of the Oregon State Hospital, correctional systems, and from crisis situations where counties and private providers cannot meet the needs of the individual to ensure their health and safety. This program is an integral part of the overall developmental disabilities system. SOCP focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible.

Significant Proposed Program Changes from 2011-13

Costs do not increase under this proposal. We are redefining our SOCP model to ensure adequate staffing based on the acuity of clients needing this level of service. This change results in 8.9 percent less staff in the upcoming biennium. SOCP's are 24/7 state-run community homes used when no other community-based programs can serve an individual. Under this new model, we did have house closures in 2011-13 that moved clients into private settings. DHS continues to look for ways to redefine the SOCP programs and, wherever possible, move clients to the lowest cost but appropriate placement which in many cases is with a private provider.

Program Description

SOCP provides 24 hour residential and day supports to individuals with developmental disabilities who have significant medical or behavioral care needs. The services are provided in small group homes located across seven counties.

SOCP started in 1987 when Oregon moved all children living at the state institution for people with developmental disabilities to private providers. There were a small number of individuals with complex medical or behavioral needs who could not be supported by private providers. DHS began to provide 24-hour care to those individuals through community programs. As Fairview Training Center continued to be downsized and eventually closed, the SOCP was used for those adults with high medical (ventilator dependent or high hospitalization use) or intense behaviors (aggression that results in injury to self, others or property or behaviors that put individual or community members at risk) that could not be supported by private providers. Once Oregon stopped using the institution to provide supports, SOCP became the safety net for anyone in the state. The SOCP cannot refuse to serve anyone because their needs are too high.

As clients enter into an SOCP, program staff works with each person to modify behaviors and increase individual skills. Many of the people have frequently and intense behaviors and staff must provide physical interventions (personal holds). Most clients have active behavior programs that call for frequent staff training and require high level of data collection and review.

There is an active referral list of adults and children waiting to enter SOCP. Individuals are first referred to private providers but when they are denied or they have been terminated from a current provider program they move to a SOCP. Over 90 percent of individuals served have co-morbid (co-occurring) disorders of developmental disability and mental illness. Many of these individuals have criminal histories and current or pending legal sanctions. The acuity level of challenging behavior requires intensive 24-hour supervision and behavioral support services to ensure the safety of themselves and the community. Challenging behaviors range from aggression – causing injury, property damage or sexually offensive behavior. SOCP also serves individuals with medically fragile conditions that require 24-hour nursing care and supports.

Many of these clients have histories of multiple arrests and convictions. The convictions range from such crimes as assault, criminal mischief, theft, harassment, public indecency, rape, sex abuse, and homicide. A number have legal sanctions as a result such as parole, probation, Psychiatric Security Review Board (PRSB), civil commitment or are registered sex offenders. The majority of clients referred to SOCP have an identified need for a secured facility due to their risk to leave or offensive behavior. In addition, a large percentage of clients require "hardened" facilities where walls, windows, and fixtures are non-breakable to avoid injury to self and others.

SOCP serves up to 15 individuals in specialized medical facilities due to their fragile medical conditions. There are a number of designated beds for adults who are in need of acute stabilization and crisis services. These individuals have been identified due to extreme behavioral and psychiatric needs that have not been successfully provided elsewhere.

SOCP has 10 beds for children (up to 18 years old) who are in acute crisis and require stabilization. These children come from a variety of settings including the family home, foster care, 24-hour group home care, and institutional care.

In all of the homes, SOCP staff are providing services that assure health and safety needs are met and the person has the ability to participate in the community. Since the goal of the program is to have the person move to services provided by private providers, it is important to make sure the person can be supported in the same type of setting.

All of the individuals in SOCP qualify for Medicaid and are currently using the Oregon Health Plan and will soon transition into Coordinated Care Organizations. Since there is high medical, behavioral and mental health needs, the program treatment plans are critical for client stabilization and will be critical in the coordination of health services.

From the first homes that were opened by SOCP to today, the profile of the individuals served has changed. As private agencies increase their skills to meet challenging needs and agree to provide services, the person who needs a safety net has changed. In 2000, SOCP had six homes serving 30 people that were considered "medical," which means they serve people with high medical needs. Today there are three homes for 15 people. In the past, the number of people with intensive behaviors were people who had a diagnosis of autism. Today, intensive behaviors are related to co-occurring mental health diagnosis and/or criminal convictions.

To respond to an individual in crisis, the program has always developed exit plans with providers and counties for people ready to leave at the same time new clients are admitted. However, in 2011, the Legislature reduced the SOCP budget. This prompted a comprehensive review of individuals in State care to determine if any could be moved out of SOCP to reduce the overall number of clients. Several individuals were identified and recommended for private care. They are still individuals who are assessed at the highest levels of acuity but have behavioral or medical needs that are predictable and can be supported in a private agency.

The 2011-13 budget reduction has resulted in six homes being closed. This reduced overall client capacity by 22 percent. However, those individuals who remain in SOCP or will be entering as a new client, continue requiring the highest level of staffing and support. Recently DHS has completed a workforce allocation that identifies the type of home (medical or behavioral), and the direct care and administrative staffing required to operate each home. We continue to improve on our efficiencies and staffing needs to produce the most programmatically sound and cost-effective staffing configurations for each house, each shift and each day in every setting.

Program Justification and Link to 10-Year Outcome

SOCP helps individuals with developmental disabilities be healthy and have the best possible quality of life by helping them live in their communities and to work or attend school to achieve their potential. We provide effective stabilization and training for adults and children who have entered the program in crisis. SOCP helps individuals transition back into community settings with support from their families, friends or private providers.

Individuals enrolled generally have no other alternatives. They are in crisis due to a family breakdown; discharge from a hospital, psychiatric or correctional setting, or discharge from a private provider who can no longer support them due to the intensity of their behavioral or medical needs. SOCP provides a critical alternative to assist the person to return to a healthy and productive life through a high quality residential program, including community-based housing, appropriate nutritional and medical care, and interventions.

Individuals at SOCP receive community-based vocational training and job placement focused on individualized employer-based work.

In addition, the safety net provided by SOCP allows for targeted, community-based support to individuals in crisis or with otherwise unmet intensive needs, individuals receive the services they need for the time they need them, and are then assisted to transition back to families or private providers.

Program Performance

Staff ratios are quite high. Many individuals require 1:1 staffing and in some cases where behaviors are intense and frequent, the staffing is higher. The goal is to stabilize behaviors or health issues in a community setting so that transition to a private provider can be done successfully. The average length of stay in the short-term homes is 174 days. Average length of stay for non-crisis individuals needing medical and behavioral supports has ranged from eight to 19 years.

SOCP is focusing on placement of these long-term individuals to private care. These types of individuals, who can now be served by private providers due to improvements in community service skills and capacity, are no longer being accepted into this program.

All homes have maintained a long-term record of licensing success supporting the quality of care provided. Our client, guardian and family data shows a high level of satisfaction with services. SOCP tracks clinical data on client restraints, incidents, medication errors, safety records, and a number of other elements. SOCP is improving its tracking abilities with new software in all locations. By the end of 2013, a system will be in place to centralize, capture, and allow us to analyze clinical and programmatic data.

Enabling Legislation/Program Authorization

Virtually all individuals served by SOCP are funded through Medicaid Home and Community-Based Waivers. The individual would be entitled to nursing home or Intermediate Care Facilities for persons with Mental Retardation (ICF/MR) institutional services. Oregon no longer uses institutional care but the service would be required if we could not meet the need in the community.

Other federal laws or rulings that impact services delivered through the mechanism of the SOCP program are the Americans with Disabilities Act and the Supreme Court Ruling on Olmstead, which generally require individuals to be served in least restrictive, non-institutional settings. Oregon commitment statutes in ORS 427 also require the State to provide care and custody to a person who presents harm to themselves or others, and SOCP's status as the final safety net is integral to accomplishing this.

Additional statutes that guide the delivery and program are found in ORS 412, 430, 409 and 410. The Oregon Administrative Rules (OARs) that govern the operations of SOCP require that individuals be supported in the community and in pursuit of educational and vocational activities.

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S.

Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling is relevant to the SOCP in that it requires all services allowed in the Waiver, including SOCP, are ones that create inclusion in the community, equitably across the state.

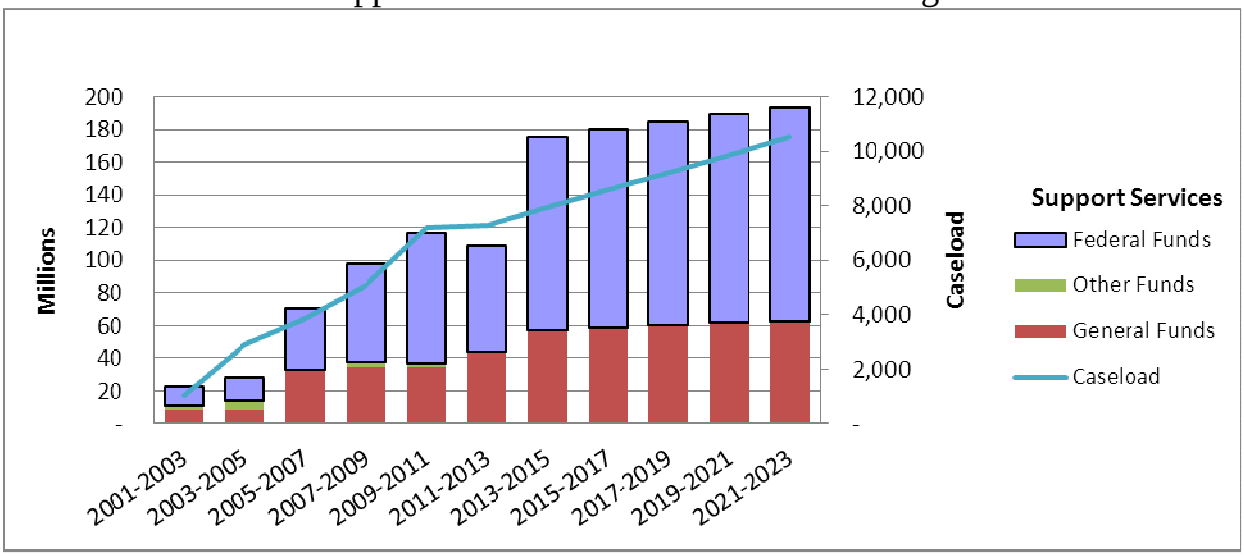
Funding Streams

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver which provides a Federal match to the program's General Funds. The program funding match rate is approximately 62 percent Federal funds and 38 percent State General Funds. Based on their income level, some individuals also pay an Other Funds contribution toward their room and board costs.

Department of Human Services: Support Services
Developmental Disabilities Program

Primary Outcome Area: Healthy People
Program Contact: Corissa Neufeldt, 503-945-6742

Support Services – Caseload and Funding



Note: Adult Support Services began in 2001. The program was phased-in until 2009 when all eligible clients were enrolled. In October 2011 there was a legislative reduction of 600 clients who were not eligible for Medicaid.

Executive Summary

Support Services within the Developmental Disabilities program are designed to provide in-home and community supports for a child or adult with developmental disabilities. Supports are things such as respite care, daily staff support and specialized equipment. When families are supported to provide the core care, even individuals with the most significant needs have active and engaged lives in their community. These services have delayed or deferred the need for full, 24-hour programs or comprehensive care, which represent a higher cost model of service. Support Services are based on a model in-home supports are provided as the first option for a person with developmental disabilities before other, more expensive service options are offered.

Significant Proposed Program Changes from 2011-13

	Support Services			
Developmental Disabilities Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Continue 2011-13 bargained contracted rates for In-Home services	4.86	0.00	8.22	13.08
Home and Community based Funding Increases	7.43	0.00	12.57	20.00
Family to Family Network Expansion	1.20	0.00	0.00	1.20
Elect State K Plan option to add 6% match for Community Facilities	(7.69)	0.00	7.69	0.00

($, millions)

DHS believes focusing on adequate in-home service rates will help increase the number of qualified workers available and stabilize the workforce leading to better outcomes for those receiving in-home services. In-home services are becoming a cornerstone of the service delivery system for individuals with developmental disabilities and their families. These services lead to high levels of consumer satisfaction, cost efficiencies, and are critical to long-range plans for assuring system sustainability. Attracting and maintaining a qualified workforce of in-home providers is critical. DHS proposes the continuation of bargained rates for in-home services. Finally, a request to include electing the state "K" plan to add an additional 6 percent federal funds match.

Program Description

Ongoing Support Services are provided to approximately 7,500 children or adults with developmental disabilities who are living at home. This number represents about 36 percent of the 20,650 individuals receiving developmental disability services. The program is designed to partner with families, relying on the family to provide daily support and care, and filling in the gaps of care and support needs with public-funded services. The program offers a list of available services including in-home staffing, respite, behavior specialist, job support or community access and equipment. The individual or their family directly hire or contract for providers. All support services programs are designed to be self-directed, which means the individual and their family identify the type of service, the amount of service and who provides it with a certain fixed amount of funds available to purchase those services. Without these services, many individuals will enter into a crisis status and require much more expensive out-of-home services such as group or foster homes. In-home support services average approximately $830 per month per individual while out-of-home services average approximately $5,472per month.

The majority of ongoing support services, approximately 7,300, are provided to adults. The adult Support Services program supports those adults with developmental disabilities who are living at home with families or in their own home and are Medicaid eligible. These services are provided through Brokerages across the state. The program operates under a Medicaid Home and Community Based Waiver. Costs for this service are about $830 per month. The current annual cap is set at $21,562 per person, per year for support services. The individual receives case management from a Brokerage and works with staff to identify necessary supports a person requires to remain in their home and live in the community. Within a funded benefit level, the person may use funds for services such as respite, in-home staffing, job support, community access, and equipment.

Ongoing in-home Support Services are also provided to children who are in crisis status and without such services would require an out-of-home placement. This program has a monthly service cap of $1,000 and serves approximately 200 people per year.

In addition to ongoing Support Services, intermittent Support Services for children are delivered through the Family Support Program and offered to any family of a child under age 18. This program has an annual benefit cap of $1,200 and serves about 1,500 to 1,700 children per biennium. The program offers minimal support services with the most common request being for respite services. The average amount spent on Family Support services per family is $622 per

year. Our surveys tell us this support is of great value to families. All children in these programs have case managers through their county Community Developmental Disabilities Program (CDDP) and support services are allocated based on need.

Most children are also in school programs and the case manager coordinates between school and home. This biennium, Support Services started four family-to-family networks. These family-driven networks provide training, information, referral, and general support from one family to another. Just having another family to connect with or problem solve is often what it takes to be supported. This network also helps them if a child cannot continue to live with the family because of their care needs or the family circumstance changes. Often, once a child moves out of the family home into a foster care or group home care, they stay in 24-hour care for the remainder of their lifespan.

For both children and adults, the services are provided through personal support workers, Developmental Disability provider agencies, community businesses, behavior consultants, and respite providers. Personal Support Workers were provided collective bargaining rights in 2010 through HB 3618.

Program Justification and Link to 10-Year Outcome

Support Services links to the Healthy People Outcome area through its focus on individuals with developmental disabilities to assure they are healthy and have the best possible quality of life in their communities among families and friends, and working or attending school in order to achieve their greatest potential.

All of the adults and 30 percent of the children receiving Support Services get their health care needs met through the Oregon Health Plan. They will transition from current managed care plans or fee-for-service to the Coordinated Care Organizations. When compared to the entire Medicaid population, people in the Medicaid Waivers, Home and Community-Based Services (HCBS), such as Support Services, have been shown to have the highest incidence of the major chronic diseases and the highest incidence of hospitalizations which are preventable by better access to primary care (see attached graphs). This means that people in HCBS are most likely to have conditions that will save significant Medicaid funds for the medical system.

In addition, adults with developmental disabilities are uniquely more reliant on the Developmental Disability service system to both make the lifestyle changes and to adequately access health care that is necessary to impact the medical costs. Funding the Developmental Disability HCBS sufficiently to support the necessary lifestyle choices and to reliably and consistently follow through with medical recommendations will result in significant cost savings to the State. Families and case managers are critical to help with the health care coordination in the communication and implementation of any treatment.

Support services are critical to the financial stability of a family and to the person with developmental disabilities. With supports families don’t have to decide between working and supporting their family member. It is also important that working age adults with developmental disabilities are supported to work. Oregon has implemented an Employment First policy. This requires that the individual is actively engaged in developing work skills and defining work

interests or are in job development or are employed and receiving support to maintain the job. The increased outcome of people with developmental disabilities working can provide additional resources for their family unit. People who work also broaden their network of people available to provide supports which continue to delay or defer the need for 24-hour supports or will result in lower costs for both day and residential supports.

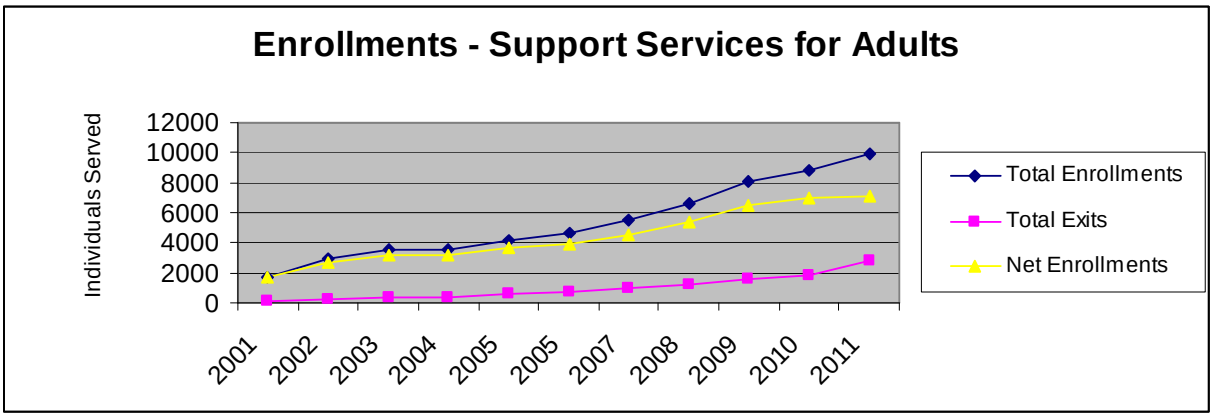
The success of having people live with families for as long as they can is dependent on the families themselves being supported. In the 2011-13 budget, funding was provided to the Office Developmental Disabilities and the Oregon Council on Developmental Disabilities to pilot four Family-to-Family Networks. These are family-directed organizations that provide education, resource connections and personal outreach and support to families experiencing similar needs There continues to be opportunities to explore the use of personal technology devices and applications that can help an individual communicate, access the community and provide safety information. The ability to increase the use of technology should result in less family or staff intensive support required

Program Performance

Supporting individuals to live at home or live on their own is the most desirable outcome for people with developmental disabilities and the most cost effective for the State. The number of people supported at home has been the area of increased growth, while services in comprehensive care (24-hour residential and day supports) maintain a slight growth.
The average monthly cost for a person in support services is $830 while the average monthly cost of full 24-hour services is $5,472 per month.

In October 2011, 600 adults were terminated from Support Services when the Legislature eliminated eligibility for individuals who did not qualify for Medicaid due to budget restrictions. Those individuals still receive case management but no other supports.

This chart shows the number of people entering Support Services compared with the number exiting. Exits remain consistently low which supports the mission that these services delay and/or defer a person moving into comprehensive services.



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Enabling Legislation/Program Authorization

Oregon Revised Statutes 427.005, 427.007, and 430.610 through 430.695 enable the provision of family support for children with developmental disabilities. Oregon Revised Statutes 427.410 enables the provision of Support Services for adults through Support Services Brokerages.

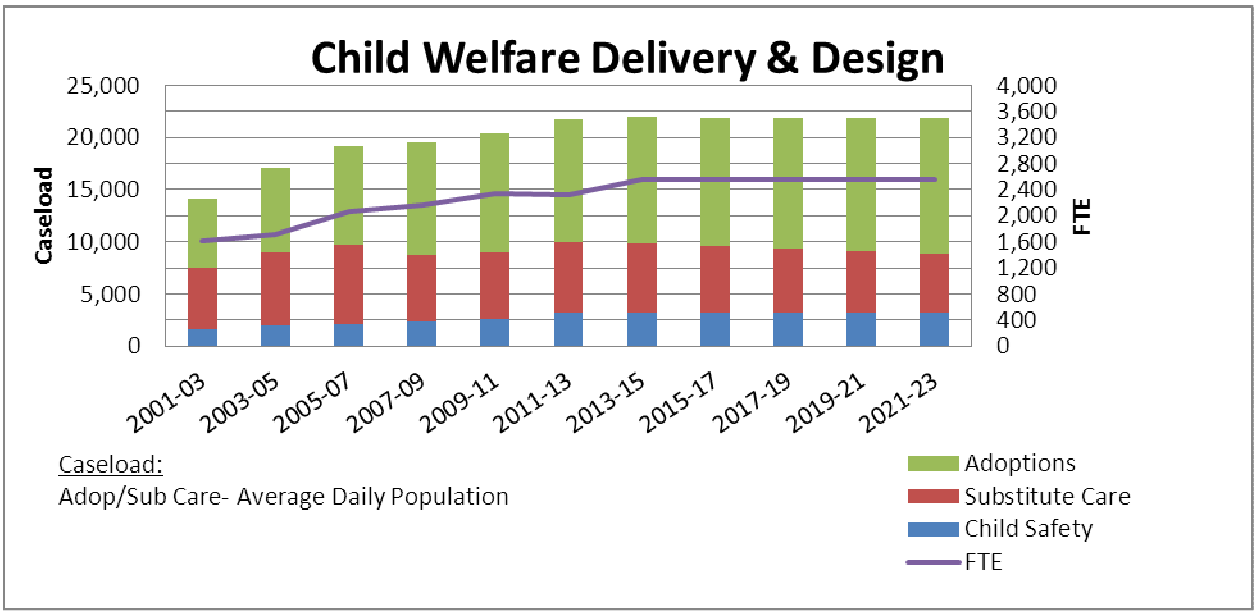
At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws are subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling applies.

Funding Streams

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver which provides a Federal match to the program's General Funds. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds.

Department of Human Services: Delivery and Design
Child Welfare Program

Primary Outcome Area: Safety
Secondary Outcome Area: Healthy People
Program Contact: Lois Day, 503-945-6627
Sandy Dugan, 503-947-5374



Note: The Child Welfare Program responds to approximately 75,000 reports of abuse or neglect each year and serves approximately 13,000 abused children through foster care.

Executive Summary

This program is the field structure that supports the safety of children across Oregon who are abused or neglected. There are 1,257 child welfare caseworkers across Oregon responding to over 75,000 reports of abuse and neglect, and serving approximately 13,000 abused children annually that experience foster care. The program also finalizes approximately 800 adoptions a year, creating a permanent home for children in foster care that cannot return to their parents' custody. This structure is administered in our central office in Salem to support field staff through technical support, policy and standards, evaluation, analysis, and parameters program areas in Child Welfare.

Significant Proposed Program Changes from 2011-13

	Child Welfare Design and Delivery					
Child Welfare Investments/Reductions	**GF**	**OF**	**FF**	**TF**	**Pos**	**FTE**
Fund 5% shift differential for additional Indian Child Welfare Act staff duties	0.08	0.00	0.08	0.17	0	0.00
Achieve better outcomes for Native Americans by adding 25 dedicated staff	2.25	0.00	1.31	3.56	25	18.75
Staff CW at 80% workload to implement Differential Response and OR Safety Model	23.64	2.65	13.90	40.19	281	205.69
Educational Stability Grant	0.00	0.00	0.31	0.31	2	1.26
Title IV-E Foster Care eligibility rate calculation adjustment	11.30	0.03	0.20	11.53	3	3.00
Title IV-E eligibility penetration rate correction			(11.00)	(11.00)		
AG Placeholder move funds to Design and Delivery	7.34		8.60	15.94		
Family Connections Grant	0.29		1.00	1.29		

($ = millions)

The proposed staffing investment will bring the Child Welfare program to nearly 80 percent of the workload model by the end of the 2013-15 biennium, assuming all positions are filled. These staff are critical to the integrity of the Oregon Safety model; our intervention model for safety assessments and safety management. This staffing investment is necessary even without a differential response model so that we can most adequately handle the caseloads. However, if we are provided the combination of staffing, in-home and Strengthening, Preserving and Reunifying Family Program funding, and implement a differential response model, we will be able to make significant progress in preventing and/or delaying children from entering care, reducing the length of stay for those in and providing culturally appropriate, family based services in community settings. The number of families and children receiving services from Child Welfare, without additional staffing and program resources to meet the need, has affected the department's ability to provide timely, individualized and active efforts. The department has been forced to prioritize services impacting family stability. The ability of the department to meet federally mandated requirements has also been eroded.

The Education Stability Grant are federal funds to develop an infrastructure for establishing multi-disciplinary education teams between local DHS field offices and local Educational Agencies, Education Services Districts , and the Oregon Department of Education along with data-sharing agreements resulting in data exchanges between these entities and the Oregon Judicial Department. While the Child Welfare Family Connections Grant builds on our practice of Family-Find and Family Group Decision making. At the same time, a statewide task force will apply a nationally recognized and empirically supported model of implementation to identify and install sustainable supports at the work force level, the infrastructure level, and the DHS leadership level.

DHS also proposes to increase capacity to provide culturally appropriate services to Native Americans in the Child Welfare system. Native American children are currently over-represented in Oregon's child welfare system. Compliance with the Indian Child Welfare Act is a federal mandate. However, the Act is complex and requires a higher level of expertise and effort than cases involving non-Tribal children. This proposal, a five-percent pay differential for our Tribal Liaisons, would enhance Oregon's relationships with Tribal governments and ability to work with Tribal children and families to reduce disparities and improve compliance with the Act. Because of the increased efforts the Act requires, we also propose adding staff across the state and in targeted areas to manage caseloads.

DHS must change their formula for calculating the Title IV-E eligibility rate which would create an $11 million loss of federal revenue. Three new Title IV-E policy analysts are critical to mitigate the impacts of the required change to the formula. These policy analysts will be instrumental in the necessary clean-up and on-going monitoring of Title IV-E eligibility determinations. Increasing the actual number of children eligible for Title IV-E by even 1% would reduce the potential loss of $11 million of federal revenue by $2 million.

Program Description

This program provides the personnel necessary for delivery and design of programs and services which include evaluation of calls of abuse and neglect, assessment and determination of which children need safety services, case management for children who enter foster care, assessment of families that will care for these children until they can return home, and visitation with parents and family while experiencing out-of-home care. Each of the programs and services described above are required in DHS' Title IV-E State Plan. The program also provides clinical supervision of direct service staff which is critical to building worker competencies including reinforcing positive social work ethics and values, encouraging self-reflection and critical thinking skills, building upon training to enhance performance, and supporting the worker through case work decision-making and crises. This is partially achieved through lower staff-to-supervisor ratios as recommended by the Child Welfare League of America (CWLA). Safety services are delivered through the Oregon Safety Model which is an overarching process that requires safety assessment and safety management at all stages of case management, from screening through case closure.

Child Welfare design and delivery coordinates with Self Sufficiency design and delivery to support family stability and prevent entrance into the foster care system for their common clients. In addition, Child Welfare coordinates with other child and family serving systems including Housing, Oregon Health Plan, Addictions and Mental Health, county-based health and support services, etc. Child Welfare continues to work to eliminate disparities and ensure equitable outcomes for families and children.

Major cost drivers for the personnel need are: Program mandates (either Federal or State); the number of report/abuse notifications; family stress factors which affect abuse risk (substance abuse, unemployment, mental or physical health issues, criminal history, etc.); personnel turnover (training/travel costs); work effort required to provide services, and personnel packages (i.e., furlough mandates, position cost, etc.). Additional drivers of cost include representation from the Department of Justice connected to dependency matters, court-ordered services and workload associated with Federal mandates such ICWA.

DHS has implemented Lean Daily Management Systems in all districts across the State and central offices. This active process of identifying ways to improve efficiencies will allow DHS to reinvest staff resources to close the gap between positions earned and authorized positions as they are identified. Currently this effort is directed at delivering more efficient processes surrounding new technology, OR-Kids, with a goal of increasing the time staff has to work with families and children, and decreasing the time spent on the processes used to deliver the work.

Child Welfare is in the third year of a five-year strategic plan to safely and equitably reduce the number of children in the foster care system. A critical element of that strategic effort is the implementation of Differential Response. This effort will create the ability of the Child Welfare system to tailor the system response to the needs of families. In states where the response options have been increased beyond the traditional model, more children are able to remain with their parents while their families receiving services that will increase their capacity to keep their children safe. Studies demonstrate that children who are not subjected to the trauma of a foster placement fare better on long-term outcomes than children who experience foster care. Children who age out of foster care have higher rates of homelessness and involvement with the criminal justice system than the general population. Differential Response is a critical part of the DHS strategy to eliminate areas of disparities and ensure equitable outcomes. A critical element of successfully implementing this transformation of the child welfare system is staffing at a level adequate to do the work. At the current staffing levels, it will not be possible to implement this significant change and it will negatively impact the program's ability to reduce the number of children in the foster care system.

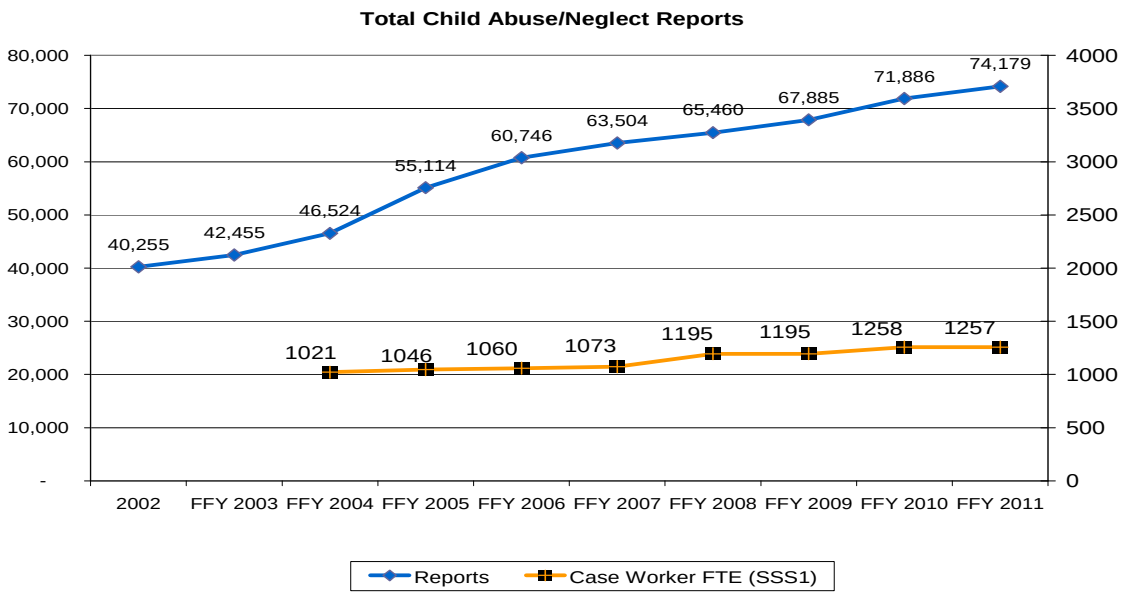
Program Justification and Link to 10-Year Outcome

There is a direct link between the program design and delivery for Child Welfare and the Safety Outcome area to support increased family stability and child safety; prevent vulnerable youth from entering the public safety system; and implementing social and justice reinvestment practices. Through Child Welfare interventions, safety for abused and neglected children is established. The program's work with families enhances their ability to safely parent their children and prevent foster placements.

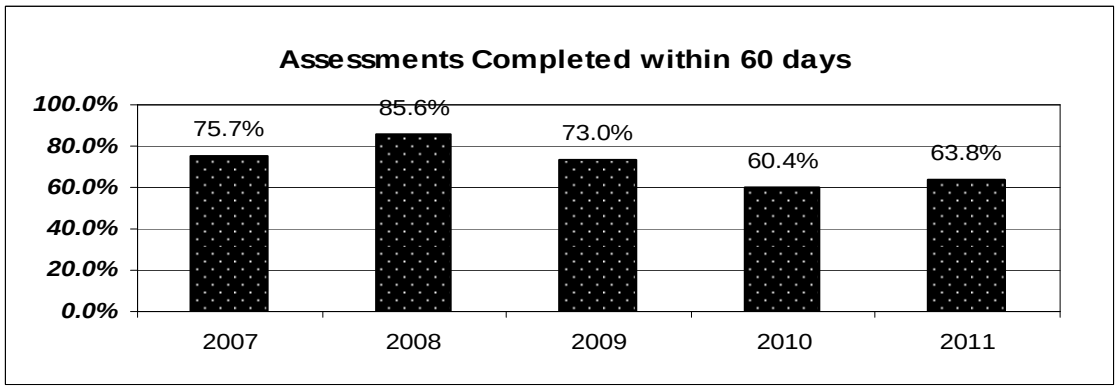
Child Welfare Program delivery and design provides the personnel to administer, design and deliver child safety supports through abuse investigation, service identification and procurement, family development and reunification where possible, or alternative child safety planning when necessary which have a direct impact on the 10-Year Outcomes areas.

Program Performance

Personnel resources are necessary to provide performance in the delivery of programs within Child Welfare. The chart below provides a comparison of the caseload growth to the personnel growth over time which provides a stark display of how our current resources are struggling to keep pace with the need of vulnerable Oregonians.



Safety for children is measured through the performance measures of timeliness of responding to reports of abuse and neglect, our ability to have regular and frequent face-to-face contact with children and families, and the timeliness of achieving a permanent plan for a child to minimize the duration of a stay in foster care. All of these performance measures are impacted by the staffing levels for the Child Welfare Program. Child safety is jeopardized when there is not adequate staff to respond, visit children and families, or move children to a permanent home. Although additional staff was added in the 2009-2011 legislative session, the hiring freezes of 2010 and 2011 have begun to erode the gains we've made on completing assessments within 60 days.



With the assistance of McKinsey & Company, a workload model was developed to record the work effort to provide program delivery. The workload model provides a basis for determining personnel needs to adequately support the work of Child Welfare. The Spring Forecast matrix below provides a comparison of the delivery positions authorized by the 2011-2013 Legislature and the need based on work effort to meet the need. The Child Welfare central support was not included in the workload modeling by McKinsey, however, the work of Child Welfare central

support is vital to the delivery of services in field offices. Central support provides the oversight of policy development, program design and changes required through legislation as well as Federal reporting compliance.

	Fall 2011 Forecast Data							
	2011-2013				2013-2015			
Position Type	Current Position Authority	Forecast Positions Needed	Percent of Need	Difference Current to Forecast	Current Position Authority	Forecast Positions Needed	Percent of Need	Difference Current to Forecast
Case Worker (SSS1)	1253.73	1734.87	72.3%	-481.14	1253.73	1723.29	72.8%	-469.56
Social Service Assistant (SSA)	191.5	255.13	75.1%	-63.63	191.5	253.42	75.6%	-61.92
Support Staff (OS2)	363.97	578.29	62.9%	-214.32	363.97	574.43	63.4%	-210.46
FRS/IVE Specialists (HSS2/AS1)	58.9	56.84	103.6%	2.06	58.9	56.49	104.3%	2.41
Field Mgmt/Leadership Support	225.3	334.5	67.3%	-109.27	225.3	330.9	68.1%	-105.67
Totals	2093.35	2959.65	70.7%	-866.30	2093.35	2938.55	71.2%	-845.20

Enabling Legislation/Program Authorization

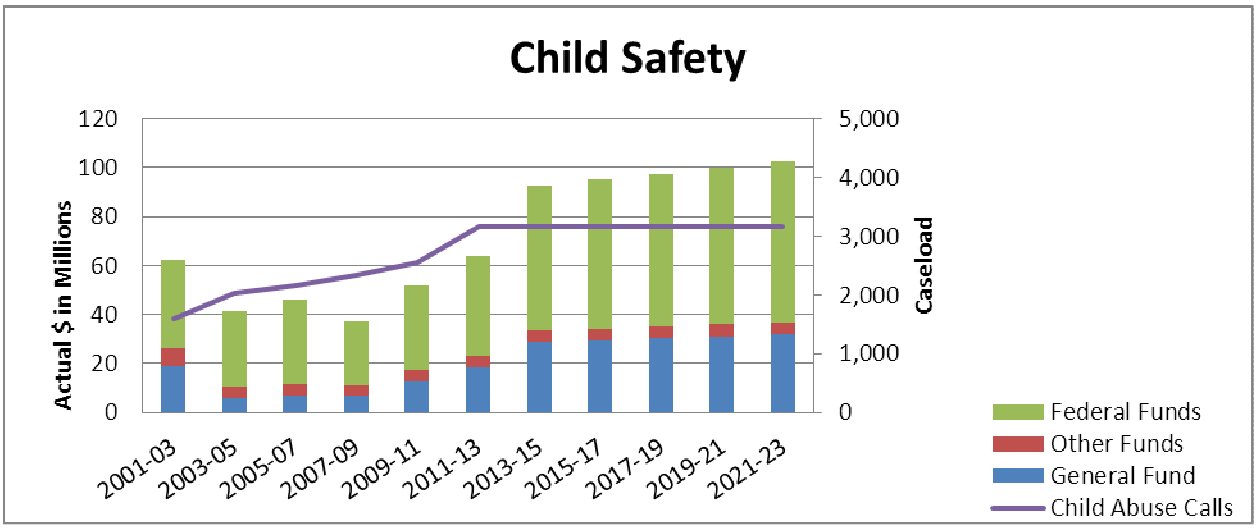
Child Welfare services are mandated by multiple Federal and State laws including PL96-272, Adoption Assistance and Child Welfare Act; PL95-608, Indian Child Welfare Act PL 105-89, Adoption and Safe Families Act; PL 110-351, Foster Connections to Success and Increasing Adoption Act; Social Security Act Title IV-E and Title IV-B; ORS Chapter 418, and ORS Chapter 419B.

Funding Streams

Personnel for program design and delivery is determined through Random Moment Sampling Surveys (RMSS) where field delivery staff are required at random intervals to indicate the time spent on various activities to determine the level of Federal funding which directly supports our ability to provide critical child welfare services. Block grant funds include Social Services Block Grant (SSBG) and Temporary Assistance for Needy Families (TANF) funds. Leveraged funds include Medicaid, Title IV-E and IV-B funds, primarily at a 50 percent Federal Fund and 50 percent General Fund match rate. State-only General Funds also comprise a portion of the budget.

Department of Human Services: Child Safety
Child Welfare Program

Primary Outcome Area: Safety
Secondary Outcome Area: Healthy People
Program Contact: Stacey Ayers, 503-945-6696



Note: Neglect and Threat of Harm of Neglect are the primary abuse categories driving the increase in Child Welfare caseloads, currently representing over 60 percent of all founded abuse.

Executive Summary

This program provides protective and social services to children and families when allegations of child abuse or neglect are reported. Specially trained workers conduct comprehensive safety assessments to determine if the child is safe and if abuse happened. Services are delivered through DHS staff or contracts that require linguistic and culturally appropriate services. They are delivered in a manner that is designed to keep children safely with their parents, whenever possible, and to quickly reunite children with their parents when they have been removed.

Significant Proposed Program Changes from 2011-13

	Child Safety			
Substitute Care Investments/Reductions	**GF**	**OF**	**FF**	**TF**
SB 964 Strengthening, Preserving, and Reunifying Families	10.16	0.00	11.98	22.14

This request includes increased funding for child safety programs in order to implement the Strengthening Preserving and Reunifying Families (SPRF) (SB 964 – 2011) program necessary and to support the implementation of a Differential Response model in Oregon. This effort compliments the work of the Coordinated Care Organizations and the future work of the Early Learning Council. It is imperative that the staffing levels proposed in the Delivery and Design bid form are funded in order to fully practice safety and intervention strategies as outlined in the

Oregon Safety Model. With an appropriate investment in staffing, adequate in-home and SPRF services Oregon will have the framework to successfully implement a differential response model and reduce the number of children entering the child welfare system and safely serving more children in their homes.

Program Description

The Child Safety Program is a subset of the Office of Child Welfare Programs and usually is the first contact for families with the child welfare system. This is where children enter the State foster care system. Foster care is a temporary service, designed to keep children safe while we work to reduce safety threats. We work with families to make sure that children are only removed when they cannot safely stay at home. When children are placed in care, which can only be done with a courts approval, we place urgency of ensuring that children get home quickly and connect to family or other relatives whenever possible. Similar court involvement and approval is required when children leave foster care and return home. This approach is a critical element of the safe reduction in the number of children that enter foster care and with the Department's initiative to implement a Differential Response (DR) system which allows for multiple pathways to respond to allegations of child abuse. Child abuse investigations are inherently intrusive and can be traumatic to families. The DR system is being implemented with an emphasis on reducing the intrusive nature of child abuse investigations and focusing on family engagement. The Child Safety Program can best be described in three sections: Screening, Assessment and In-Home services.

- **Screening:** Screening is the front door of the service delivery system that, with very few exceptions, begins with a child abuse report at a child abuse hotline. Trained social workers screen approximately 75,000 child abuse reports from all across the State each year and collect key information from the reporter of the abuse in order to determine how the report of child abuse and neglect should be handled. If the report meets the criteria to be assigned for an in-person investigation, the family's information is given to a DHS Child Protective Services (CPS) trained worker who will conduct a comprehensive safety assessment of the family in a respectful and sensitive manner.

- **Assessment:** Approximately 38,000 cases per year, of all reports of child abuse or neglect, receive an in-person investigation. As part of the comprehensive assessment the DHS CPS worker gathers information in the following categories: Extent of the maltreatment, circumstances surrounding the abuse, adult functioning, child functioning, parenting practices and disciplinary practices. Cultural and linguistic considerations are also factored. This important information is used to determine overall child safety.

- **In-Home Safety and Reunification Services (ISRS):** The ability to keep children safely at home is in large part dependent on the services that can be wrapped around the family to support them while safety concerns are addressed. Services are available to families during the course of child abuse assessments when child safety issues are present or are likely to occur without the Department's intervention. Services are designed to provide immediate protection to children without removing them from their parent or caregiver. If circumstances require a child be removed from their parent or caregiver, these services provide necessary support to the family so the child can be safely reunited with the family. The goal of these services is to provide a combination of concrete safety and strengths-based change services

that will lead to lasting safety changes within the family's home. These services support crucial child welfare initiatives to increase the number of children who can remain safely at home after a safety threat is identified, and decrease the length of time a child spends in foster care. By contracting with a wide variety of providers, ISRS also allows for a culturally and linguistically specific approach in an effort to reduce the disproportionate placement of children of color in foster care.

Legislation in 2010 created Strengthening, Preserving, and Reunifying Families programs and identified them as the primary programs to serve families involved in the child welfare system. The goal of these programs is to foster collaborations between state and community programs and resources, as well as help children remain safely with their families. This must occur through partnerships and collaborations with State and community programs and resources that will stabilize the family in their time of need, work with the family to develop goals for family preservation services, and empower the family to make changes which may alleviate the need for an out-of-home placement. These programs are an extension and enhancement to ISRS service, and are delivered through contracts with community providers.

A key necessary partner for program success is the Attorney General's Office who provides legal representation to DHS for all children under its jurisdiction. DOJ also files and litigated termination of parental rights cases. The District Attorney office provides legal services from the petition until jurisdiction.

Program Justification and Link to 10-Year Outcome

There is a direct link between the Child Safety Program and the Safety Outcome that Oregonians will be safe where they live, work and play. Each year, thousands of Oregon families come through the child welfare system due to allegations of child abuse or neglect.

The services are designed to strengthen families and to prevent further child abuse and neglect. We provide support to prevent the unnecessary removal of children from families, and promote the reunification of families where appropriate. Drug and alcohol abuse, together with domestic violence, are the two major family stressors contributing to children entering foster care in Oregon. By supporting families early with services designed to keep children safely with their parents, costly foster care placements are avoided. The average monthly cost per child in foster care is approximately $2,200.

Without the services and interventions that are provided to parents and their children there are costs that will be felt at a later date in the Safety and other Outcomes areas. For example, often it is the risk of having their children placed in foster care that motivates parents who are deep into drug or alcohol addiction to seek treatment and maintain sobriety. Not only does seeking treatment and maintaining sobriety help keep their children in their home, but it also allows parents to take the steps needed to be self-sufficient, reducing costs in the Economy and Jobs Outcomes area. It decreases the likelihood that these parents will engage in illegal activities and any resulting criminal proceedings or incarceration, reducing future costs to the Safety Outcomes area. Similarly, helping a family deal with their domestic violence issues so that the children and non-offending parent can live without fear reduces long-term costs that are associated with the child's education performance (Education Outcomes Area) and the non-offending parent's health

and well-being (Healthy People outcomes area). Being able to provide In-Home and Reunification Services reduces the costs of foster care (Safety Outcomes area).

Program Performance

The Child Safety Program measures its performance in three primary categories:

- **First contact**: As a way to measure how well DHS assures initial child safety, the timeliness of first contact is measured for those reports of child abuse and neglect that are assigned for in-person investigation. Since 2008, timeliness of first contact has remained about 86 percent. By 2016, using a growth rate of four percent, if there are no changes in our current staffing levels, we can expect to see this measure drop to 73 percent. This means that the rate of our first contact with the alleged child victim will continue to decrease.
- **Assessment**: DHS measures the comprehensiveness of the CPS assessment, the level of services that were provided and the appropriateness of safety planning for the child by monitoring whether the child experienced repeat maltreatment within six months of a prior abuse. From 2007 through 2010 re-abuse rates improved incrementally. However, in 2011 we began to see a slight reversal in this trend. The Department will continue to monitor this reversal but the concern is similar to that with timeliness of first contact. With no expected changes in staffing levels, and with growth rates expected to increase, the comprehensiveness of safety assessments will likely be compromised. This will likely increase the number of children who are re-abused within a six-month period following a founded incident.
- **Equity**: DHS measures disparities in terms of success outcomes for various populations of clients in order to ensure equity in service delivery.

Enabling Legislation/Program Authorization

ORS 419B.020 is the statute that mandates the Department and Law Enforcement to conduct investigations upon receipt of reports of child abuse or neglect.

The Child Abuse Prevention and Treatment Act (CAPTA) is one of the key pieces of legislation that guides child protection. CAPTA, in its original inception, was signed into law in 1974 (P.L. 93-247). It has been reauthorized in on multiple occasions since then with multiple amendments that have strengthened and refined the scope of the law.

ORS 418.575 through 418.598, Strengthening, Preserving and Reunifying Families legislation, was passed during the 2011 legislative session. The Indian Child Welfare Act (ICWA) also applies.

Funding Streams

Funding for this program area comes from a combination of sources that are dedicated and do not require a match, as well as leveraged funds which are matched.

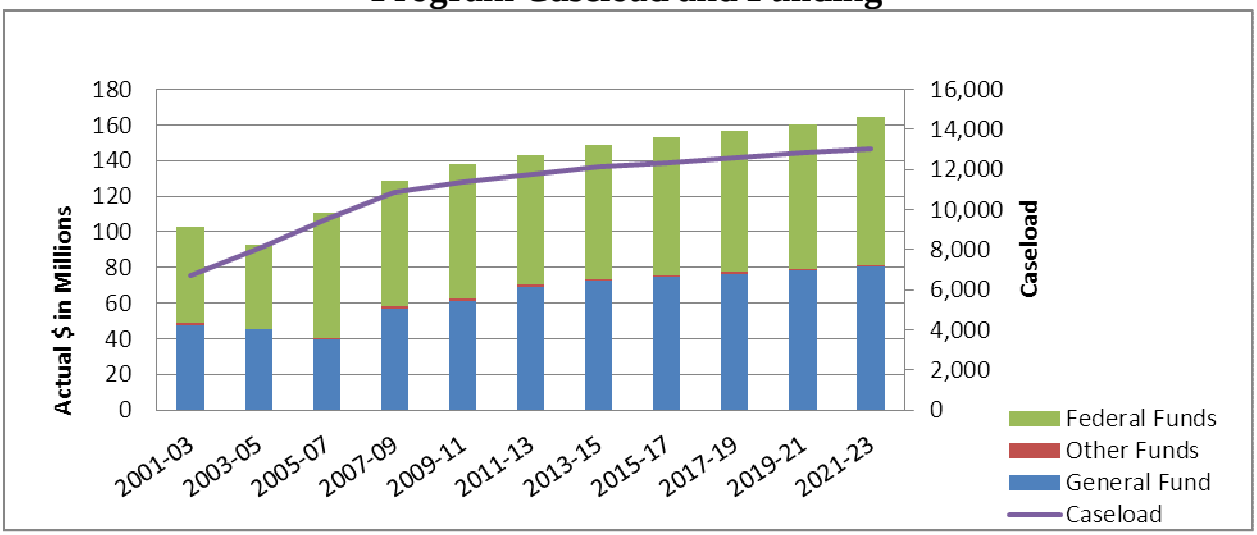
- Social Security Block Grant (SSBG), 30 percent
- IV-E Waiver Savings, 31 percent
- Title IV-B part 1, 7 percent
- Title IV-B part 2, 11 percent
- State only General Fund, 13 percent
- Family Violence and Sexual Assault Victims Funds, 7 percent
- Title IV-E Independent Living, 1 percent

Department of Human Services: Permanency Planning and Post-Adoption/Guardianship Support Programs

Child Welfare Program

Primary Outcome Area: Safety
Program Contact: Kathy Prouty, 503-947-5358

Program Caseload and Funding



Note: Over 60 percent of children served in the foster care system return to their parents. Adoption and guardianship are the next most permanent placements for children. An average of 1,005 adoptions and 280 guardianships occur each year.

Executive Summary

Children in foster care who are unable to return to the care of their parents receive assistance through the Permanency Planning and Post-Adoption/Guardianship Support Programs. DHS helps find a permanent family for them through adoption or guardianship. Once these children are placed in a permanent family, this program continues providing support to the families to meet the special needs and lifelong challenges of children who have been abused and neglected.

Significant Proposed Program Changes from 2011-13

	Permanency, Post Adoption, Guardianship			
Child Welfare Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Restore Post-Adoption program to 2011-13 levels	0.11	0.00	0.33	0.44

($, millions)

DHS proposes a small investment in post-adoption services to maintain the 2011-13 level of funding. Funding for post-adoption services was eliminated in the 2011-13 budget. The

department was able to maintain the program using federal Adoption Incentive funds which is not available after the current biennium.

Program Description

Adoption and guardianship services are delivered through the joint efforts of field and central office staff. When children are unable to return to their parents' custody, the department's efforts are directed to finding a permanent family so the children can leave the foster care system. Research shows that children who turn 18 and age out of the foster care system have poorer outcomes than children who are raised in a permanent home. The process of preparing children for adoption or guardianship, searching for an appropriate family, transitioning the children and monitoring the placement until the adoption or guardianship is finalized is work that is carried out by field staff. The process of insuring the completeness of the file for adoption or guardianship, supporting the field in determining which children are not able to return to their parents, finalizing the adoption and supporting families after the adoption or guardianship is carried out by central office staff.

From 2006 through 2010, DHS completed an average of 1,005 adoptions and 280 guardianships each year. Most children adopted through Oregon's foster care system are eligible for ongoing adoption financial support and medical coverage. Overall, approximately 12,000 families receive ongoing adoption and guardianship financial support to meet children's special needs. We also provide administrative oversight in all private and independent adoptions, and operate a Search and Registry Program, which is mandated by law. This adds program responsibility for an additional 600 to 800 children who are adopted privately or independently each year in Oregon.

DHS works closely with the Department of Justice (DOJ) who provides legal representation for all children under its jurisdiction. DOJ also handles termination of parental rights cases. Other key partners include county District Attorneys, private mediators and attorneys, private adoption and recruitment agencies, the Child Protective Services and Foster Care programs of DHS, and the Division of Medical Assistance Programs at the Oregon Health Authority.

Primary cost drivers for the Permanency and Adoption/Guardianship Assistance Programs include the legal costs of freeing and placing children for adoption, and the number of eligible children for adoption and guardianship subsidies. Based on their history of abuse and trauma, almost 100 percent of the 1,005 children adopted annually from the child welfare system are considered special needs children and eligible for an adoption subsidy. Families for approximately 95 percent of the eligible children choose to receive some monetary adoption assistance to assist in meeting these children's special needs.

Program Justification and Link to 10-Year Outcome

The Permanency Planning and Adoption/Guardianship Support Programs are designed to impact the safe and equitable reduction of children in foster care. Children in the foster care system, who cannot safely return to their biological parents, need safe and appropriate alternate forms of permanency. Evidence shows that children who do not have permanency have issues in the future such as lack of education, unemployment, homelessness, and incarceration at much higher rates than the general population. Specifically, former foster children have high rates of mental illness with over half having clinically diagnosed mental health problems, including depression

and Post-Traumatic Stress Disorder. These grown former foster children have a greater chance of using the services provided by the Oregon Health Authority and the Addictions and Mental Health sub-program (Healthy People Outcomes area).

Several studies have shown that children in foster care need a permanent home. The safety and stability that comes with a permanent home help mitigate the risk of poor future outcomes for those who were abused and placed into foster care as children. The Education and Economy & Jobs Outcomes areas may also be impacted if children cannot find permanency through adoption and guardianship. These grown former foster children tend to complete high school at a rate comparable to the general population. However, most of the high school completion is done via a GED versus a high school diploma, known to lead to lower wage jobs. Further, completion of post-secondary education is low for this group, affecting the lifelong earnings and living standards of these former foster children. The low educational achievement and mental health issues result in many of the grown former foster children living at or below the poverty level and requiring more public assistance. From a 2005 study, one-third of the grown former foster children lived in poverty and one-third had no health insurance. The rate at which these grown foster children used Temporary Assistance to Needy Families (TANF) was five time higher than the general population.

Post-adoption and guardianship services are important in assisting families in providing care for children who often enter adoption and guardianship with significant special needs. Children who have experienced significant abuse and neglect will be challenged to address their history as they move through different developmental stages. Ongoing support of the families who are parenting these children is essential to preserve the placements. Post-adoption and guardianship services include information and referral, consultation in response to imminent and current family crises, support groups, training, and a lending library. Each year, approximately 1,400 to 1,600 contacts are made to the post-adoption services program for help. Some of these contacts are for reported crises or disruption-related issues. Children who disrupt from adoption or guardianship re-enter the foster care or residential treatment system.

Program Performance

Program performance is generally measured by the number of children who leave foster care into a successful permanent plan, and the timeliness of achieving the adoption or guardianship. The timeliness of achieving these outcomes is dependent not only on the number of children moving into adoption or guardianship, but also on the number of staff available to carry these cases. In the past four years, the median months to achieve adoption have been between 33 and 36.

Performance is also measured by the number of children who enter guardianship or adoption with relatives or persons with whom they have important relationships. In the past four years, approximately 81 percent of all children leaving foster care for permanency were adopted by or in guardianships with a relative or person known to them.

A third performance measure is by the number of children who do not experience a disruption in their placement prior to finalization and who do not reenter foster care or residential treatment from their adoptive home. Oregon’s disruption rate for adopted children has been approximately 3.5 percent. This is below the national average.

All these measures are important because they show how successful we are in getting children out of the foster care system, in achieving stability with one primary caretaker, in keeping their lifelong family connections, and in matching children to the family who can best meet their long-term needs for safety, well-being, and permanency.

Enabling Legislation/Program Authorization

The following Federal and State laws mandate the operation of permanency planning for children in the foster care system:

- Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980 which established the program of adoption assistance and introduced the requirement to make reasonable efforts to keep children out of foster care
- Public Law 105-89 The Adoption and Safe Families Act which set federal time lines for moving children out of foster care
- Social Security Act Title IV-E which mandates the payment of adoption assistance for eligible children
- The Indian Child Welfare Act (ICWA)
- ORS 419A and 419B which provide a series of requirements for services to children in the foster care system
- ORS 109.309 which mandates the Department of Human Services to provide administrative services for independent adoptions and to operate a state Search and Registry program

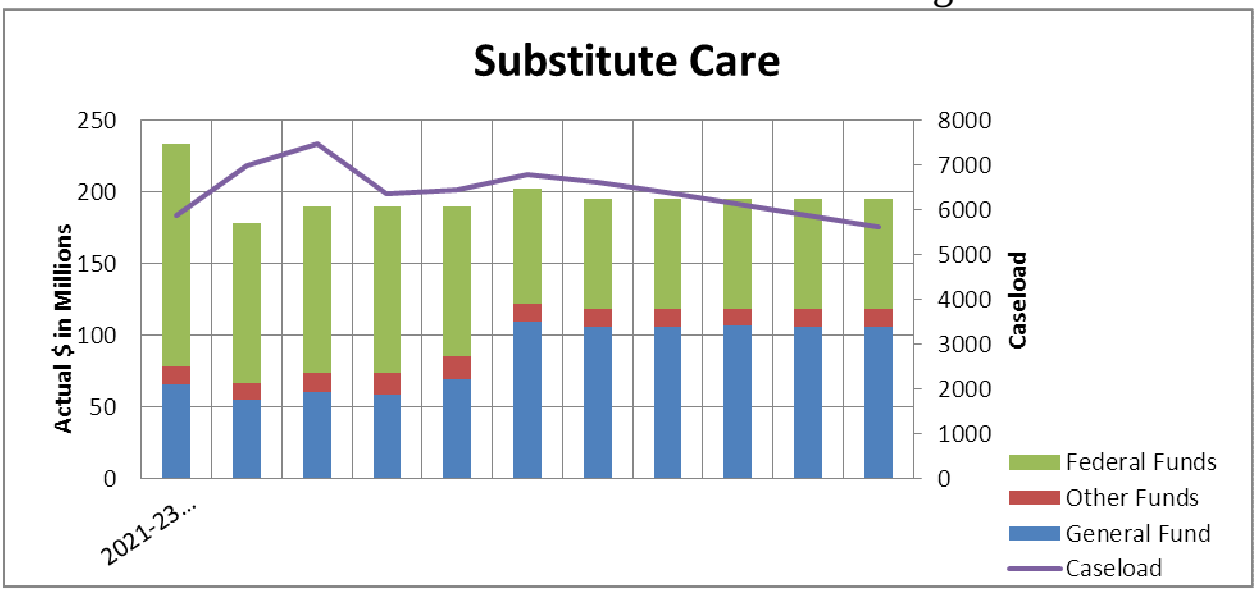
Funding Streams

A combination of General and Federal Title IV-E funds the adoption and guardianship subsidy programs. Title 19 Medicaid funds the provision of medical coverage for children in adoptions and guardianship subsidies. A combination of General Fund and Title IV-B funds support programs such as recruitment and retention of foster and adoptive homes, post-adoption support and services and training.

Department of Human Services: Substitute Care
Child Welfare Program

Primary Outcome Area: Safety
Program Contact: Kevin George, 503-945-5987

Substitute Care Caseload and Funding



Note: On average, there are 8,778 children in substitute care on any given day in Oregon.

Executive Summary

The Substitute Care Program, also known as the Foster Care Program, is designed as a critical safety net for children with immediate safety needs. DHS is responsible for accepting and caring for children who cannot remain safely with their parents. These children are dependent, neglected, mentally or physically disabled, and placed in the legal custody of DHS by a court. A family, under limited circumstances and for a short time, may place a child in State custody on a voluntary basis; however, most of the children served in foster care are there involuntarily as a result of abuse or neglect they experienced in their family home.

Significant Proposed Program Changes from 2011-13

No significant changes are directly proposed for this program in 2013-15. Caseloads should be positively impacted with investments in Child Welfare staffing and the Family Supports and Connections program along with implementation of the differential response model.

Program Description

This program operates 24 hours a day, seven days a week to accept and care for children and youth who cannot remain safely in their family homes. The program serves approximately 13,000 children annually who are abused or neglected. The figure also includes about 50 percent of the developmentally disabled children in Comprehensive Care. DHS partners with community

members and organizations representing diverse linguistic and cultural perspectives to deliver foster care services to children and youth across the State. The agency is mandated to provide reasonable efforts to return children to their parents. Currently, approximately 64 percent of children entering care return home to a parent. There are approximately 4,673 Oregon families who have stepped forward to be a foster parent. More than 50 percent are relatives or friends of families with children in foster care. There are approximately 45 licensed private child placing agencies in Oregon who are caring for children and youth, most often because the child or youth has a significant behavior or mental health need. An average of 8,778 children are in substitute care programs on any given day with 38 percent being cared for by relatives, a 15 percent increase in the last five years. Substitute care also responds to the overall well-being of the child or youth in care. Well-being is identified as caring and attending to child's behavioral, emotional and social functioning. This is best identified through meeting the core educational needs, physical and mental health needs, and needs for family and community connections.

To be successful in meeting the needs of the children and youth for their safety and well-being, we support current programs while expanding the available service array. DHS works in collaboration with multiple State and local governmental agencies such as the Oregon Health Authority, Oregon Department of Education, and local law enforcement, community programs, schools, the faith community and volunteer programs. The Child Welfare Program has a strategic plan to safely and equitably reduce the number of children that enter the foster care system, and provide for the care and well being of children who enter the system. Those children who must enter the foster care system generally have greater needs than those who can remain at home or with relatives. The ability of staff to meet the needs of these children and adequately support the foster families caring for them is directly related to staffing levels in the program.

There are multiple cost drivers to this program area including the number of children entering the substitute care system due to abuse or neglect, and the number of children who remain in the substitute care system due to the inability to be reunified or transitioned to an adoptive family. Another cost driver is the growing cost of living within the community and daily expenses for providing food, clothing, shelter, education or other support services for children and youths. As an example, the foster parents caring for the children are currently compensated $21.53 a day to care for a 10-year-old child. This is meant to cover the costs of providing food, clothing, shelter, etc. Often the additional costs for the child are paid for by the foster parent or a private agency which remains a barrier for many families and private agencies across the state.

Some of the efficiencies to improve performance range from planning and implementation of Differential Response, described in the Safety Programs, and a reinvestment of local community services to strengthen families. In addition, for children who are in care, an increase in their educational support and school placement continuity, and increased access and continuity of comprehensive health care (physical, mental and dental).

This program is also responsible for the certification and support of families that care for children in the Department's custody. This includes the recruitment, retention, training and support of 4,673 families currently fostering 6,480 children. Training of these families is conducted both by agency staff and through contracted providers. Families participate in a Structured Analysis Family Evaluation (SAFE) home study, designed to evaluate a family's

readiness to meet the needs of children that enter the system. Through deliberate attention to these structures and supports, our abuse in foster care is less than one percent. We take abuse in foster care seriously and expect no abuse of children in our care.

Program Justification and Link to 10-Year Outcome

The Child Welfare Substitute Care Program is embedded within the 10-Year Plan for Oregon as a state policy vision for the Safety Outcome area. Substitute Care programs are necessary to ensure safety for children if and when they are unable to remain safely in their families. The reliance on the substitute care system over the years has reached a capacity that is no longer sustainable in Oregon. Capacity of this system has been reached in financial support for the system, limited availability of foster parents, and ongoing research that indicates if substantive preventive services can be immediately put into place to divert the removal of children from families and into the substitute care system. Re-directing resources away from the removal of children from families and increasing the capacity of families who currently have children in the substitute care system by reinvesting in upfront and in-home services within communities will pay far greater dividends to Oregon in meeting the outcomes identified in the 10-Year Plan. This reinvestment will support a Substitute Care Program that will only be necessary if preventive services are not successful for some families and children.

Of utmost importance is the safety of children who must be placed in substitute care. DHS continues to track the rate of abuse in foster care with a goal of no abuse of a child in foster care. One major program improvement has been the implementation of the SAFE home study model. This method of comprehensive psychosocial evaluation identifies a prospective foster family, relative caregiver or adoptive family's strengths and identifies and addresses issues of concern to promote the best fit between the needs of a child and the family.

This program directly connects with the 10-Year Plan in the following ways:

Strategy:

- Increase family stability and child safety.
- Implement social reinvestment in the foster care system.

Outcomes:

- Reduce incidents of child abuse and neglect throughout Oregon on a per capita basis.
- Reduce the number of children entering the foster care system while maintaining and reducing Oregon's low re-abuse rate.
- Ensuring equitable outcomes to reduce the over-representation of Native and African American children in Oregon's foster care system.
- Better education outcomes for children and improved employment and prosperity outcomes for their parents.
- Improved school readiness and academic performance.

Program Performance

Program performance is measured in the following ways:

- The number of children who enter care, which has remained relatively stable over the past five years with a slight increase in 2010 when 4,736 children entered care.
- The cost per foster care case is increasing each year, going from $19,659 29,924 in 2006 to $26,605 31,367 in 2011. (from Cost of FC Budget Report – cvargo)

- The duration of a foster care stay has decreased from an average of 18.5 months in 2007 to 15.5 months in 2011. African American children and Native American children are exiting the foster care system at a rate higher than their entry, reducing the disproportionate representation of these children in the system.
- The rate of abuse in foster care is less than one percent.
- Tracking educational measures for children in foster care has increased from 51.6 percent in 2007 to 72.9 percent in 2011. The new OR-Kids information technology system will allow for new measures on educational outcomes, school readiness and educational achievement in the future.
- The number of children who have been prescribed psychotropic medications has decreased from 21.6 percent in 2007 to 14.3 percent in 2010. DHS is one of five states participating in a National Technical Assistance project supported by the Centers for Health Care Strategies and the Annie E. Casey Foundation to improve appropriate use of psychotropic medication among children in substitute care.

Enabling Legislation/Program Authorization

There are a number of Federal acts that are centered on the care for children through substitute care programs. Some of the more prominent Federal acts and Federal regulations are noted below.

- *Adoption Assistance and Child Welfare Act P.L. 96-272*. To establish a program of adoption assistance, strengthen the program of foster care assistance for needy and dependent children, and improve the child welfare, social services, and aid to families with dependent children programs.
- *Indian Child Welfare Act (ICWA) PL 95-60*. To establish standards for the placement of Indian children in foster and adoptive homes and to prevent the breakup of Indian families.
- *Adoption and Safe Family Act PL 105-89.* To promote the adoption of children in foster care by placing limitations and timelines.
- *Fostering Connections to Success and Increasing Adoptions Act PL 110-35.* To support and connect relative caregivers, improve outcomes for children in foster care.

Title IV-E, The Federal Foster Care Program, helps to provide safe and stable out-of-home care for children until the children are safely returned home, placed permanently with adoptive families or placed in other planned arrangements for permanency. Title IV-B provides grants to States and Indian tribes for programs directed toward the goal of keeping families together. They include preventive intervention so that, if possible, children will not have to be removed from their homes. Finally, the Social Security Act contains the primary sources of Federal funds available to States for child welfare, foster care and adoption activities.

Oregon Revised Statutes that specify which children are involved in the Substitute Care Program can be found under ORS 418.015 Custody and Care of Needy Children by Department and ORS 418.312 When Transfer of Custody Not Required; Voluntary Placement Agreement; Review of Children Placed in Certain Institutions.

Funding Streams

There is a combination of funding sources in the Substitute Care Programs. Leveraged funds include:

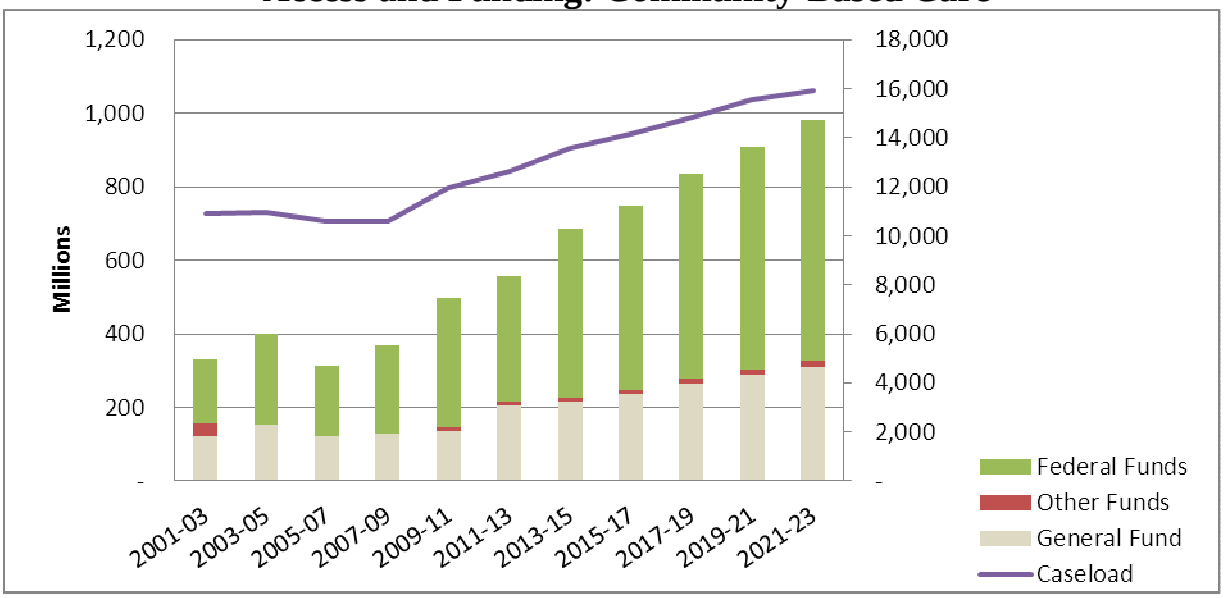
- Title IV-E, 31 percent;
- Medicaid, 24 percent;
- Title IV-E Waiver, 6 percent;
- Independent Living, 3 percent;
- Other Federal Funds, three percent;
- TANF, 12 percent;
- Chafee, Social Service Block Grant Federal Funds, Title IV-B, 1 percent;
- The remaining funding is General Fund State Only, approximately 21 percent.

Department of Human Services: Community-Based Care

Aging and People with Disabilities

Primary Outcome Area: Healthy People
Program Contact: Mike McCormick, 503-945-6229

Access and Funding: Community-Based Care



Note: Caseloads dropped after the elimination of certain eligibility groups in 2003. Access to care was challenging when a robust private pay market existed in the mid-2000s. An investment by the Legislative Assembly in 2008 strengthened access considerably.

Executive Summary

Community-based care is considered the middle layer of Oregon's long term care continuum and includes a variety of 24-hour care settings and services for low-income seniors and people with disabilities who cannot meet their own activities of daily living. These services are part of Oregon's nationally recognized home and community-based care system, which provides a critical, cost-effective alternative to nursing facilities.

Significant Proposed Program Changes from 2011-13

	Community Based Care			
Aging and Physically Disabled Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Decrease Nursing Facility Caseloads through Diversion/Transition Initiatives	6.89	0.40	11.48	18.77
Elect State K Plan option to add 6% match for Community Facilities	(33.98)	0.00	33.98	0.00
Increase Home and Community-Based Care rates after 5 years of flat rates	5.86	0.00	12.95	18.81
Caseload changes	1.60	(0.00)	3.50	5.10
Cost per case changes	0.01	0.00	(2.36)	(2.35)

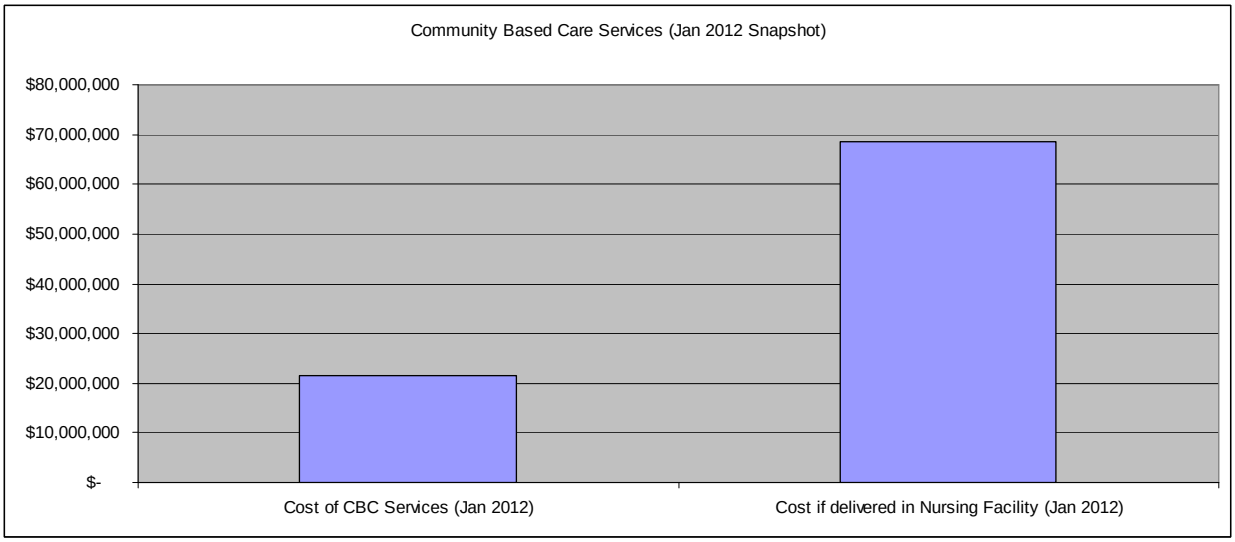
($, millions)

Proposed changes from 2011-13 include electing the state "K" plan, providing an additional six percent increase in the federal match rate. This budget would see increases paid for by savings from efforts to reduce nursing facility caseloads to more appropriate and cost effective services, caseload, and cost-per-case changes. Finally, it is proposed to provide an increase in community based care rates after 5 years of flat rates.

Program Description

Community-based care provides a critical alternative to nursing facilities for seniors and people with disabilities who cannot meet their own daily needs. The State of Oregon strives to meet the needs and expectations of increasingly culturally and ethnically varied populations.

Eligibility for long-term care services is based upon a combination of financial condition and service needs. Recipients contribute their own funds towards room and board directly to community-based care facilities while the state pays for services, mostly consisting of assistance with Activities of Daily Living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and Instrumental Activities of Daily Living (meal preparation, housekeeping, laundry, shopping, medication, and oxygen management). Nursing facility care is a guaranteed Medicaid benefit to eligible individuals. If the State did not use alternatives to the nursing facility level of care, more than 13,000 individuals would likely be receiving services in nursing facilities at more than 300 percent of the cost. The following table illustrates hypothetical costs that would have been incurred in January 2012 if community-based care services were not available.



Community-based care includes:

- Adult Foster Homes which serve five or fewer individuals in a home-like setting;
- Residential Care Facilities (RCF) which serve six or more individuals in a facility with private or shared rooms and common areas;
- Assisted Living Facilities (ALF) which serve individuals in their own apartments;
- Enhanced Care Services which serve individuals with significant limitations complicated by mental health needs. This program is jointly funded between DHS and the Oregon Health Authority's Addictions and Mental Health Program;
- Program of All-Inclusive Care for the Elderly (PACE) which serves nearly 1,000 individuals via a fully capitated premium. The program is jointly funded with Medicare and Medicaid dollars and provides an integrated program for medical and long-term services. Individuals are aged 55 and older, generally attend adult day services and live in a variety of settings representative of Oregon's long-term care continuum. Oregon's only PACE provider, Providence Elderplace, is responsible for providing and coordinating its clients' full health and long-term service needs in all of these settings.

DHS competes with the private pay market for access to most community-based care. Most facilities have a mix of private pay and Medicaid residents. Medicaid residents account for 41 percent of all occupancy in Assisted Living Facilities and 39 percent in Residential Care Facilities. Medicaid access to community-based care is currently strong, despite the fact that Medicaid rates are generally 10 to 20 percent lower than comparable private pay rates. When economic conditions strengthen, and as our society ages, DHS may lose access as competition for open beds will increase.

Adult foster homes recently organized and elected SEIU as their collective bargaining representative. Factors such as safety and quality cannot be negotiated; however, issues such as training and service rates are mandatory subjects of bargaining.

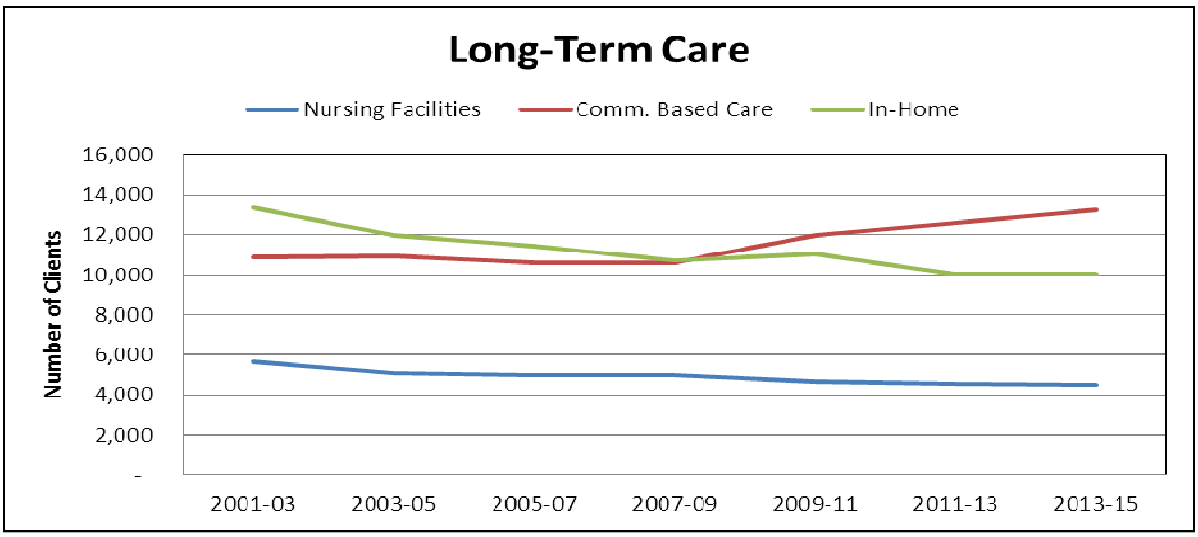
Each community-based care setting must meet Federal and State laws and regulations related to health, safety and service delivery. Mandatory services include assistance with activities of daily living, medication oversight and social activities. Some settings, which serve individuals with more complex needs, may include additional services such as nursing and behavioral supports.

Program Justification and Link to 10-Year Outcome

Community-based care is a direct link to the Healthy People Outcome area that Oregonians are healthy and have the best possible quality of life at all ages. The program maximizes Federal resources while reducing unnecessary costs in higher levels of care. With one of the lowest levels of nursing facility utilization in the country, Oregon is at the forefront of using community-based care as a core alternative to nursing facilities. With ongoing support, Oregon can meet the target of serving 90 percent of publicly funded long-term care caseload in home and community-based care in the next 10 years (up from 82 percent).

Program Performance

A key DHS goal is that people are safe and living as independently as possible. DHS currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service setting such as community-based care. Currently, there are more individuals participating in the Medicaid program who reside in community-based care settings than there are receiving services in a nursing facility, as demonstrated in the graph below.



Aging and People with Disabilities is currently in the planning process to reform and modernize Oregon's publicly funded long-term care system. This involves identifying innovate strategies to increase the percentage of individuals receiving in-home and community-based services.

Community-Based Care service plans have been proven to be a cost-effective alternative to nursing facility care. Costs range by facility type and assessed need of the individual. The monthly average cost by setting is:

- Adult Foster Homes $1,978;

- Residential Care Facilities $1,468; and,
- Assisted Living Facilities $2,089.

The cost of similar services provided in a nursing facility exceeds $6,000 per month.

Enabling Legislation/Program Authorization

Community-Based Care is operated under a 1915 (c) waiver. The State provides services that waive against nursing facility services, the mandated benefit for Medicaid eligible individuals under Title XIX of the Social Security Act. Additionally ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

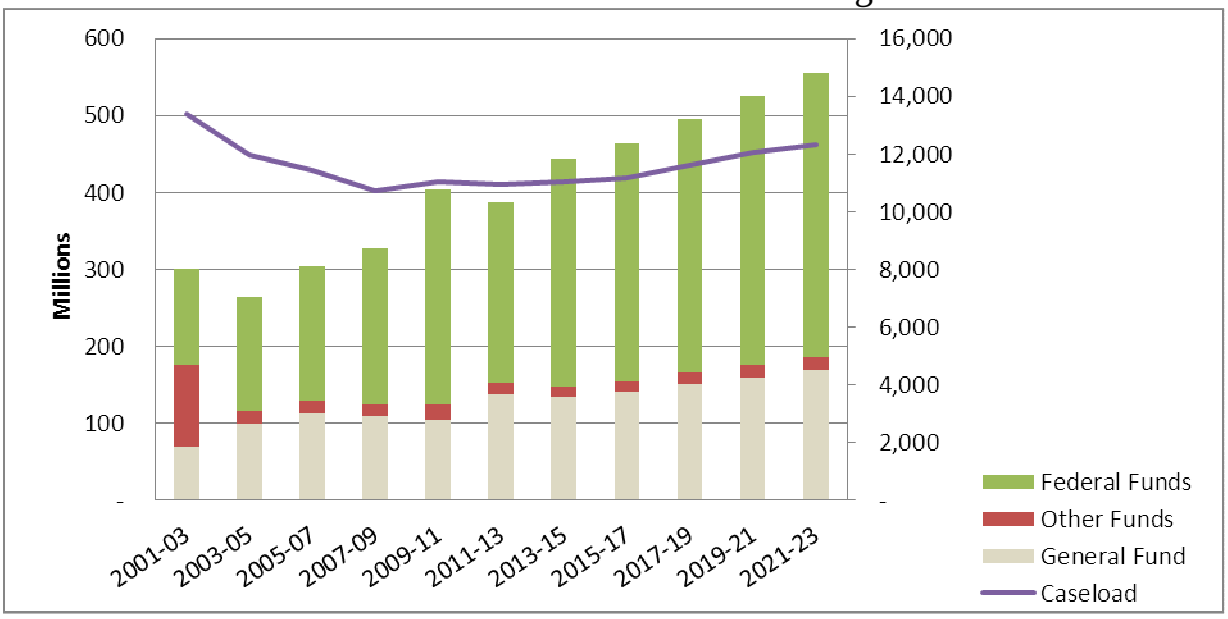
Funding Streams

Community-Based Care services are funded through the Medicaid program. Therefore, the Federal government pays approximately 63 percent and the State pays 37 percent. There is a small amount of funding from the estates of former recipients. When a Medicaid recipient dies, we are required by Federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for General Funds.

Department of Human Services: In-Home Services
Aging and People with Disabilities

Primary Outcome Area: Healthy People
Program Contact: Mike McCormick, 503-945-6229

In-Home Caseloads and Funding



In-Home caseloads decreased with the elimination of certain eligibility groups in 2003. The caseload flattened in recent years due to lack of available housing for low-income individuals.

Executive Summary

In-Home Services are the least restrictive service offered in Oregon's long-term care continuum. This program funds Medicaid long-term care services to seniors and people with disabilities in their own homes. The program serves individuals who are otherwise eligible to receive the same services in a nursing facility. Approximately 41 percent of individuals served in Oregon's long-term care system are served in their own homes. Oregon spends 56.6 percent of its long-term care expenditures on home and community-based services while the national median is 29.7 percent. In-Home Services offer an opportunity to provide differentiated care in a respectful, sensitive and inclusive manner to Oregonians from a variety of diverse backgrounds.

Significant Proposed Program Changes from 2011-13

	In Home			
Aging and Physically Disabled Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Decrease Nursing Facility Caseloads through Diversion/Transition Initiatives	0.80	0.10	1.33	2.23
Elect State K Plan option to add 6% match for Community Facilities	(24.83)	0.00	24.83	0.00
Reinstate Money Follows the Person grant	(0.77)	0.00	0.77	0.00
Total Reductions	(24.80)	0.10	26.93	2.23
Increase Home and Community-Based Care rates after 5 years of flat rates	2.68	0.00	5.94	8.62
Caseload changes	1.76	(0.01)	3.83	5.58
Cost per case changes	1.52	0.00	(0.99)	0.53

($, millions)

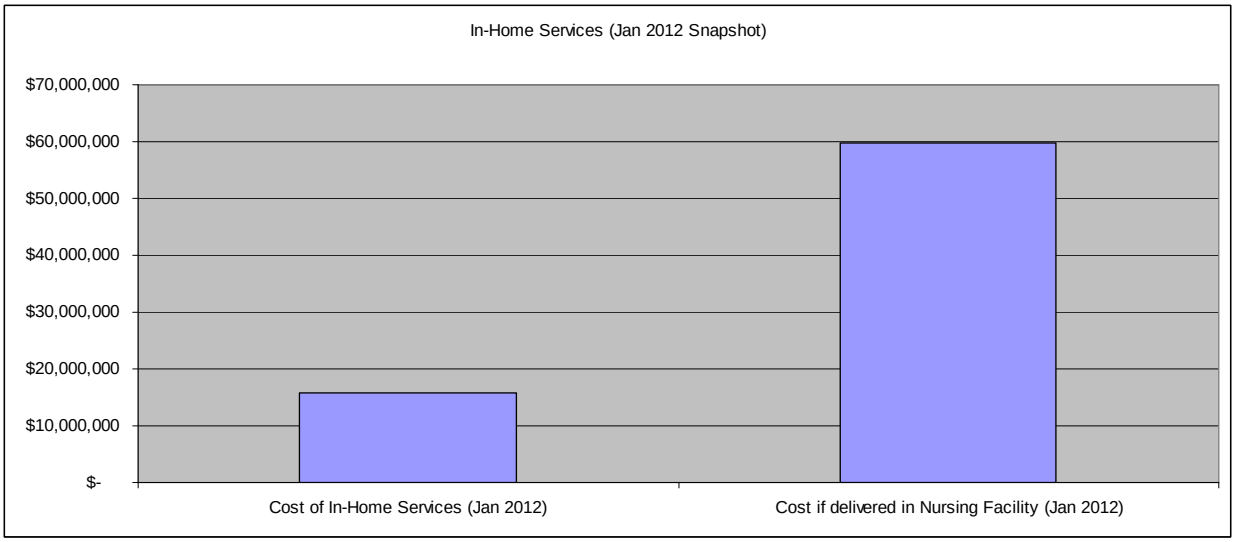
This budget will see a slight cost offset by savings in reduced nursing facility caseloads to more appropriate and cost effective services. Savings are anticipated by selecting the state "K" plan, which provides an additional six percent in the federal match rate. These changes also propose reinstating the Money Follows the Person grant, on a limited scale, with a focus on mental health. Increased rates are also proposed after 5 years of flat rates for in-home and community based care providers. Adjustments for caseload and cost-per-case changes are included.

Program Description

This cost-effective program enables eligible, low-income seniors and people with disabilities to remain in their own homes and established communities. Individuals from culturally diverse backgrounds benefit from this program that provides enhanced independence, health, safety, and quality of life. Oregon's model of long-term care is referred to as a social model, distinctly different from a medical model of care. Social models of care focus on client autonomy, respect, choice, and individualized care planning. Individuals are viewed holistically, with provided supports that enhance independence, dignity and respect.

Eligibility for services is based upon a combination of financial condition and service needs. An individual's service needs are calculated as a "service priority level," which ranges from one to 18. In the 2003 budget crisis, funding to serve individuals with service priority levels between 14-18 was eliminated. These levels remain unfunded.

In-home supports include necessary assistance with Activities of Daily Living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and Instrumental Activities of Daily Living (meal preparation, housekeeping, laundry, shopping, medication, and oxygen management). Assistance ranges from several hours per week to 24 hours per day. Without these supports, nearly 11,000 individuals would likely receive services in a more costly nursing facility. The following graph provides a hypothetical picture of the costs that would have been incurred in January 2012 if In-Home Services were not offered.



Oregon provides a variety of in-home service options to individuals based on preference, choice and cost-effectiveness:

- **Client-Employed Provider Program -** Individuals participating in this program receive services from hourly or live-in homecare workers. The in-home recipient is considered the employer and is empowered and responsible to hire, train, supervise, track hours worked, address performance deficiencies, and discharge providers. Homecare workers are paid a set rate established through collective bargaining, which the State pays on the individual's behalf. The State establishes homecare worker enrollment standards and training is available to homecare workers through the Oregon Home Care Commission, both of which contribute to the quality of in-home services. APD is forecasted to serve more than 10,000 individuals in this program in the 2013-2015 biennium.

- **Independent Choices Program -** This program is a 1915(j) State Plan Option and allows individuals to exercise decision-making authority in identifying, accessing, managing, and purchasing goods and services that enhance independence, dignity, choice, and well-being. This option is popular among high-functioning individuals who wish to take complete control over the planning and provision of services. In the Independent Choices Program, the cost of the established service plan is "cashed-out" and deposited into the eligible individual's dedicated Independent Choices Program checking account. The individual then pays providers directly based on a negotiated rate. Participants have the flexibility to use a portion of the funds to purchase goods that are not available through the medical plan that enhance their independence, such as a wheelchair lift for a vehicle or a wheelchair ramp. The state performs periodic monitoring with an emphasis on safety and program integrity. APD is forecasted to serve 350 individuals in this program in the 2013-2015 biennium.

- **Specialized Living Services -** These are services designed to serve a specific client base with special needs, such as those with traumatic brain injuries or other specific disabilities who would otherwise require a live-in attendant or other 24-hour care. The

services are provided through contracts with qualified vendors who provide specialized, shared-attendant services to individuals living in their own homes or apartments. APD is forecasted to serve more than 150 individuals in this program in the 2013-2015 biennium. This is a small program, but is expected to grow as APD strengthens its partnership with the Oregon Health Authority's Addictions and Mental Health Programs to serve individuals who are eligible for services through both entities.

The major cost drivers of the In-Home Services program are the current number of eligible individuals, their level of assistance needed, the length of time receiving services, and the growing population of those requiring services. The population served is much different than it was 30 years ago when Oregon first received a waiver. With the advancement of medical technology and treatment options, individuals are living longer with chronic disease and significant disabilities. Another major cost driver is the provision of wages and benefits for homecare workers tied to collective bargaining. This includes set wages, health insurance, paid time off, workers' compensations premiums, and unemployment insurance.

As illustrated earlier, in-home service plans have proven to be a cost-effective alternative to nursing facility care. Individuals with hourly plans cost approximately $950 per month. Individuals with live-in plans cost approximately $1,800. The cost of similar services provided in a nursing facility exceeds $6,000 per month.

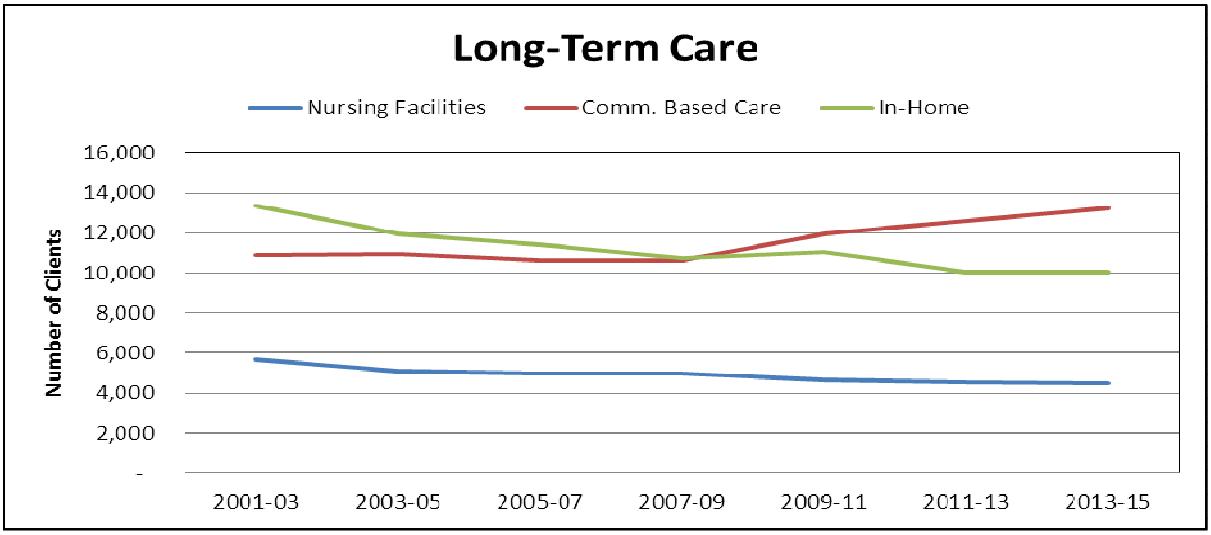
Program Justification and Link to 10-Year Outcome

In the early 1980s, Oregon was the first state awarded a 1915(c) Home and Community-Based Services waiver from the Centers for Medicare and Medicaid Services, allowing Oregon to serve individuals in their homes and communities. In an independent study conducted by AARP, Oregon received an overall ranking of third out of 50 states in terms of affordability and access, choice of settings and providers, quality of life and quality of care, and supports for family caregivers. Oregon consistently ranks in the top percentage in the number of individuals served in their own home.

There is a direct link between the In-Home Services program and the Healthy People Outcome area that Oregonians are healthy and have the best quality of life. The program empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health is maintained through the assistance provided through the Activities of Daily Living and Instrumental Activities of Daily Living programs. Consistent provision of services, including medication management and the preparation of nutritious meals, delays or diverts an individual's entry into more costly care settings.

Program Performance

A key goal of the Department is that people are safe and living as independently as possible. DHS currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service setting. Currently, there are more individuals participating in the Medicaid program who reside at home and receive services than there are receiving services in a nursing facility, as demonstrated in the graph below.



Aging and People with Disabilities is planning to reform and modernize Oregon's publicly funded long-term care system. This effort involves identifying innovative strategies to increase the percentage of individuals receiving in-home and community-based services.

Enabling Legislation/Program Authorization

Medicaid is an entitlement program that enacted in 1965 under Title XIX of the Social Security Act. Eligible individuals have the right to receive long-term care services in a nursing facility. While states are not required to participate in Medicaid, in order to receive federal matching funds, states must follow the Medicaid rules. Oregon's Long-Term Care System operates under a Section 1915(c) waiver, which allows long-term care services to be provided in home and community-based settings.

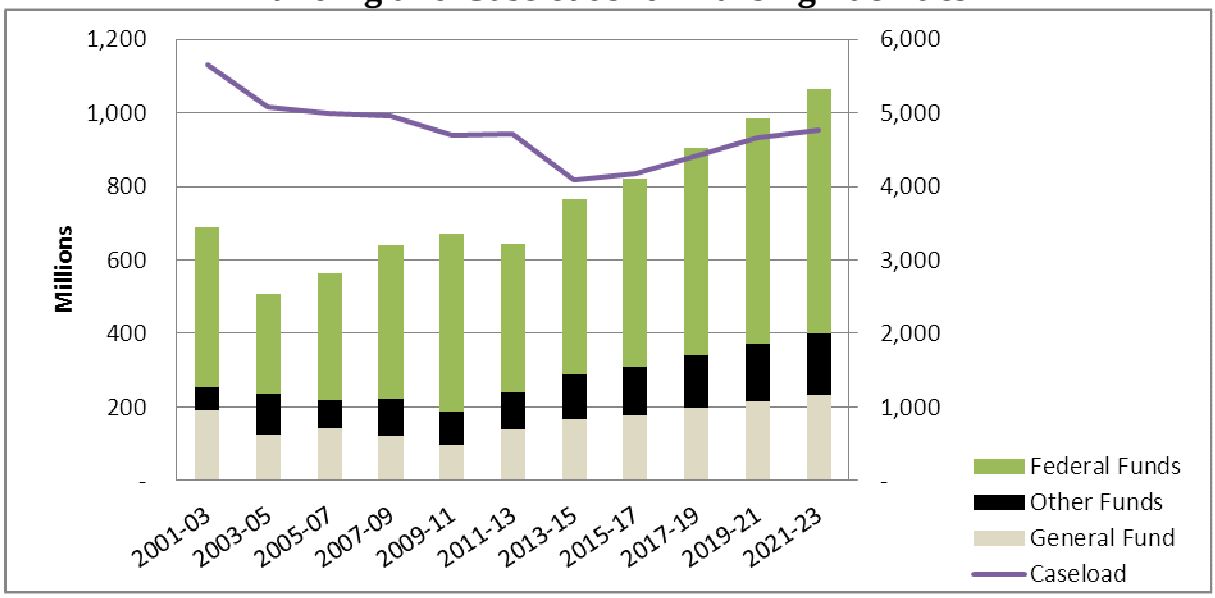
Funding Streams

In-Home Services are funded through the Medicaid program. The Federal government pays approximately 63 percent and the State pays 37 percent. There is a small amount of funding from the estates of former recipients. When a Medicaid recipient dies, we are required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Department of Human Services: Nursing Facilities
Aging and People with Disabilities

Primary Outcome Area: Healthy People
Program Contact: Mike McCormick, 503-945-6229

Funding and Caseloads for Nursing Facilities



Note: State General Fund investments decreased with the passage of the provider tax. Caseload remains on an overall downward trend as more and more individuals choose to receive long-term care services in a home or community-based setting.

Executive Summary

Nursing facility services are the institutional option available in Oregon's long-term care continuum, which also consists of in-home and community-based care. It is generally considered the most restrictive setting of the three options offered. However, this program is essential for individuals with high, acute levels of care and is a mandated federal benefit under the Medicaid program. Nursing facility level of care is the guaranteed benefit (entitlement) by Federal law.

Significant Proposed Program Changes from 2011-13

	Nursing Facilities			
Aging and Physically Disabled Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Reinstate Nursing Facility Rates and Provider Tax	(18.72)	53.59	58.08	92.95
Decrease Nursing Facility Caseloads through Diversion/Transition Initiatives	(26.73)	(2.32)	(48.40)	(77.45)
Move Medicare Part A/B buy-in to OHA to better align program to policy area	(6.16)	0.00	(10.27)	(16.43)
Caseload changes	2.96	0.00	4.92	7.88
Cost per case changes	1.94	0.00	3.06	5.00
CNA Staffing Stage 3	0.68	0.12	1.22	2.02

($, millions)

The significant change from 2011-13 is an increased effort to decrease nursing facility caseloads to more appropriate and cost effective services. DHS proposes to continue the current provider tax and nursing facility rate structure statute that is set to sunset in 2013-15. DHS and OHA propose moving the Medicare Part A and B premium budget from DHS to OHA to be housed closer to the policy area. This move has a net $0 impact to the state. In addition, changes to the caseload and cost-per-case adjustments are included. Finally, the GRB proposes funding the last phase of the Certified Nursing Assistant Staffing Ratio recommendations, as outlined in the Nursing Facility Staffing Commission Report (October 2006).

Program Description

Nursing facilities are most appropriate for people who need 24-hour medical oversight and a protective, structured setting. They offer both short- and long-term care options for those with temporary or permanent health problems too complex or serious for in-home or community-based care settings. Nursing facilities are most appropriate for the very sickest of patients. Residents may have medical and behavioral needs that cannot be met in other care settings. Nursing facilities cover basic, complex, pediatric, enhanced care, and post-hospital extended care. Services will vary in nursing care facilities, but generally consist of the following:

- Medical treatment prescribed by a doctor
- Physical, speech and occupational therapy
- Assistance with personal care activities such as eating, walking, bathing, and using the toilet (custodial care)
- Case management
- Social services

Nursing facilities differ from Community-Based Care in that they also provide a high level of medical care, including feeding tubes, skin/wound care, diabetes management and emergent behaviors. Medical professionals also allow the delivery of medical procedures and therapies on site that would not be available in other long-term care facilities.

Oregon currently has 131 licensed nursing facilities with 11,882 licensed beds. These facilities have approximately 2.7 million annual resident days, of which 63 percent are Medicaid clients.

The majority of residents were admitted directly from acute care hospitals with a very small percentage admitted from home. Approximately 84 percent of nursing facility residents stayed less than three months. Oregon also had only 15.8 percent of residents staying three months or more, the lowest percentage in the nation. Nearly 86 percent of nursing facility residents are ages 65 and older.

The main cost drivers are the increasing number of eligible clients, the length of stay in a nursing facility and the steady increase in the daily reimbursement rate. The nursing facility reimbursement rate is tied to the provider tax statute. The current nursing facility reimbursement rate is $212.12 per resident, per day and the provider tax rate is $17.51. In the 2011-2013 biennium, provider taxes are expected to account for approximately $82 million of $668 million in expenditures.

Program Justification and Link to 10-Year Outcome

Long-term nursing care facilities are directly linked to the 10-Year Plan's Healthy People Outcome area. The senior population in Oregon is growing and becoming more diverse. Nursing care facilities are a part of the State's long-term care system that must be in place and prepared to serve this population through dignified and high quality services when the need arises.

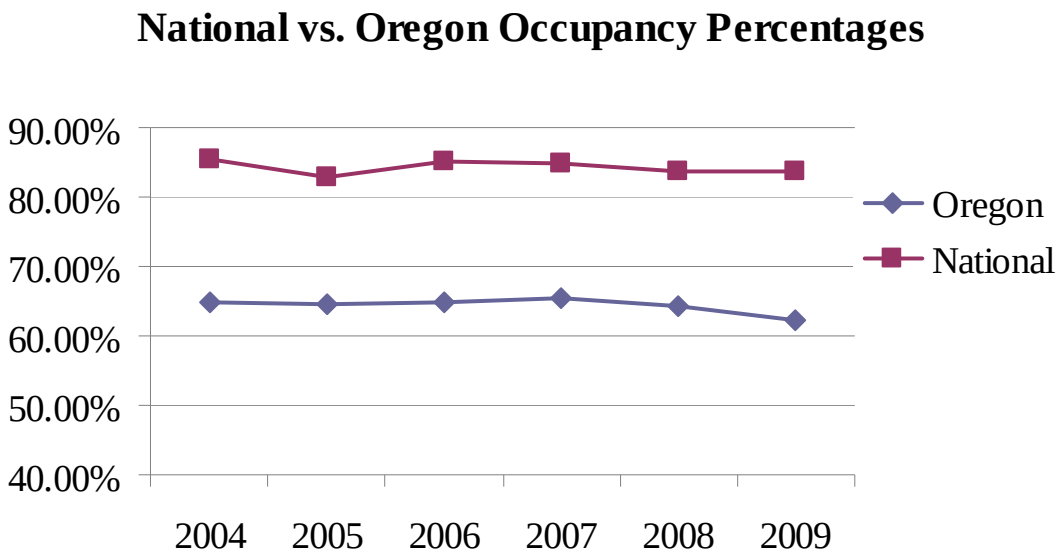
Though nursing facility level of care is a guaranteed benefit, Oregon has been the national leader in creating cost-effective alternatives that meet people's needs in their homes and other community settings, such as assisted living facilities, in-home care, retirement communities, residential care and adult foster homes. Oregon strives to provide quality services in a linguistically and culturally competent manner.

Nursing facilities are a valuable service in our continuum, meeting the needs of individuals with higher acuity levels; however, DHS still believes there are opportunities to decrease its usage. Oregon continues to highlight, strengthen and encourage the use of community-based care facilities instead of nursing facilities. DHS has established a goal of decreasing the percentage of long-term care recipients utilizing nursing facility services from 17.3 percent today to 10 percent by 2020.

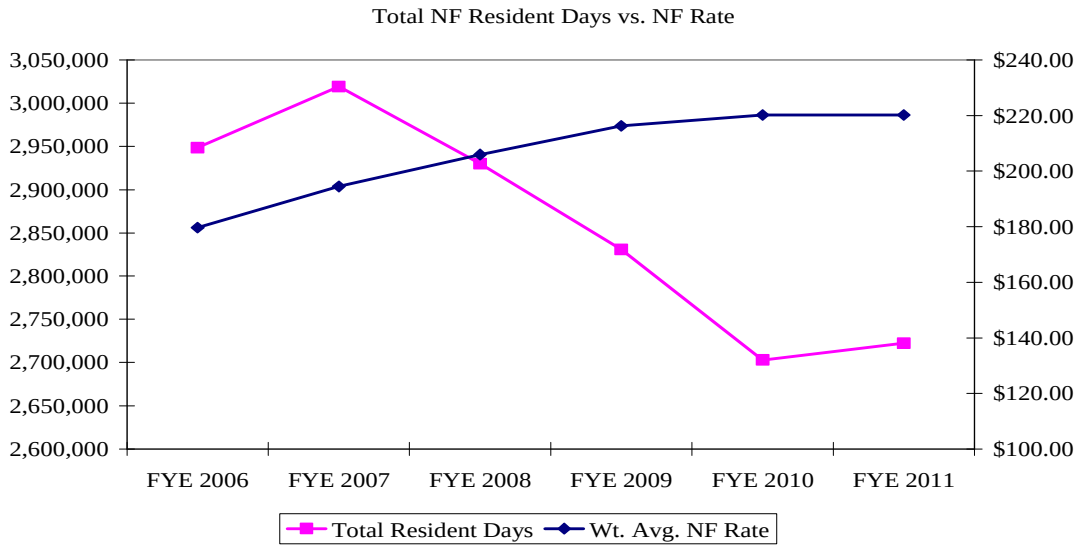
Program Performance

Nursing facilities are heavily regulated by the federal government, and are licensed and routinely monitored by the State. The State establishes requirements for nursing facilities that promote quality care and maximization of personal choice and independence for residents.

DHS has increased its efforts to divert or relocate people who receive Medicaid-funded, long-term care services from nursing facilities into home or community settings. One way performance is measured in this program is by the occupancy percentage of nursing facilities. Oregon has the lowest occupancy in the nation. With the decline in occupancy over the years, APD is strategizing and working with stakeholders on implementing a nursing facility capacity reduction. Rates are currently being driven higher by low occupancy levels. With a targeted occupancy percentage in place for nursing facilities, APD will be able to utilize funds more efficiently.



Low occupancy rates result in higher costs per resident day since fixed costs are allocated over fewer resident days. The following graph illustrates the inverse relationship between occupancy levels and the rate DHS pays nursing.



Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. While States are not required to participate in Medicaid, in order to receive Federal matching funds States must follow the Medicaid rules. Oregon's Long-Term Care system operates under both a State plan (nursing facility services) and a Section 1915(c) waiver, which allows for services in home and community-based settings. The waiver is based on nursing facility level of care and client choice. All clients qualify for nursing facility care but have the choice of receiving care in other settings such as in-home or in community-based care settings, provided their choice is available.

Oregon's nursing facility reimbursement rate and accompanying provider tax authorization is promulgated in ORS 409.736. Both provisions are currently set to expire in July 2014.

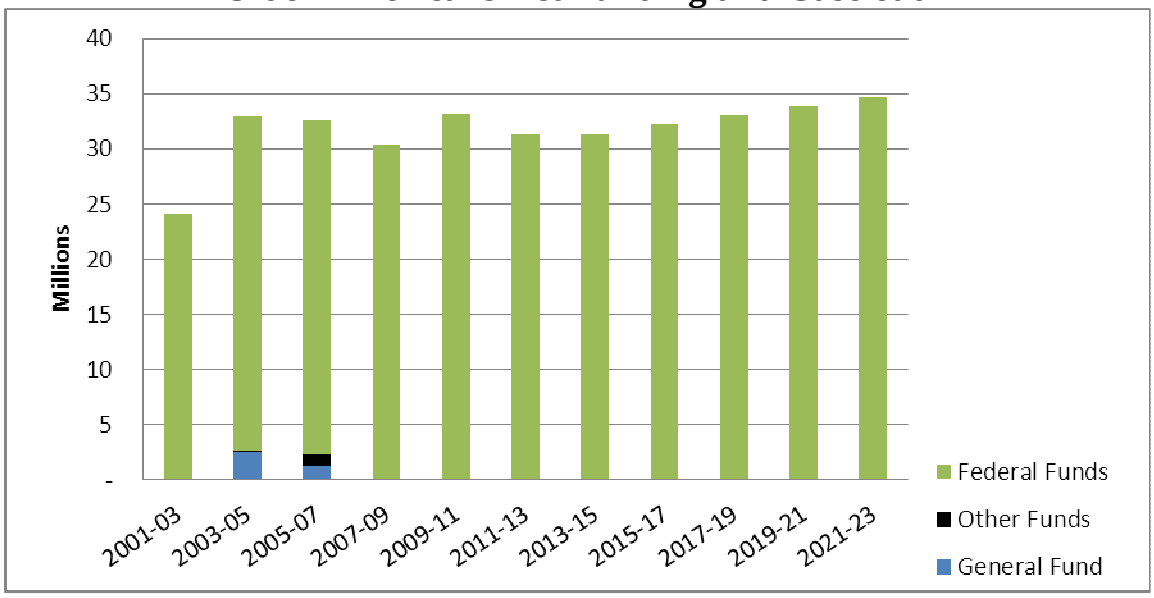
Funding Streams

Nursing facility services are funded through the Medicaid program. Therefore, the Federal government pays approximately 63 percent with the remaining 37 percent being split between State General Funds and provider taxes. In the 2011-2013 biennium, provider taxes from nursing facilities are expected to total over $80 million. There is $18.7 million in funding from the estates of former recipients. When a Medicaid recipient dies, we are required by Federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for General Funds.

Department of Human Services: Older Americans Act
Aging and People with Disabilities

Primary Outcome Area: Healthy People
Program Contact: Mike McCormick, 503-945-6229

Older Americans Act Funding and Caseload



Note: Older Americans Act (OAA) funding comes entirely from the Federal government. In 2011, OAA funding helped serve nearly 380,000 Oregonians.

Executive Summary

Services provided under the Older Americans Act (OAA) help prevent or delay individuals from needing Medicaid-funded, long-term care such as in-home or 24-hour residential services. The OAA is a Federal law that set out a national aging network structure consisting of the U.S. Administration on Community Living (formerly the U.S. Administration on Aging), State Units on Aging (DHS/Aging and People with Disabilities program) and Area Agencies on Aging (AAA). The OAA authorizes funding and services through the aging network to help older individuals maintain health and independence in their homes and communities. Services are geared for people aged 60 or older, regardless of income. A specific focus on how to better serve diverse populations of older adults is essential with the continually changing demographics of Oregon.

Significant Proposed Program Changes from 2011-13

No additional changes are proposed in this program in 2013-15.

Program Description

Older Americans Act services are administered entirely by local Area Agencies on Aging. To qualify for OAA supported services, and individual must:

- Be 60 years of age or older;
- Be a caregiver of someone 60 years of age or older (or younger if the person is diagnosed with Alzheimer's Disease or related dementia), or an older individual caring for a child 18 years of age or younger;
- For the Senior Community Services Employment Program (Title V) services, people must be 55 years of age or older and have an adjusted income at or below 125 percent of the Federal Poverty Level (FPL).

Services are targeted to older adults with the greatest social or economic need, with a special focus on low-income individuals, those with limited English proficiency, and those residing in rural areas. There are no income or asset/resource criteria for eligibility, except for the Senior Community Service Employment Program (Title V).

The OAA authorizes services and funding by Title, as described below:

Title III:
Support Services: Assistance to maintain independence through assisted transportation, in-home care and adult day care. Title III also funds Oregon's Aging and Disability Resource Connection (ADRC), which provides unbiased information, referral and options counseling for individuals (consumers, family members, caregivers) needing long-term services and supports.

Nutrition Services: Balanced, nutritious meals that are home-delivered (commonly known as Meals on Wheels) or in a group setting at a community center.

Preventive Health Services: Evidence-based programs that promote healthy lifestyles through physical activity, appropriate diet and nutrition, self-management of chronic health conditions and regular health screenings.

National Family Caregiver Support Program: Individual and group options counseling, training and respite care for family members and friends who are primary caregivers to seniors. This program also provides support to grandparents raising grandchildren.

Nutrition Service Incentive Program (NSIP): Supplements funding authorized under Title III for food used in meals served under the OAA. States receive an allocation based on the number of meals served under the OAA in the state in proportion to the total number of meals served by all states.

Title V:
Senior Community Service Employment Program: A community service and work based training program for older workers that provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. Participants are paid minimum wage for approximately 20 hours per week while they develop valuable skills and connections to help them find and keep jobs in their communities. Title V funding is awarded to DHS from the U.S. Department of Labor and is competitively sub-granted to a qualified job training organization.

Title VII:
Elder Rights Services: Services focus on the physical, mental, emotional and financial well-being of older Americans. Services include pension counseling, legal assistance and elder abuse prevention education.

Long-Term Care Ombudsman: Provides advocates for residents of licensed care facilities (nursing homes, assisted living, and adult foster homes) to resolve complaints and promote system changes that will improve the quality of life and care for residents. The allocation for the Long-Term Care Ombudsman is 100 percent passed through to the Office of the Long-Term Care Ombudsman, a separate state agency from DHS.

OAA funding is granted to each State Unit on Aging (DHS) based on a population formula. The State Unit on Aging sub-grants Title III and NSIP funds to Oregon's 17 designated AAAs based on a state population formula. AAAs work with their local communities to assess and develop a menu of services that meet the needs of older adults in their planning and service area. The AAA submits an Area Plan to the State describing the delivery of OAA services in their communities; this is basis for the funding agreement between the AAA and DHS.

Program Justification and Link to 10-Year Outcome
OAA program services contribute to the desired 10-Year Outcome to focus on the prevention and management of chronic disease and reduce health care costs. The OAA does this by addressing social determinants of health such as food security, job training/opportunities, social support, transportation, chronic disease self-management and fall prevention, in partnership with providers and clients.

Annual State Program Reports are submitted to our Federal funder, consisting of service unit data and client demographics. Evidence-based programs supported by the preventive health services funding under Title III have provided an opportunity to evidence outcomes to individuals that translate into health care cost savings based on the research supporting the programs. The Senior Community Service Employment Program tracks six performance measures each year including entered employment and retention. Performance standards and measures have recently been established for the Aging and Disability Resource Connections Program.

Program Performance
The department tracks program performance in four key areas:

- **Number of people served/items produced:** OAA data reporting requires AAAs to captured identifiable unduplicated clients who receive "registered services" and an estimated number of clients receiving "non-registered services". Registered services include personal care, home care, chore, meals, day care, case management, assisted transportation, caregiver, and nutrition counseling. Non-registered services include but are not limited to information and assistance, health promotion programs, group education, etc. The estimated number of non-registered service clients is 5-6 times that of the registered services clients (e.g. in 2011 OAA served 50,649 registered clients and an estimated 338,234 non-registered participants).

- **Quality of the services provided:** Program standards have been established for the major services and annual program monitoring is conducted.

- **Timeliness of services provided:** The Family Caregiver program of the OAA is the only service area that consistently encounters wait lists.

- **Cost per service unit:** This factor varies depending on the level of community support. The OAA funding on average support about one-third of the cost of service. Further funding comes from local governments, donations and fundraising.

The following are selected examples of program performance for the OAA:

Older Americans Act Nutrition Program

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Total Registered Service Clients	58,311	66,942	61,652	54,049	50,649
Home-Delivered Meal Clients	12,826	17,605	14,152	13,891	13,441
Congregate Meal Clients	35,100	44,511	42,398	37,980	34,432
# of Home-Delivered Meals Served	1,747,541	1,699,180	1,705,901	1,675,082	1,667,493
# of Congregate Meals Served	1,023,497	1,029,856	981,866	1,006,814	977,815
# of High Nutritional Risk Persons Served	9,402	9,355	14,056	15,060	16,232

Senior Community Service Employment Program (SCSEP)

Performance Measure	PY06	PY07	PY08	PY09	PY10
Participant Slots	102	100	138	163	194
Percent with Community Service	69.30%	61.30%	78.70%	75.50%	83.70%
Percent Entering Employment	36.90%	42.20%	42.70%	50.70%	45.30%
Employment Retention Percentage	66.70%	73.00%	69.70%	51.60%	68.40%
Average Earnings Per Participant	$ 7,617	$ 9,076	$ 6,360	$ 4,453	$ 9,032

Enabling Legislation/Program Authorization

Federal Law: 45 CFR, Part 1321.

Funding Streams

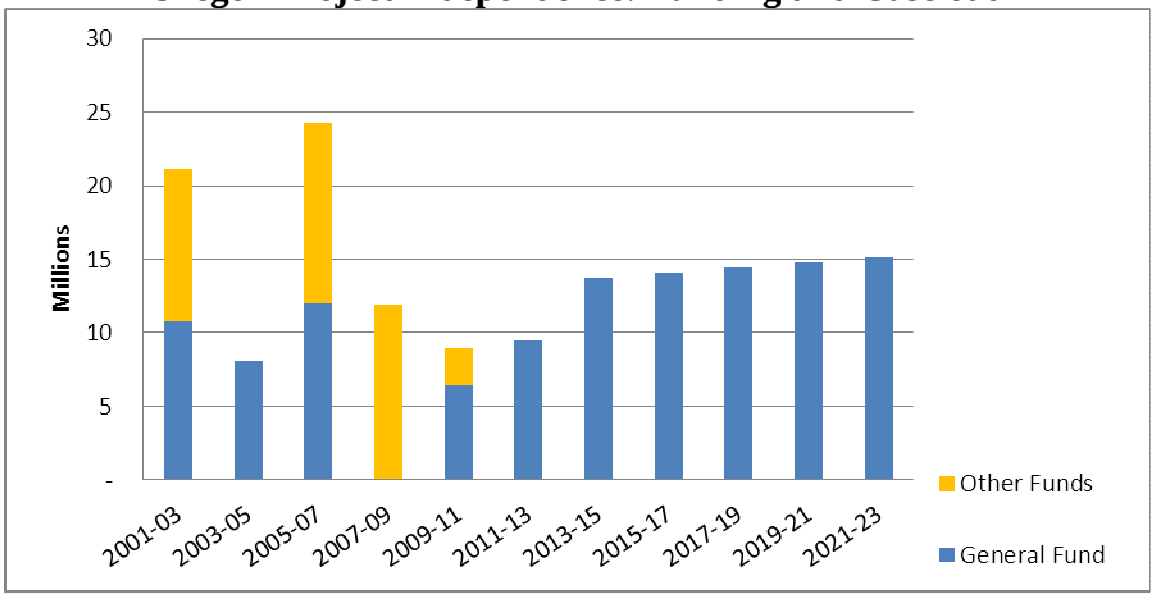
The OAA funds are 100 percent Federal. The OAA has a required Maintenance of Effort and State match of $5 million per biennium, which is met with State funding authorized for the Oregon Project Independence Program (ORS 410.410 to 410.480).

The OAA funding was never intended to nor does it fully fund services. Each dollar of OAA funding is leveraged with $2 of State and local funds, participant donations and community fundraising. Additionally, the services are enhanced with the in-kind support of volunteers and donated community space and equipment, etc.

Department of Human Services: Oregon Project Independence
Aging and People with Disabilities

Primary Outcome Area: Healthy People
Program Contact: Mike McCormick, 503-945-6229

Oregon Project Independence: Funding and Caseload



Since Oregon Project Independence is a State General Funded *program, funding has been volatile and tied to the overall health of the economy.*

Executive Summary

Oregon Project Independence provides preventive and in-home services and supports to a diverse population of older eligible individuals to reduce the risk of out-of-home placement and promote self-determination. This program optimizes eligible individuals' personal and community support resources to prevent or delay spend down to Medicaid long-term care, which could consist of in-home or other 24-hour residential services.

Significant Proposed Program Changes from 2011-13

As part of the federal government's investment in Oregon's health system transformation, CMS has agreed to match Oregon Project Independence at the FMAP rate for five years.

Program Description

Oregon Project Independence (OPI) is a state-funded program offering in-home services and related supports to a diverse population of older Oregonians. OPI strives to deliver in-home services in a culturally and linguistically appropriate manner. Services provided include essential services such as personal care, homecare and chore assistance, adult day care, case management, registered nursing (teaching/delegation of nursing tasks to caregivers) and home-delivered meals. This program complements services provided under the Older Americans Act.

OPI serves individuals who are 60 years of age or older, are assessed as needing assistance with activities of daily living (eating, dressing/grooming, bathing/personal hygiene, mobility, elimination, and cognition) and/or Instrumental Activities of Daily Living (housekeeping, shopping, transportation, medication management, and meal preparation) and are not receiving Medicaid. Individuals under age 60 who have been diagnosed with Alzheimer's disease or a related disorder are also eligible. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities but funding has not been made available to support this expansion.

There are neither income nor resource requirements for eligibility. However, these factors are taken into consideration when assessing the individual's risk of needing Medicaid long-term care. OPI clients do not pay a charge for the case management services they receive. Services beyond case management are provided at no cost to families with net incomes at or below 100 percent of the Federal Poverty Level (FPL). Families with net incomes from 100 percent to 200 percent FPL pay a fee toward services using a sliding scale based on income. Families with net incomes at or above 200 percent FPL pay the full cost of services provided with the exception of case management.

Each year, OPI serves approximately 2,000 older Oregonians at an average monthly cost of $400 each. The program has been a cost-effective strategy to prevent or delay individuals from unnecessarily leaving their homes to receive services in more expensive facility-based settings. For context, the average cost to serve an individual needing hourly in-home services in Medicaid is $950 per month. The program recognizes the importance and value of the older adult's natural support system of family and friends; case management services together with a minimal amount of in-home services bolster the natural support system.

Oregon Project Independence services are delivered statewide through the network of 17 designated Area Agencies on Aging (AAAs). Administrative cost efficiencies have been realized in one area of the State where neighboring AAAs collaborated to jointly secure contracted services of a single in-home care agency. Similar partnerships should be encouraged statewide.

Program Justification and Link to 10-Year Outcome

OPI contributes to the desired 10-Year Outcome area for Healthy People by working to decrease the number of older Oregonians that access Medicaid-funded, long-term care. **Data reported in** 2009 by the AAAs revealed that 63.6 percent of OPI clients had income below the FPL, 33 percent between 100 and 200 percent of FPL and 3 percent over 200 percent of FPL. Data from 2009 also revealed that less than 10 percent of OPI clients transitioned to Medicaid-funded services, despite the high rate of OPI clients whose income was at or below the FPL. AAAs are currently maintaining lists of individuals who are eligible to be served by OPI but are unable to be served due to funding limitations. Annually, the "unable to serve" lists of individuals will be evaluated to determine how many of these individuals accessed Medicaid-funded services while waiting to be served by OPI.

Additionally, there is a direct link between the OPI program and the Healthy People outcome "Oregonians are healthy and have the best quality of life." The program empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity,

and remain as independent as possible. Health is maintained through the provision of necessary assistance with Activities of Daily Living and Instrumental Activities of Daily Living.

Program Performance

OPI measures program performance in four primary categories:

- **Number of people served/items produced** (Data from State Program Report):

	FY 2007	FY 2008	FY 2009	FY 2010	FY2011*
Clients Served	2,559	3,198	2,245	2,166	1,583
Hours of Care	247,322	240,426	239,895	212,381	191,574
Hours of Case Mgmt.	119,181	99,296	72,567	70,787	100,277

**OPI services are managed to a "budget box." It is not an entitlement. Due to funding uncertainty during the 2009-2011 biennium, OPI closed to new clients and reduced the number of clients through attrition for the last year of the biennium. During times of program uncertainty, as was the case during this biennium, increased case management time is required to support clients.*

- **Quality of the services provided:** Personal and home care services are delivered via licensed in-home care agencies or registered home care workers. Quality of care standards for in-home care agencies are set forth in licensing rules found in OAR Chapter 333, Division 536; compliance with licensing standards is monitored by the Health Care Licensing and Certification unit of the Public Health Division. Home Care Workers who provide services to OPI clients are required to be registered with the Home Care Commission and receive background clearance checks and ongoing training.

- **Timeliness of services provided:** As of May 2012, 406 individuals are currently on a wait list for OPI services.

- **Cost per service unit:** The average monthly cost of services to an OPI client is $400.

Enabling Legislation/Program Authorization

OPI is authorized under Oregon law at ORS 410.410 to 410.480.

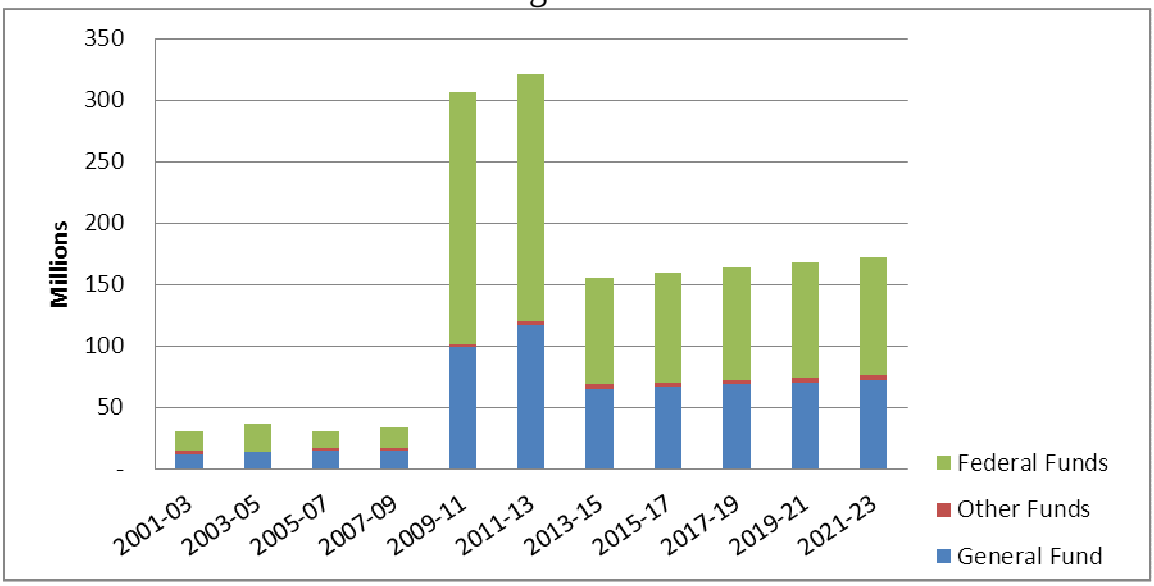
Funding Streams

As part of the federal government's investment in Oregon's health system transformation, CMS has agreed to match Oregon Project Independence at the FMAP rate for five years. As a result, OPI will be funded with approximately 63% federal funding and 37% state funding.

Department of Human Services: Other Services
Aging and People with Disabilities

Primary Outcome Area: Healthy People
Program Contact: Mike McCormick, 503-945-6229

Funding for Other Services



Note: This chart shows a glance at funding streams over the biennium. More detail will be given in the presentation round.

Executive Summary

Aging and People with Disabilities provides federally mandated programs, such as the Medicare Buy-in and the Medicare Part D through Other Services. These low income subsidy programs help low-income Medicare beneficiaries meet their cost sharing requirements. This cost-effective investment ensures that Medicare remains as a first option for payment, thereby reducing or eliminating costs to the State's Medicaid health programs (Oregon Health Plan). Other Services also includes programs that support individuals living as independently as possible in the community. For example, home-delivered meals provide a critical support to many individuals who otherwise may not be able to remain independent in their own home.

Significant Proposed Program Changes from 2011-13

	Other Services			
Aging and Physically Disabled Investments/Reductions	**GF**	**OF**	**FF**	**TF**
Elect State K Plan option to add 6% match for community facilities	(4.34)	0.00	4.34	0.00
Add capacity to meet mental health needs and reduce number served at Oregon State Hospital	7.30	0.00	3.43	10.73
Add capacity for high needs clients to transition out of nursing facilities	1.98	0.00	3.32	5.30
Create APD Innovation Fund to test ideas to lower cost and increase quality	3.20	0.00	0.00	3.20
Move Medicare Part A/B Buy-in to OHA to better align program to policy area	(119.80)	0.00	(211.51)	(331.31)
Increase home and community-based care rates after five years of flat rates	0.56	0.00	1.23	1.79
Caseload changes	0.33	0.00	0.55	0.88
Cost per case changes	1.30	0.33	1.95	3.58

($, millions)

Caseload and cost per case increases drive a significant part of the pre-Medicare A and B move budget. DHS and OHA propose the move of the Medicare Part A and B premium payment program funding from DHS to OHA. This will have a net $0 impact to the state and is intended to move the program closer to the policy area. Savings from selecting the state "K" plan option is then strategically reinvested to help build a sustainable system ready to address the inevitable aging population and to support systems to prevent individuals from needing long term care in the first place. This includes:

- Increase available space to meet the needs of aging or people with disabilities who have mental illness. Current facilities are at capacity and have waiting lists and additional capacity is necessary to serve the growing, unmet needs. Transition aging residents who suffer from traumatic brain injuries, dementia or other brain syndromes currently served in the Oregon State Hospital to less expensive, non-institutional community care which is more cost effective.
- Support for special population capacity development through specialized living settings for individuals where service gaps exist. For example, individuals who are bariatric, require multiple individuals to assist with transfers or those on a ventilator. These individuals are currently served in nursing facilities or other institutions at a high cost. This investment would be matched with federal funds, to create additional service settings and provider supports for individuals to transition out of institutional settings and be served in the community in a more cost efficient way and a better quality of life.
- Using an innovative approach to long-term care services helps us prepare for the increase in our aging populations. 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 approaches that increases

the efficiency and effectiveness of services. The implementation of successful pilots will re-establish Oregon as a nationwide leader in its field.

Program Description

The majority of funding in Other Services is dedicated to the Medicare Buy-in programs that support low-income individuals in accessing their Federal Medicare benefits. Federal law requires states to provide payments for Medicare beneficiaries who meet specific income guidelines. Medicare beneficiaries include individuals aged 65 or older and people with disabilities who have been receiving Social Security Disability payments for at least two years. The passage of the Medicare Improvements for Patients & Providers Act (MIPPA) of 2008 expanded the asset allowance and eliminated the estate recovery component of Medicare Savings Programs. These changes eliminated many of the barriers to the Medicare Buy-in programs for a significant number of Oregonians.

Oregon is expected to serve over 105,000 seniors and people with disabilities in the following programs:

- **State Medicare Buy-in:** By purchasing Medicare Part B (which has a Federally required premium) for individuals eligible for both Medicare and Medicaid (dual-eligibles), the Medicaid program pays for medical services such as physician, radiology and laboratory services, only after Medicare has paid as primary payer.
- **Medicare savings programs:** Clients in these programs receive Federal mandated assistance with their Medicare Part B premiums. Specified low-income Medicare beneficiaries and qualified individuals are those individuals who have income between 100 and 135 percent of the Federal Poverty Level (FPL).
- **Qualified Medicare Beneficiaries:** Beneficiaries receive State assistance for the costs associated with the Medicare hospital benefit, Part A, and physician services, Part B, that would otherwise be required of them, including premiums, deductibles and co-payments. These clients have income equal to or less than 100 percent of the FPL.
- **Medicare Part D:** Those who receive Medicare Part B premium assistance are eligible for Medicare Part D, the Medicare pharmacy benefit. All clients in the Medicare Buy-in programs receive assistance from CMS with their Medicare Part D premiums and co-insurance amounts. Oregon pays a per-person monthly premium to Medicare for eligible clients.

Other Services also includes services that support individuals in their own home. These supports reduce reliance on nursing facilities and licensed community-based care while simultaneously improving quality of life and saving taxpayers money. These programs provide supplemental services as needed to in-home clients and are not tracked as a separate caseload. These programs include:

- **Medicaid Adult Day Services:** Adult day services provide supervision and care for adults with functional or cognitive impairments who cannot be left alone for significant periods of times. Services may be provided for half or full days in stand-alone centers, hospitals, senior centers and licensed care facilities.
- **Medicaid In-Home Agency Services:** As an alternative to performing the employer duties required in the client employed Home Care Worker program (detailed in the In-

Home Services bid form), many clients prefer to receive their in-home services from a home care agency. Home care agencies employ, assign and schedule caregivers to perform the tasks authorized by the client's case manager. APD contracts with licensed in-home care agencies throughout the state, although they are not available in every area. Agencies work closely with local case managers and clients to ensure services are provided as authorized and also to ensure the quality of the work performed.

- **Medicaid Home-Delivered Meals:** Home-delivered meals are provided for Medicaid eligible clients receiving waivered in-home services who are homebound and unable to go to the congregate meal sites, such as senior centers, for meals. These programs generally provide a mid-day, hot meal daily and often frozen meals for days of the week beyond the provider's delivery schedule.
- **Medicaid Personal Care Services:** These services are available to people who are Medicaid eligible but not eligible for waivered in-home services. Services are limited to no more than 20 hours a month. Personal care can be used only for tasks related to the performance of activities of daily living, such as mobility, bathing, grooming, eating and personal health assistance. These services can be invaluable for individuals with short-term condition that requires some assistance performing activities of daily living.
- **Cash payments:** APD makes special-needs payments to reduce the need for more expensive long-term care payments and to allow a client to retain independence and mobility in a safe environment. Special needs payments may be used for such things as adapting a home's stairs into a ramp or repairing a broken furnace. Clients can also receive cash payments to help pay Medicare Part D prescription drug copays, payments for non-medical transportation, and a one-time emergency payment for an unexpected loss (such as stolen cash, a car repair or a broken appliance). The budget supporting these payments meets the federal requirement for APD's maintenance of effort (MOE).

Program Justification and Link to 10-Year Outcome

Other Services are targeted supports that help Oregonians remain in the least restrictive setting possible. The department strives to provide services in a respectful, culturally and linguistically appropriate manner. These services are directly tied to the Healthy People Outcome area and help ensure that "Oregonians are healthy and have the best possible quality of life at all ages." They also tie to Strategy 1 on changing how health care is delivered in Oregon by supporting efforts to increase home and community-based care to 90 percent of the total Medicaid long-term care caseload. The 10-Year Outcome also envisions an integrated system that these community supports will help realize.

These services allow individuals to receive services at the right time and in the right place. They maximize Federal funding by using Federal Medicaid funding to provide person-centered services when the person needs them. It ties directly to the desired outcome of "ensuring financial stability for the long-term care service systems and supports."

Other Services complement and enhance in-home service plans, contributing to overall cost-effectiveness and the sustainability of the plan. Other Services not only haves a positive impact on consumers, but also their natural support system (relatives/friends/neighbors), preventing burn-out and the need for higher cost services.

Program Performance

In an independent study conducted by AARP, Oregon received an overall ranking of third out of 50 states in terms of affordability and access, choice of settings and providers, quality of life and quality of care, and supports for family caregivers. With approximately 40 percent of the Medicaid caseload served in their own homes, Oregon continues to rank in the highest percentile.

Enabling Legislation/Program Authorization

Services in this category are operated under both the Medicaid State Plan and Oregon's Home and Community Based Care 1915 (c) waiver. The State provides services that "waive" against nursing facility services, the mandated entitlement for Medicaid eligible individuals under Title XIX of the Social Security Act. Additionally ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

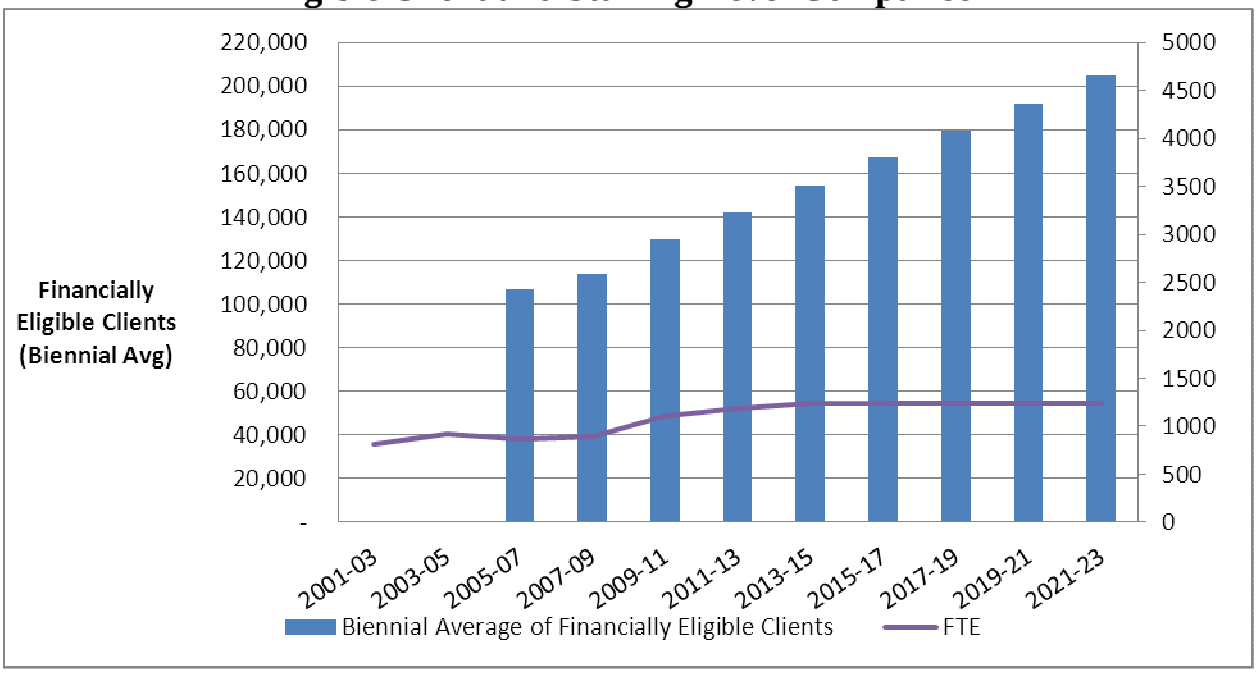
Funding Streams

Other Services are mostly funded through the Medicaid program. Therefore, the Federal government pays approximately 63 percent and the State pays 37 percent. There is a small amount of funding that is State General Fund only, which serves to meet the State's Maintenance of Effort requirements. Finally, there is a small amount of funding from the estates of former recipients. When a Medicaid recipient dies, we are required by Federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Department of Human Services: Program Delivery and Design
Aging and People with Disabilities

Primary Outcome Area: Healthy People
Program Contact: Mike McCormick, 503-945-6229

Eligible Client and Staffing Level Comparison



Note: Aging and People with Disabilities (APD) is seeing consistent and significant growth in the number of people served at the same time staffing levels have been relatively flat. APD currently serves 145,000 Oregonians.

Executive Summary

The Aging and People with Disabilities Program delivery system provides services and supports to Oregonians over the age of 65 and to adults with disabilities. This population is a diverse cross-section of Oregonians that goes beyond just race and ethnicity. Increasingly, it includes lesbian, gay, bisexual, and transgender (LGBT) older adults; homeless seniors; older adult immigrants, and many other populations that qualify for services. The APD program design and delivery system includes staff who design and provide technical assistance for Oregon's long-term care system as well as the staff and partners who directly provide services in nearly 50 offices located throughout the state.

Significant Proposed Program Changes from 2011-13

	Design and Delivery					
Aging and Physically Disabled Investments/Reductions	**GF**	**OF**	**FF**	**TF**	**Pos**	**FTE**
Staff eligibility workers at 85% and APS at 95% of workload model	2.52	0.00	2.50	5.02	32	32.00
Increased capacity for Care Coordination and Statewide ADRC Development	1.80	0.00	5.02	6.82	5	4.40
LTC 3.0 infrastructure funds to move to a modern case management system	3.00	0.00	3.00	6.00	9	7.92

($, millions)

This budget requests additional staffing to increase adult protective services and eligibility determination capacity to keep up with increasing needs for the safety and protection of those we serve. This includes proposals to modernize current data management and case management systems.

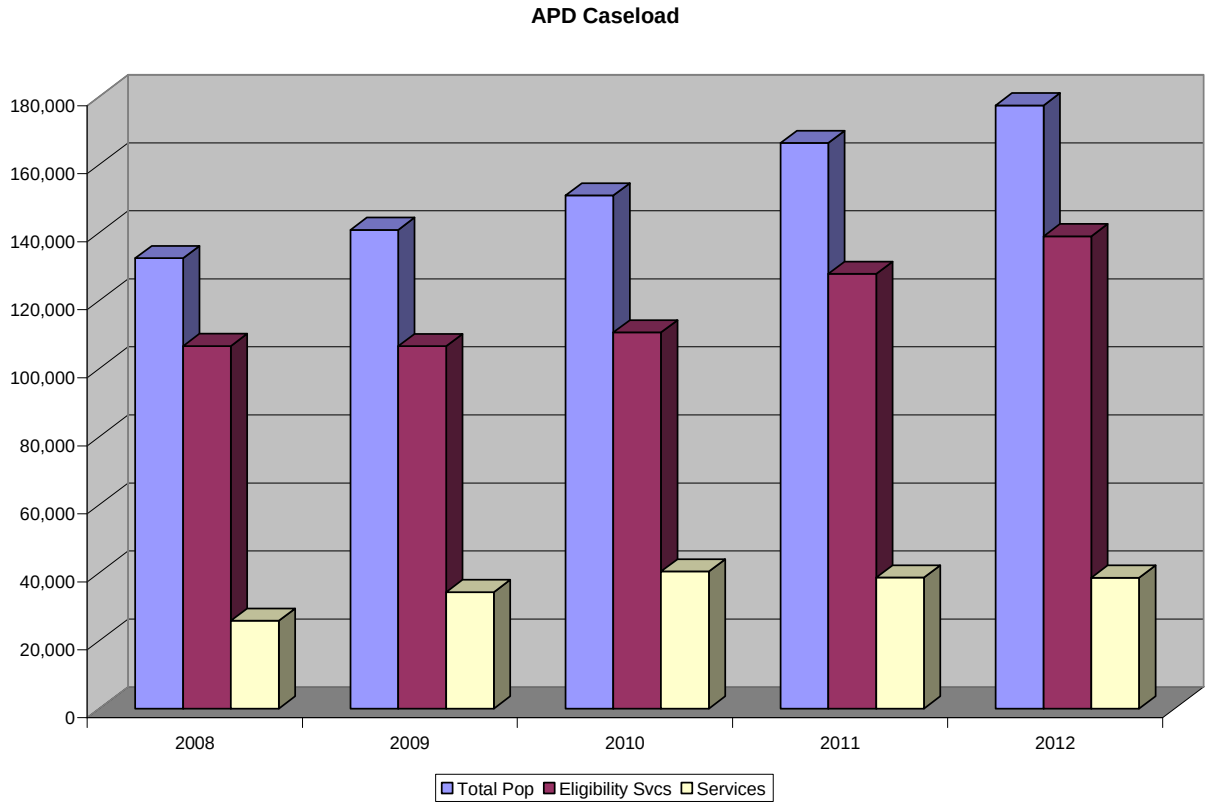
Program Description

The APD program design and delivery system provides eligibility determinations and respectful and inclusive services to over 145,000 Oregonians. Some of the services accessed by individuals include:

- Medical assistance (Oregon Health Plan and Medicare premium assistance);
- Disability determinations; and,
- Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps

This caseload is growing rapidly and is served by eligibility staff only; case management services are not provided to individuals accessing the services listed above.

Approximately 28,000 of the 145,000 individuals APD serves access long-term care services. For these individuals, case management services are provided consisting of assessment, counseling, and service plan development and monitoring. Additionally, most local offices have executed Memorandums of Understanding (MOUs) with local Coordinated Care Organizations. These MOUs focus on joint accountability for coordinating care for individuals accessing long-term care services. State and Area Agencies on Aging (AAA) case managers will be the front line in ensuring effective care coordination occurs for individuals served by APD's long-term care system.



Local staff also license adult foster homes, including those that do not participate in Medicaid. Finally, local staff provide adult protective services, consisting of investigations of abuse and neglect against seniors and people with disabilities.

APD has historically earned local service delivery staff through a caseload ratio model (e.g. one eligibility worker for every 500 cases). The Department undertook a large project this biennium to develop a "workload model" for all of the services APD provides. This model differs from the caseload ratio model in that it accurately measures time required to perform tasks and captures work performed for individuals who are never found eligible. The GRB officially transitions the formula for earning local staff to the workload model in the 2013-2015 biennium.

The delivery system is comprised of both State staff and AAA staff located in communities throughout Oregon. Under ORS 410.270, AAAs have the right to elect to deliver Medicaid services locally. Currently, four AAAs have elected this option. These four AAAs (Multnomah County, Northwest Senior and Disability Services, Oregon Cascades West Council of Government, and Lane Council of Government) serve the most populous areas of Oregon. With the exception of Washington and Clackamas counties, State staff serve areas with lower population densities.

The Oregon Home Care Commission (HCC) is also included in the Design and Delivery Program Area. Under Oregon's constitution, the HCC is responsible for ensuring the quality of home care services for seniors and people with disabilities. The Commission maintains a web-site of home care workers that can be accessed by all Oregonians, including those not served by

Medicaid. Training is provided to both consumers and home care workers in a variety of areas addressing safety and quality. The efforts of the HCC are critical to the successful delivery of long term care services to Oregonians.

APD's Design and Delivery area also includes the staff who design and administer services centrally. Some of the major services provided include:

- Negotiating system design with federal partners;
- Developing program policy and maintaining administrative rules;
- Paying providers;
- Executing contracts;
- Negotiating and implementing collective bargaining agreements; and,
- Maintaining provider rates.

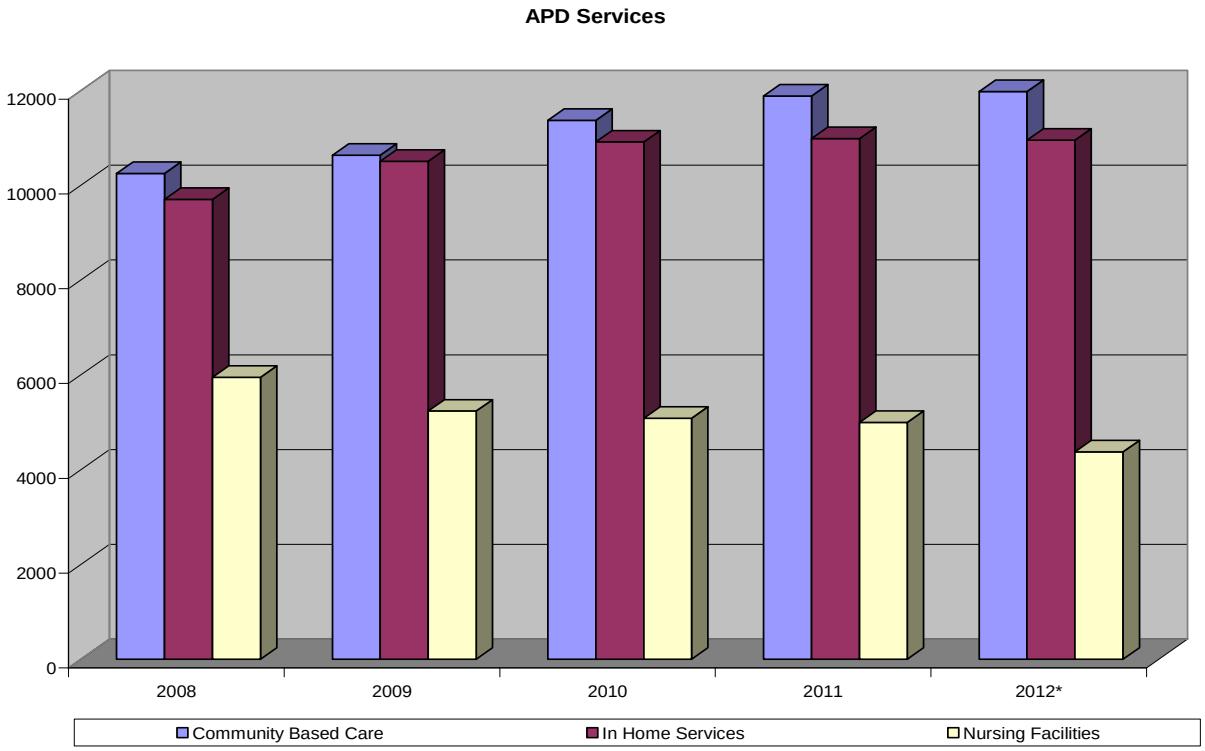
As Oregon's aging and disability population grows, the expectations of state government service delivery methods are changing. Efforts are currently underway to explore how technology can assist in the provision of services and determination of eligibility. In addition, work processes are continually examined for opportunities to streamline and improve. This initiative is known as the Lean Daily Management System (LDMS) and is being rolled out to the entire state this biennium. Staff are engaged and excited about this process, as evidenced by nearly 22 pages of improvement opportunities for management to consider.

Program Justification and Link to 10-Year Outcome

There is a direct link between this program and the Healthy People outcome of "Oregonians are healthy and have the best possible quality of life at all ages." The APD program design and delivery system supports individuals living in their communities in settings of their choice, whether in their own home, a community-based care facility or a nursing facility. Partnerships between local law enforcement, local court systems and local advocates are critical to ensuring the senior and disability populations are protected from neglect and abuse.

Program Performance

A primary goal of the APD program is to ensure that aging and people with disabilities are receiving appropriate services at a level that allows them to live independently and safely within their home community. Local case managers work with individuals and community partners to ensure appropriate supports are in place. The following chart reflects the work of our nursing facility diversion and transition effort over the past five years. Not only are nursing facility placements the most expensive setting, they are generally viewed as the least desirable by consumers. Local staff are a critical factor in accomplishing this win-win outcome.



Enabling Legislation/Program Authorization

Oregon Revised Statutes 410.070 charges the agency with primary responsibility for the planning, coordination, development and evaluation of policy, programs and services for elderly persons and persons with disabilities in Oregon. AAAs have universal responsibilities as articulated in ORS 410.210. Additionally, ORS 410.270 authorizes AAAs, who so elect, to perform services locally that would otherwise by administered by State staff.

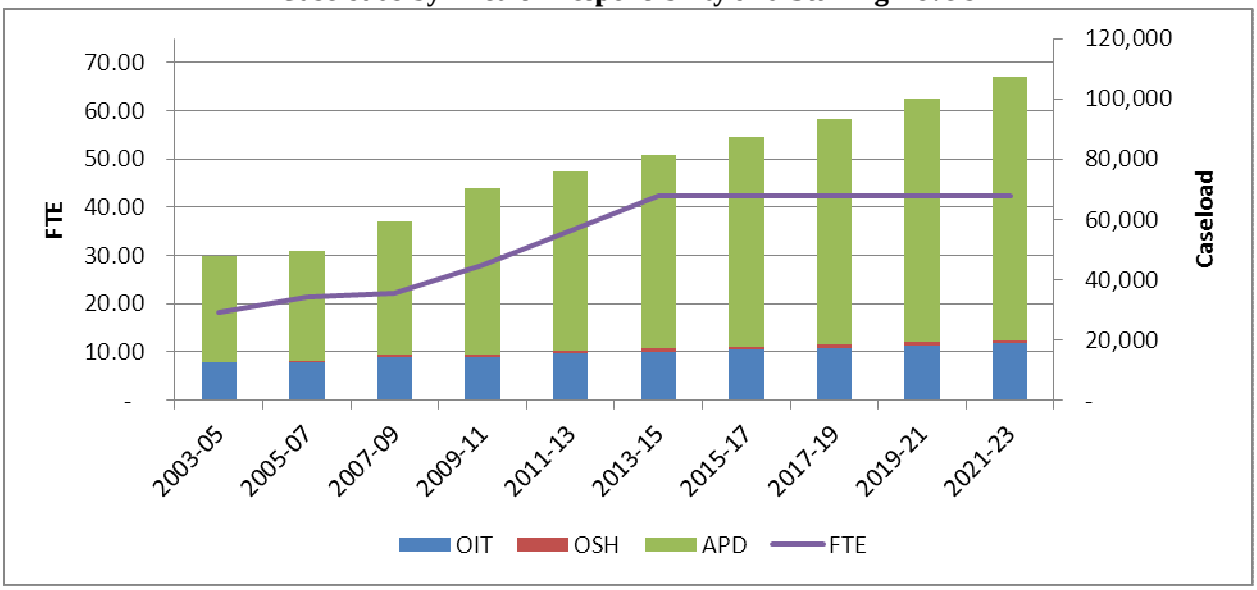
Funding Streams

A mix of State General and Federal dollars fund the majority of the services provided in APD program design and delivery. Local partners also provide local matching funds to the Department, which the Department uses to leverage Federal Medicaid dollars. This allows local entities to enhance services such as additional staffing and transportation.

Department of Human Services: Office of Adult Abuse Prevention and Investigations

Primary Outcome Area: Safety
Secondary Outcome Area: Healthy People
Program Contact: Marie Cervantes, 503-945-9491

Caseloads by Area of Responsibility and Staffing Levels



Note: This chart shows caseloads by area of responsibility compared to staffing levels with a 60% increase in caseload growth between 2003 through 2013.

Executive Summary

The Office of Adult Abuse Prevention and Investigations (OAAPI) protect the most vulnerable citizens through protective services and trainings with integrity, fairness, quality, service and cultural equity. A key part of our goal is to make sure perpetrators of abuse are held accountable for their actions through quality, timely and comprehensive reporting. We focus our training to be proactive and preventative, and aimed at eliminating abuse or neglect. We collaborate with communities and value those who do the work.

OAAPI conducts investigations and provides protective services in response to reported abuse and neglect of seniors and people with physical disabilities; adults with developmental disabilities or mental illness; and children receiving residential treatment services. The types of abuse we investigate may include physical, sexual, verbal and financial abuse, neglect, involuntary seclusion, and wrongful restraint.

Significant Proposed Program Changes from 2011-13

No additional changes are proposed in this program in 2013-15.

Program Description

OAAPI has responsibility for safety and protection of some of Oregon's most vulnerable citizens. This includes:

- Approximately 140,000 people who receive mental health, developmental disability or children's therapeutic services.
- Approximately 468,500 seniors and people with disabilities who receive medical coverage, Supplemental Nutrition Assistance Program (SNAP) benefits, and services related to activities of daily living or through Oregon Project Independence or The Older Americans Act.
- Members of protected populations that do not receive direct benefits or services from DHS. This includes an estimated 14 percent of Oregonians who are over the age of 65.

Adults we serve are especially vulnerable to abuse, neglect or exploitation because of age, physical or developmental disabilities, or mental illness. Children are more vulnerable because of significant mental health, emotional or behavioral health issues. Members of both groups often require residential treatment settings or other significant supports in their communities. In the case of many of the individuals we serve, illness, grief or isolation from family and community are significant factors which contribute to increased vulnerability. This is especially true in cases involving elders and children because perpetrators are known to actively seek out those populations because they may not be able to self-report abuse or neglect.

Critical functions of central office staff include core competency training, program oversight for the provision of protective services, and investigation responses for nearly 280 field staff in counties and local offices throughout Oregon. We provide standards**,** policy, data and research analysis; program coordination, and legislative, administrative and legal activities. Ongoing discussions with other work units within DHS are held to review policies, practices and procedures and to discuss system improvement and staff performance aimed at improving the safety and protection of the clients served. This includes: Licensing, program delivery and design, and support services such as information technology or staff training. These prevention aspects guide our continuous improvement efforts to maximize the value of our services.

Investigations and screening for abuse and neglect are conducted in more than 6,053 licensed, certified or registered facilities. We have staff stationed throughout the State in field offices so they can be available to respond locally. In 2010, OAAPI responded to 29,600 reports of abuse or neglect and provided oversight for 1,400 county developmental disabled investigations and 450 county mental health investigations. It also responded to an estimated 200 accidental death reports.

OAAPI directly screens reports of abuse for State-provided facilities. This includes: Blue Mountain Recovery Center, Children's 24-Hour Residential Developmental Disability (DD) programs, Children's Care Providers, Oregon State Hospital, State Operated Community Programs (DD) and State Operated Secure Residential Facilities. In these settings in 2010, approximately 1,500 reports of abuse occurred and approximately 600 allegations of abuse.

OAAPI collaborates and partners with the Oregon Health Authority, Oregon State Hospital, Addictions and Mental Health programs, providers, consumers, Long-Term Care Ombudsman,

SEIU, advocacy groups, multiple community entities and all DHS programs that deliver services. In particular, OAAPI works with the DHS Office of Licensing and Regulatory Oversight (ORLO) which is responsible for the licensing, certification, regulatory and corrective action functions for facilities and providers serving DHS clients. When ORLO investigates health or safety complains and discovers possible abuse or neglect of clients, it brings in OAAPI.

The program costs are driven by:

- The number of Oregonians approaching or over the age of 65.
- Demand for service due to statutory changes related to protection.
- An increase in legally and medically complex cases.

National data shows elder abuse as vastly under-reported with only one in 23.5 cases reported. Financial abuse is one in 44, and neglect one in 57 (Cornell University, 2011[1]). A 2009 study by MetLife reported a "$2.9 billion dollar annual loss" as a result of elder financial abuse, which is a 12 percent increase from 2008. In 2010, financial exploitation comprised 41 percent of all substantiated abuse in Oregon. Ultimately, all of these factors combined with increasingly legal and medically complex cases drive up requests for service and costs.

Statutorily, these services are a public health and safety responsibility of the State. Here are some examples of the types of services we provide:

- An adult child with mental illness was providing unpaid care to an elderly parent. The adult child was verbally abusive and the parent became isolated in her own home. The situation escalated and the adult child began destroying property and threatening physical harm. A call to OAPPI resulted in a family-based response that helped the parent obtain a court-issued protective order, arrange for alternative care and mental health assistance for the adult child.
- An immobile resident was being moved in a licensed care facility by use of a device not approved by the manufacturer of the device nor the care plan. The resident was dropped during an attempted move, resulting in serious physical injury. OAPPI provided protective services for the individual in addition to facilitating acute medical care services. OAPPI ensured the safety of the other facility residents by reviewing service standards and providing training.
- An investigation of neglect in a secure psychiatric facility was conducted after a suicide death of a child. The child was admitted with severe depression and self-esteem issues, and had a documented history of previous suicidal motives. The child was moved throughout various levels of supervision and was the subject of several suicide risk assessments. The investigation identified that the agency's policies and procedures around supervision, client monitoring, safety checks and suicide assessments were vague and confusing. In addition, its staff had not been trained on many policies and procedures. This investigation disclosed systemic issues and once corrected, improved safety and other risk to the populations served.

Program Justification and Link to 10-Year Outcome

OAAPI is inextricably linked to the outcome goal of Safety for all Oregonians, and particularly for vulnerable adults and children. Individuals we serve are at the highest risk of abuse or neglect. National research shows that more than half of people with mental illness or

[1] Testimony by Mark Lachs, Senate Special Committee on Aging, March 2, 2011 Washington, D.C.

developmental disabilities will experience repeated physical or sexual abuse in their lifetime. Freedom from abuse is critical to benefiting from services. Through this program, victims of abuse are offered and provided protective services such as counseling, prevention and reporting.

The link between the 10-Year Outcome and the office is demonstrated by research provided by The National Adult Protective Services Association (NAPSA). Here are some of the facts:

- Abused seniors are three times more likely to die[2].
- Elder abuse victims are four times more likely to go to a nursing home[3].
- Victims of abuse use healthcare services at higher rates[4].
- 90 percent of abusers are family members or trusted others[5].
- Almost one in 10 financial abuse victims will turn to Medicaid as a direct result of their own monies being stolen from them[6].

Oregon is a national leader in core competencies and best practices for training abuse investigators and our curriculum has been shared with other states. We maintain detailed data in several program areas to assist us in identifying frequency and types of abuse, or locations or programs where abuse has occurred. This helps us target corrective or protective actions.

Secondary outcomes of this program are linked to the Healthy People 10-Year Outcome. When people live free from abuse, their medical, physical and psychological treatment needs are reduced, allowing them to live independent, productive lives in their communities. Considering the direct link between robust abuse prevention efforts and potential reductions in health care services, Medicaid resources and nursing home placements, the human services needed to respond quickly and thoroughly to reports of abuse is not only critical, but a wise investment in the safety of vulnerable Oregonians.

When criminal interventions such as prosecutions are not an option, this program is able to use substantiated reports of abuse as a primary line of defense against perpetrators who actively seek out our vulnerable populations.

Program Performance

Some of our important measures include the timeliness of the initial response to an abuse report, the timely completion of an investigation, the rate of re-abuse within one year, the abuse rate and the rate of inconclusive findings. All of these measures help us understand the outcomes of our key goals related to safety and protection.

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[2] Journal of American Medical Association, Vol. 280, No. 5, 428-432.
[3] Testimony by Mark Lachs, Senate Special Committee on Aging, March 2, 2011 Washington, D.C.
[4] Archives of Family Medicine, 1992 (1), 53-59,
[5] National Center on Elder Abuse, 1994.
[6] The Utah Cost of Financial Exploitation, March 2011, Utah Division of Aging and Adult Services.

# of referrals – beside investigations	2003-05	2005-07	2007-09	2009-11
Other calls requiring action+	22,198	22,316	31,591	43,469

Investigations	2003-05	2005-07	2007-09	2009-11
Number completed	25,444	27,309	27,906	26,901

+ Specialized consultation, referral to another agency or source, enhanced screening

OAAPI is in the initial phase of a strategic re-design to leverage resources, expertise and engage in enterprise-wide continuous quality improvement activities. The series of design activities are outcome and results oriented, and work to achieve accountable, well-supported programs that focus on customer service and client outcomes. The strategies center on integration, innovation and a future perspective that is community and business partner focused.

Enabling Legislation/Program Authorization

The Federal Americans with Disabilities Act, Elder Justice Act of 2009, the Older Americans Act, and the Adoption and Safe Families Act, all authorize the States to protect vulnerable adults and children from abuse and neglect. In addition, Oregon statutes authorize the Department of Human Services to provide protection from abuse and training for individuals who conduct abuse investigations. Statutory authorization for investigating abuse of seniors and people with disabilities is found at ORS 124.005 *et seq*. For people with developmental disabilities or mental illness, authorization is at ORS 430.735 *et seq.* and for children, authorization is at ORS 419b.005 *et seq.*

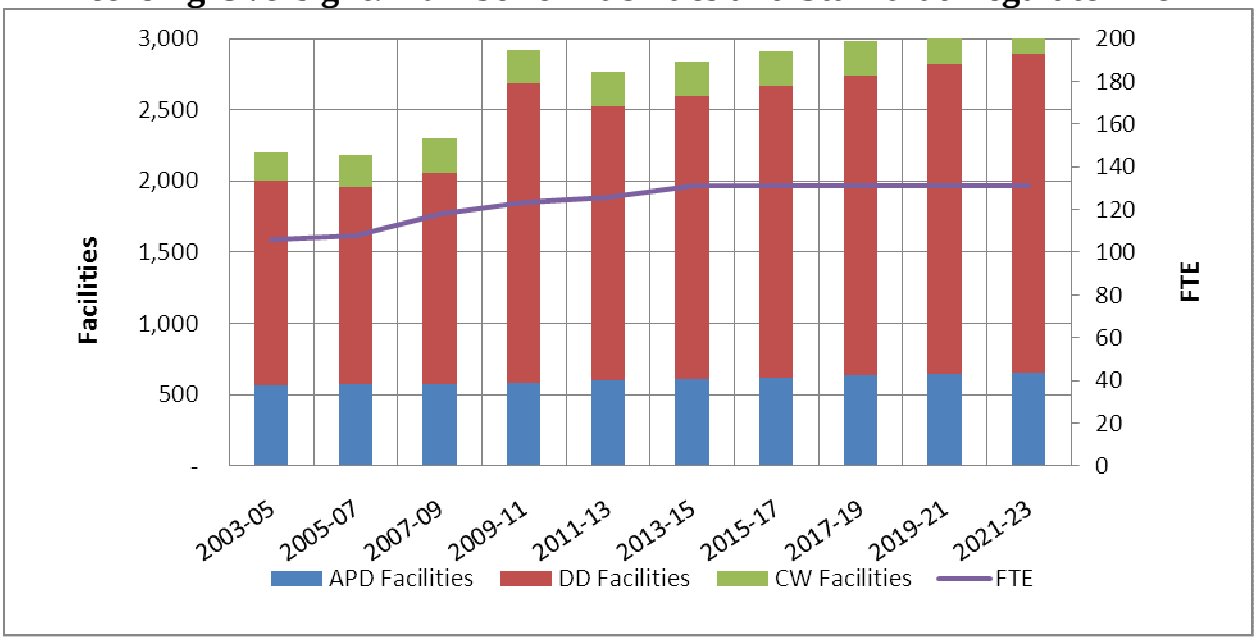
Funding Streams

OAAPI is a newly created office resulting from the merger of the Adult Protective Services Program and the DHS Office of Investigations and Training. Funding streams for those previously separate programs are not the same. Currently the new Office's investigative and training functions are funded as a shared service, with costs allocated on a monthly basis among OHA/AMH, DHS/DD and DHS/Child Welfare, expressed as a percentage of total workload. The Adult Protective Services Program receives 100 percent funding from the General Fund. The Office is seeking revenue generating strategies such as grant applications and is consulting with our Federal partners regarding federal funds that may be available.

Department of Human Services: Office of Licensing and Regulatory Oversight

Primary Outcome Area: Safety
Secondary Outcome Area: Healthy People
Program Contact: Donna Keddy, 503-580-1193

Licensing Oversight: Number of Facilities and Staff that Regulate Them



Note: The number of facilities requiring licensure by DHS has grown significantly while the FTE for staff responsible for oversight of these facilities has not kept pace.

Executive Summary

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. Through diligent oversight, investigation of complaints, potential reports of abuse and corrective action, future instances of unsafe conditions are reduced and quality of care to residents is improved. These services are most effective when they are provided in a quality and prevention model aimed at preventing harm in the first place in order to protect the safety and health of vulnerable Oregonians.

Significant Proposed Program Changes from 2011-13

	Office of Licensing and Regulatory Oversight					
OLRO Investments/Reductions	**GF**	**OF**	**FF**	**TF**	**Pos**	**FTE**
Add DHS licensing staff to adjust to increasing workloads	0.09	0.00	0.09	0.18	1	0.88

($, millions)

DHS is proposing an increase of one Client Care surveyor staff to ensure the safety of children in residential facilities. The client care surveyor is part of a team which survey facilities to certify they are meeting requirements set by federal regulation, state law, and state rule, as well as CMS conditions of participation in the Medicare and Medicaid programs. Surveys are mandated by CMS to be completed on average every 12.9 months with no facility going beyond 15.9 months. Oregon is not meeting our performance targets in this area set by federal regulation and state law.

Program Description

The Office of Licensing and Regulatory Oversight (ORLO) is responsible for the licensing, certification, regulatory and corrective action functions for Individuals with Developmental Disabilities (DD), Aging and People with Disabilities (APD) and Child Welfare (CW) providers. This includes adult foster homes for individuals with developmental disabilities, for the aged and physically disabled, child foster homes, 24-hour residential programs, assisted living facilities, residential care facilities, nursing homes, supported living programs, proctor care for agencies for children, brokerages, provider organizations, employment and alternatives to employment programs, and residential care facilities for children with behavioral, emotional and mental health conditions. This Office also provides policy direction to the Adult Foster Home certification regulation for APD. The target populations represent a diversity of linguistic and cultural backgrounds of individuals who reside in regulated care settings.

Critical Categories of Oversight														
		Physical Environment: -Fire and Life Safety -Clean and Home Like	**Staffing** - Safe - Trained	**Residents Rights Upheld** Dignity, Respect, Free from abuse	**Protection from Financial Exploitation**	**Adequate food, clothing , and shelter**	**Medical** 24 hour emergent, acute and chronic care	**Plan of Care Exist** Individual, Specialized as well as self directed	**Quality of Life** Independent Choice, Home like settings, Socialization, and Family connections	**Adequate Education**	**Vocational** Skill development	**Policies & Procedures** Exist and are followed	**Admission, transfer or discharge** - Appropriate -Timely	**Activities of Daily Living Assistance** (Timely and Available) -Toileting -Eating -Ambulation -Hygiene
Program Area	People with Developmental Disability	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
	Nursing Facilities	✔	✔	✔	✔	✔	✔	✔	✔			✔	✔	✔
	Assisted Living and Residential Care Facilities	✔	✔	✔	✔	✔	✔	✔	✔			✔	✔	✔
	Children's Care	✔	✔	✔	✔	✔	✔	✔	✔	✔		✔	✔	✔
	Adult Foster Care	✔	✔	✔	✔	✔	✔	✔	✔			✔	✔	✔

✔ Performed

ORLO's licensing and oversight responsibilities vary by program area. The Office's role is described below:

- **139 Licensed Nursing Facilities –** Licensure is achieved and maintained, in part, through annual on-site review by teams of trained Client Care Monitoring Surveyors using a rigorous oversight, monitoring and corrective action process that is prescribed by the Centers for Medicare and Medicaid Services and Oregon statute and rule. On-site visits are conducted to ensure the safety and well-being of the approximate 5,000 most medically compromised and vulnerable elderly residents served in these facilities. Currently 42 FTE (majority federally funded) are employed to survey all Nursing Facilities on the federally mandated survey schedule. Surveyors are also charged with the investigation of allegations of rule violation, including abuse and neglect.

- **460 Assisted Living Facilities and Residential Care Facilities –** Licensure is achieved through on-site surveys conducted every two years. These facilities provide 24-hour care and services to elderly and disabled residents. This is the fastest growing level of care within the continuum for seniors and is anticipated to continue to expand within the service delivery system in the years to come. There is currently a capacity for over 23,000 Oregonians who may reside at this level of care, representing the largest population of Oregon's elderly citizens. The purpose of on-site visits is to ensure the safety and well-being of the vulnerable population served in these facilities. There are 15 surveyors that conduct on-site surveys in an industry that continues to increase in capacity each year while the number of FTE allocated for surveyors remains stagnate. There are seven FTE responsible for providing technical assistance to providers, consumers and local office staff. They also apply civil money penalties, sanctions and interventions to facilities that fail to provide adequate care and supervision. Industry growth exceeds our ability to provide adequate staff resource to do risk mitigation for the residents in these care settings.

- **240 Private Child Caring Agency facilities and programs** with a capacity to serve approximately 10,000 children – Licensure is achieved through regulatory reviews every two years. This includes on-site surveying, monitoring and corrective action. Children's Care Licensing Programs are statutorily mandated to oversee a variety of facility and program types, some of which are funded through Federal and State funding streams and others which are private. This includes the Oregon Youth Authority, the Oregon Health Authority and county juvenile departments. Currently this work is done by two Licensing Coordinators who monitor 240 facilities across the state. Due to the lack of Federal oversight of licensed children's programs and budget short-falls, there is insufficient resource in the Children's Licensing Unit. The two Coordinators conduct on-site reviews, provide technical assistance, investigate complaints, and coordinate sanctions as a result of abuse investigations. Given the current low staffing, the minimally required levels of service are all that can be met by this program. This licensing unit is only able to respond to wrong-doing that has already occurred and is unable to mitigate risk to children through proactive efforts with provider agencies.

- **1,929 homes and facilities** serving approximately 6,500 children and adults with developmental disabilities – Licensure is achieved through reviews. This includes on-site licensing/certification visits, monitoring and corrective action. The Developmental Disabilities Licensing Unit is responsible for the oversight of a variety of facility and program types. The regulatory activity occurs every year for Adult Foster Homes; every two years for 24-Hour Residential Programs and Child Foster Homes; and every five years for Supported Living Programs, Employment and Alternatives to Employment programs, Proctor Care agencies for children, Supported Living Program, Brokerages, and Provider Organizations. Adult foster homes and residential facilities

for children with Developmental Disabilities are licensed and certified by nine client care surveyors within this office.

- **1,900 homes for Aging and Physically Disabled –** These are licensed through the APD Program in DHS with technical assistance, corrective action and licensure policy development occurring in the Office of Licensing and Certification.

ORLO is closely connected to the Office of Adult Abuse Prevention and Investigation (OAAPI). OAAPI conducts investigations and provides protective services in response to reported abuse and neglect of seniors and people with disabilities, and children receiving residential treatment services. When OAAPI conducts an investigation and finds health or safety issues – whether the OAAPI investigation into abuse or neglect is substantiated or not – ORLO is brought in to determine whether a licensing violation has occurred.

Program Justification and Link to 10-Year Outcome

The performance of this Office is directly related to the safety of vulnerable Oregonians who find themselves in need of care in a supervised 24-hour living environment. These Oregonians are often unable to protect themselves and they deserve to be free from abuse and neglect by service providers and free from facilities that engage in practices that are detrimental to their safety and health. Through the timely, thorough and effective oversight of care facilities and homes for children, the elderly and the disabled, we provide some assurance that conditions exist within these facilities and homes that provide the highest likelihood of safety and quality care. The licensing and certification regulations that are in place are intended to educate providers of required safe practices, prevent unsafe conditions from being perpetuated and mitigate risk to vulnerable children and adults in care through regular oversight to insure that the regulations are being upheld.

Program Performance

The Department currently measures the timeliness of facility surveys conducted by each individual licensing program within the Office. The Office also utilizes several methods of oversight including:

- Initial Licenses
- Renewal/Site Visits
- Corrective Actions
- Civil Money Penalties
- Suspension/Sanction/Revocation
- Investigate Complaints

Enabling Legislation/Program Authorization

Licensure of Nursing Facilities in Oregon is mandated via ORS 441.015 (et seq) “Licensing and Supervision of Facilities and Organizations” and Medicaid Certification via Social Security Act, Title XIX, Sec 1819(g) - “Survey and Certification Process,” “State and Federal Responsibility” Medicare Certification via Social Security Act, Title XIX, Sec 1919(g).

Licensure of Assisted Living Facilities and Residential Facilities is mandated via ORS 443.455 “Residential Facilities and Homes” And Memory Care Endorsement within these facilities is mandated via ORS 443.886 “Alzheimer’s Disease” “Special endorsement required; standards; fees; rules.”

Licensure of Children's Care Agency facilities is mandated via ORS 418.205 through 418.327 and ORS 418.990 through 418.998. Licensure and Certification of Facilities and Homes for children and adults with developmental disabilities is mandated via ORS 443.830 and 443.835. Licensure of Adult Foster Homes for Persons with Developmental Disabilities is mandated via 443.705-443410.070. Licensure of Proctor Care Residential Services for Individuals with Developmental Disabilities is mandated via ORS 430.021 (4) and 430.610-430.670. Licensure of 24-hour Residential Services for Children and Adults with Developmental Disabilities is mandate via ORS 443.400-443.455.

Licensure of Employment and Alternatives to Employment for Individuals with Developmental Disabilities is mandated via ORS 430.610, 430.630-430.670.

Licensure of Supported Living Services for Individuals with Developmental Disabilities is mandated via ORS 430.610, 430.630 and 430.670. Licensure of Support Services for Adults with Developmental Disabilities is mandated via ORS 417.340-417.355, 427.005, 427.007 and 430.610-430.695.

Licensure of Developmental Disabilities Agency Service Rule is mandated via ORS443.400-443.455.

Funding Streams

This program and its accompanying positions are funded with a mix of State Funding, General Fund and Federal Funding from the following Federal Grants: Title XIX Medicaid at the Program Rate, Title XIX Medicaid at the Administrative Rate, and Title IV-E.

FALL 2012 DHS|OHA REGIONAL FORECASTS BY DISTRICT

Budget, Planning and Analysis
Office of Forecasting, Research and Analysis

DHS
Oregon Department of Human Services

Oregon Health Authority

DHS
Oregon Department
of Human Services

Oregon Health Authority

FALL 2012 DHS|OHA
REGIONAL FORECAST BY DISTRICT

November 2012

**Office of Forecasting,
Research and Analysis**

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Salem, Oregon 97301
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Regional forecasts by district

Fall 2012 DHS|OHA Regional Caseload Forecast

Budget, Planning and Analysis, Office of Forecasting, Research and Analysis

The Regional Forecast is designed to increase the Statewide Caseload Forecast's use as a tool for regional and local policy decisions by breaking down the Statewide Caseload Forecast into smaller geographic units. By developing a regional focus on caseloads and causal factors, the department hopes to support a wide range of local and community partners as they, in turn, support the diverse needs of Oregonians.

This forecast presents county biennial averages for each district, as well as district totals. The result is a forecast for all 36 Oregon counties for 14 different programs within the Oregon Department of Human Services and the Oregon Health Authority.

Care must be taken in interpreting some of this forecast's results. Because county-by-county values are presented, small numerical values are forecast and published. As the number of cases in a caseload shrinks, the possibility of forecasting error grows. In general, the forecasts presented here are designed to illustrate the general magnitude of caseloads and trends for each county. They are not presented to conform to a highly specific numerical target for caseloads through 2015, especially for small caseloads in counties with small populations where a modest increase in caseload represents a major percentage increase.

In addition to the forecast, Fall 2012 Stakeholder Survey results are included. DHS, OHA, and partner agency staff and managers were surveyed in October 2012 about recent and expected changes in the social services caseload in comparison to fall 2011. This replaces the Delphi Panel survey method used in fall 2011, which provided a qualitative perspective but lacked a broad sampling of respondents across different geographic areas.

Finally, the DHS and OHA statewide biennial forecasts are included in this document in order to provide a contrast to the county and district forecast values. For more information, see the *Fall 2012 DHS/OHA Caseload Forecast.*

Stakeholder survey general results

Human services and medical assistance providers across Oregon received the Fall 2012 Stakeholder Survey. Respondents provide services in cash for food and housing, physical and mental health, abuse and neglect, employment, education, aging services, and advocacy. Thirty-seven responses were received.

Most respondents (81%) endorsed the statement that general demand for services has increased over the last year, while 16% said demand for services is about the same. The majority of respondents (65%) stated that social service agencies are not currently able to meet all client needs.

Respondents were asked whether changes that influence caseload had occurred in the past 12 months in six theme areas — public policy, the economy, funding/resources issues, client beliefs and behaviors, efficiencies, and community resources.

Public policy

Fifty-nine percent of respondents stated that changes to public policy have influenced caseloads. Most indicate that policy changes either have increased caseloads, required more time on individual cases, or increased barriers to people receiving services.

Aging and People with Disabilities workers noted caseloads have been affected by increased requirements for home care workers, loss of exemptions for HMO enrollment and changes in Medicare Part D. They also indicated that workloads have increased due to the mandatory use of risk assessment for all clients.

Many respondents across all disciplines indicated that early work with the new Coordinated Care Organizations (CCOs) adds to their workload.

When it came to barriers to receiving services, direct assistance workers said changes in the TANF JOBS program have resulted in significantly fewer referrals, and a cap on the ERDC program has reduced access to child care. They also considered new requirements to prove citizenship a barrier, including partner agencies restricting services to only those clients with Social Security numbers. On the other hand, assistance workers indicated that policy changes have resulted in decreased client barriers and reduced workload in awarding SNAP.

The economy

Seventy-three percent of respondents stated that the economy has changed caseloads over the past 12 months. The most common responses were that caseloads have increased due to the economy, or that more time is required on individual cases.

Stakeholders believe the aftermath of the Great Recession still has a rippling effect on caseloads, although opinions are now more varied than in the past. While in the past all stakeholders agreed that poor economic performance increased caseloads, now a more subtle influence is occurring - many respondents say caseloads are not expected to increase, or that economic issues are leading to more time on individual cases. Still, very few respondents stated that the economy is reducing caseloads, pointing to a continued belief that economic recovery is slow.

According to respondents, the pattern of consolidating households — with adult children moving back in with their parents — continues around Oregon. In addition, some older Oregonians may be applying for disability payments because they cannot find employment — a phenomenon that may accelerate as the long-term unemployed lose access to extended unemployment benefits.

Funding issues

The majority of respondents believe that funding issues have influenced how cases were managed over the past year. The most commonly cited change is increased barriers to programs due to budget constraints that lead to increased wait-times for services or reduced community supports.

Respondents also indicated that hiring freezes have led to increased caseloads, causing reductions in time spent on each case.

Stakeholders who work with Aging and People with Disabilities' clients predict a possible increase in the nursing home caseload because fewer less-restrictive facilities will accept the reduced provider reimbursement rates.

Respondents stated that a lack of state and county community mental health funding is leading to unnecessary hospitalizations and long waits to finish intakes.

Changes to client beliefs and behaviors

Respondents were evenly split on whether clients' beliefs and behaviors have significantly changed. Of those endorsing the idea that client beliefs and behaviors have changed, most said that these changes increase caseloads or require more time on individual cases.

Illustrating these changes, respondents stated that the increased number of people on social services is reducing the stigma of government benefits among Oregonians increasing demand for services. Others stated that the decrease in available staffing and services has eroded client goodwill, leading to more negative attitudes. Social assistance workers continue to see applicants who have never sought assistance before, and who need more time to understand the system.

Many stakeholders cited confusion in the general public about the coming full implementation of the Affordable Care Act and the creation of Community Care Organizations.

Efficiencies in case processing

Respondents were split on whether incorporating new efficiencies has influenced how cases are managed. Of those who said efficiencies have changed case management, about half said that efficiencies led to more time on individual cases, and half said efficiencies led to less time on individual cases. Respondents stated that DHS modernization efforts have resulted in increased work for staff, and have no real effect on client services. There is a concern that increasing the number of data entry systems will require more case processing time and duplicating effort.

Some respondents stated that individual offices are increasing efficiencies out of necessity, given staffing shortfalls. Fewer workers handling the same number of cases is leading to only the highest priority work being done.

Changes to community resources

The majority of respondents (73%) said community resources have changed over the past 12 months. The most common effects of these changes are increased client barriers to programs and more time on individual cases with people who have lost community supports but are not eligible for DHS services.

Fluctuating funding and the constant threat of reductions have made it difficult to keep good staff as people look for work in a more stable environment.

Respondents indicated that a lack of funding for law enforcement and the courts is leading to longer resolution times for child welfare cases.

Regional Forecast methodology

Each forecast was developed using time series models; however, different methods were used for different programs based on goodness-of-fit. For the current forecast, several programs used the Statewide Forecast as an independent variable. This controlled for the inability of local time series models to detect the variation caused by the recession and recovery. However, it also means that, in the future, counties that do not comport to the statewide trend will be distorted to match the expected statewide pattern. As patterns at the county level are better understood, forecasts will be more accurate.

Goodness-of-fit was determined for each program's forecast by combining the total county values and comparing the result to the official Statewide Forecast. Generally, if the Regional Forecast was within 5 percent of the Statewide Forecast, it was accepted as valid. There will be some inherent error because regional values used for the analysis will never total the exact amount of the statewide historic values. In addition, statewide forecasts use forecast methods not available to the regional forecasts.

To avoid internal discrepancies, each forecast is apportioned to the official Statewide Forecast. Thus, the critical information from the regional forecast becomes the forecast direction of caseload change and the magnitude of change in comparison to the state as a whole.

Data from multiple sources were used in order to interpret the forecast for each county and provide basic demographic and economic information. Information was included from:

- The U.S. Census Bureau, "USA Counties" data (U.S. Census Bureau, Small Area Estimates Branch, release date April 1, 2010) and "2010 Census Data, 2010 Census Briefs";
- The Oregon Employment Department's "Oregon Labor Market Information System," "Current Employment Statistics" and "Labor Force and Unemployment by Area" data, September 2012;
- The Portland State University Population Research Center, "Estimates of Population Age Groups for Oregon and Its Counties," July 1, 2011; and
- Oregon Economic and Revenue Forecast, September 2012 Volume XXXII, No. 3.

A variety of sources were used to estimate the number of insured Oregonians by county. Depending upon the county, data were used from the U.S. Census Bureau American Community Survey 1-year estimate (2011), 3-year estimate (2009-2011) or 5-year estimate (2006-2010). Where no American Community Survey estimate was available at the county level, the Oregon Health Insurance Survey Regional Results (2011) were used.

Total Department of Human Services Biennial Average Forecast comparison

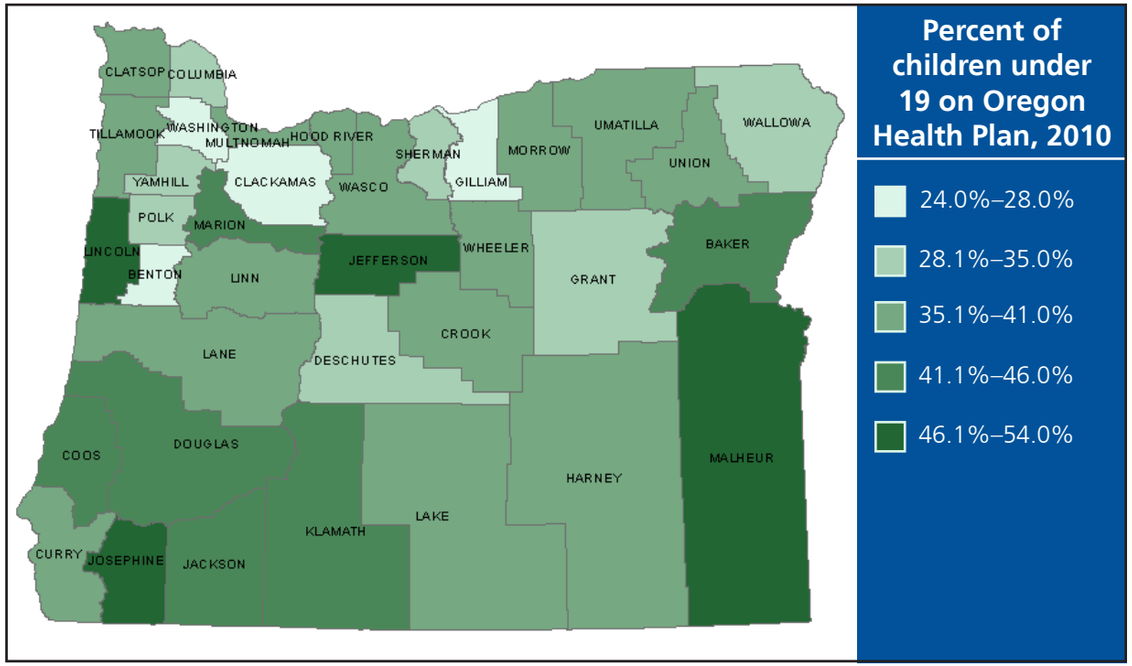
	2011-2013 biennium			Fall 2012 Forecast		
	Spring 12 Forecast 2011-13	Fall 12 Forecast 2011-13	% diff. Spring 12 to Fall 12 2011-13	Fall 12 Forecast 2011-13	Fall 12 Forecast 2013-15	% diff. Fall 12 2011-13 to 2013-15
Self Sufficiency						
Supplemental Nutrition Assistance Program (households)	435,327	440,182	1.1%	440,182	435,230	-1.1%
Temporary Assistance for Needy Families - Basic and UN (families: cash assistance)	34,636	34,934	0.9%	34,934	32,986	-5.6%
Employment Related Day Care (families)	8,449	8,459	0.1%	8,459	10,040	18.7%
Aging and People with Disabilities						
Long-Term Care: In-Home	10,935	10,834	-0.9%	10,834	10,802	-0.3%
Long-Term Care: Community-Based	12,630	12,687	0.5%	12,687	13,365	5.3%
Long-Term Care: Nursing Facilities	4,529	4,490	-0.9%	4,490	4,509	0.4%
Child In-Home	2,926	2,926	0.0%	2,926	2,993	2.3%

Total Oregon Health Authority Biennial Average Forecast comparison

Medical Assistance Programs	2011-2013 biennium			Fall 2012 Forecast		
	Spring 12 Forecast 2011-13	Fall 12 Forecast 2011-13	% diff. Spring 12 to Fall 12 2011-13	Fall 12 Forecast 2011-13	Fall 12 Forecast 2013-15	% diff. Fall 12 2011-13 to 2013-15
OHP Plus: Temporary Assistance to Needy Families (Medical)	184,499	184,603	0.1%	184,603	192,628	4.3%
OHP Plus: Children (PLMC and CHIP)	222,196	220,381	-0.8%	220,381	226,484	2.8%
OHP Plus: Aging and People with Disabilities (ABAD and OAA)	116,088	115,505	-0.5%	115,505	124,130	7.5%
OHP Plus: Poverty Level Medical Women	13,047	13,012	-0.3%	13,012	13,314	2.3%
OHP Plus: Substitute Care and Adoption Services	18,492	18,748	1.4%	18,748	19,208	2.5%
OHP Plus: Standard	61,433	64,070	4.3%	64,070	59,042	-7.8%

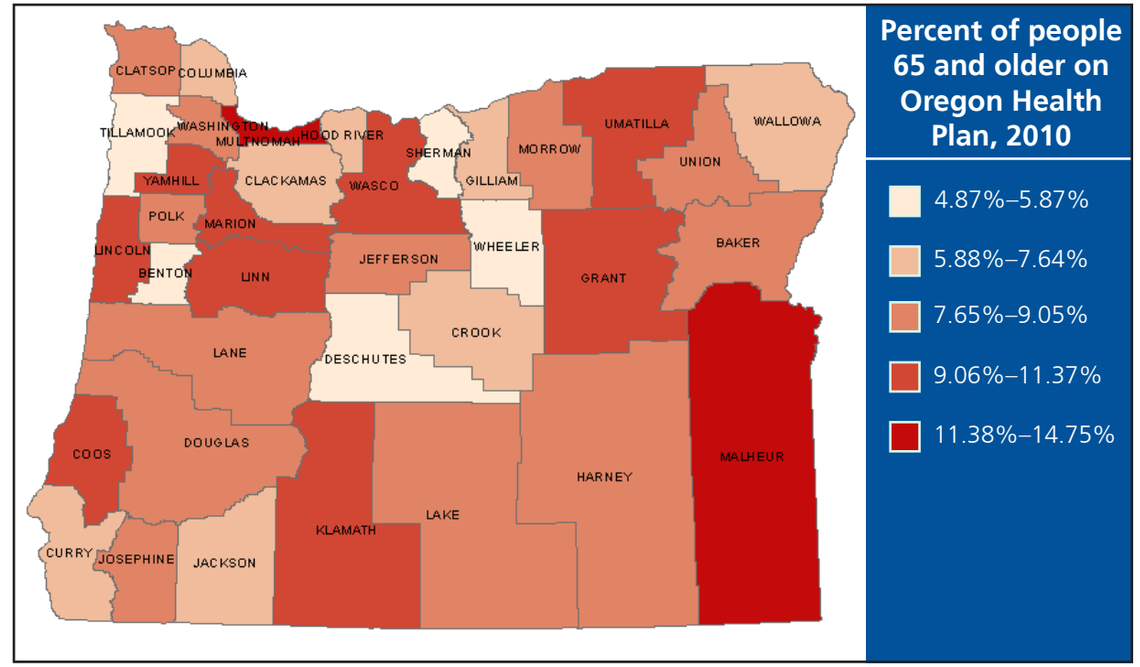
Selected populations on the Oregon Health Plan

Large portions of those covered by the Oregon Health Plan are either children under age 19 or adults 65 and older. These demographic groups – and the portion of those groups eligible for Oregon Health Plan – are not even distributed throughout the state. Local economics plays a very important part in the distribution of those on OHP. For example, Benton County has the smallest proportion of residents in both categories (under 19 and 65 and older) eligible for OHP, but the counties surrounding Benton are not in the same boat. The combination of small size and a university employment base make Benton County far less likely to have OHP clients than the surrounding area.



Children under age 19 on Oregon Health Plan

The percentage of children on OHP runs from a low of 24% in Benton County to a high of 54% in Jefferson. The high percentage in Jefferson does not translate into a large number of children, however, since Jefferson is a sparsely populated county. Washington and Clackamas Counties, as bedroom communities of Portland, have a high concentration of families with children, but a relatively low proportion of children on OHP. Demographics only plays a small part in determining the percentage of children on OHP in any given county – income is far more telling. And the suburbs of Portland contain people with relatively high incomes.



Adults age 65 and older on Oregon Health Plan

The percentage of people over age 65 on OHP runs from a low of 4.87% in Benton County to a high of 14.75% in Multnomah. This high concentration of elderly on OHP is likely due to older people moving to Multnomah County to take advantage of age- and disability-related services that are more plentiful in the Portland area than in other parts of the state. Curry County, which has a high concentration of Oregonians over 65, has a small proportion on OHP compared to other parts of the state. The elderly in the Gold Coast area are more likely to be retired, and have steady income, than be poor and on the Oregon Health Plan.

A spotlight on seasonal variation

Variation in caseloads based on the season can be quite pronounced. Usually, this seasonal change is caused by agricultural employment. During the time of the year from planting to harvest, many families have a steady income. But after harvest, their income is reduced, sometimes to zero. As a result, agricultural workers go on and off DHS and OHA caseloads with regularity. This is especially true of the SNAP caseload. The agricultural pattern can be seen more readily at the county level than statewide, since statewide patterns are dominated by urban areas, which do not have this kind of seasonal variation.

Hood River County has one of the most pronounced seasonal patterns in the state (see Figure 1). Each year, SNAP caseloads rise through the late spring, until May or June, when they fall dramatically until October. Caseloads rise again from October until the next spring. This pattern stands in stark contrast to Curry County, which has a comparable population, but no pronounced seasonal pattern. Curry County, like many coastal counties, relies more on tourism-related businesses for employment than agricultural ones (see Figure 2).

When seasonal patterns dominate a caseload, efforts are undertaken to generate forecasting models that maintain that pattern (see Figure 3). The amount of seasonality, however, differs from county to county and caseload to caseload. They also may vary due to other economic factors. For many rural counties, seasonal enrollment patterns disappeared during the recession due to additional families coming onto SNAP in circumstances unrelated to agricultural employment patterns. For Hood River, which had a bit of an easier time during the recession than many other counties, the agricultural pattern remained.

These patterns may not be apparent when looking at a forecasted monthly average caseload across a biennium, but they may influence the final averaged values. Also, being aware of seasonal patterns, and developing forecasts that take them into account can positively influence forecast accuracy overall, and should always be kept in mind when thinking about rural Self Sufficiency caseloads.

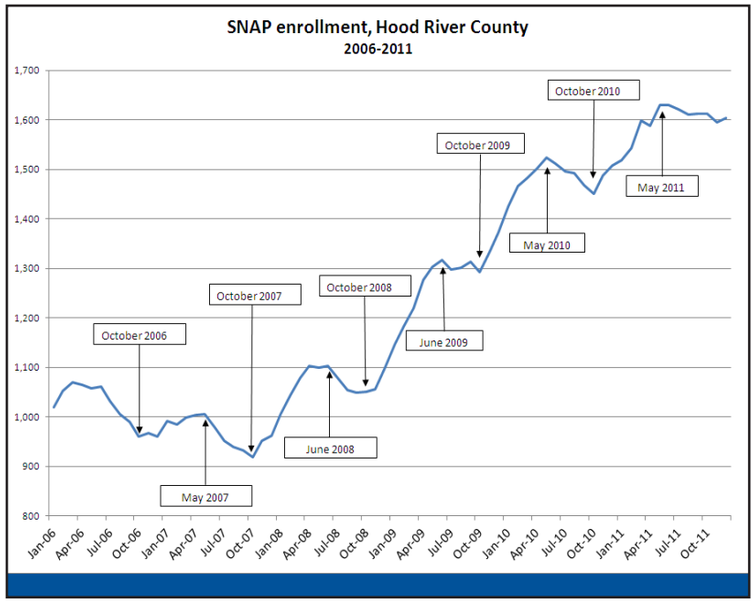


Figure 1: SNAP enrollment in Hood River County shows pronounced variation over time with increases in caseload from October to May or June, and then a reduction in caseload until the following October. This change is likely due to agricultural employment, and it appears in many Oregon counties with a strong agricultural base.

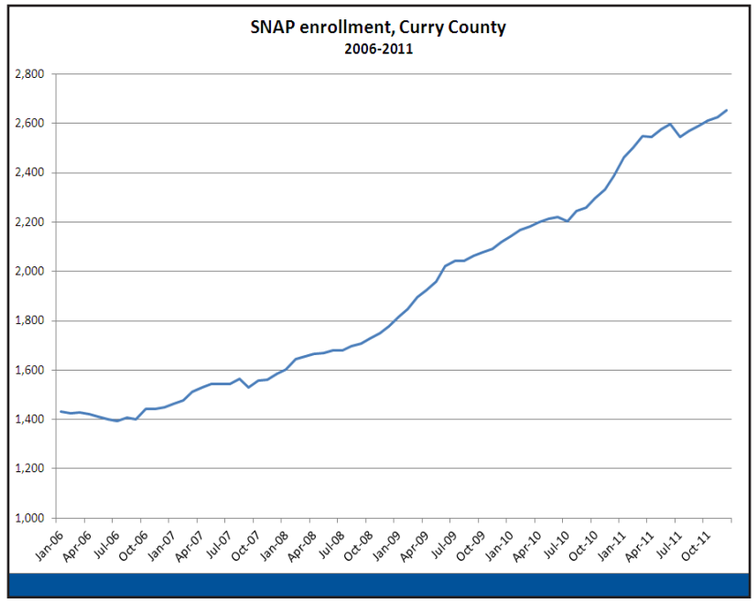


Figure 2: Curry County has approximately the same population as Hood River, but does not have the same "saw-tooth" pattern of rises and falls that is found in Hood River. Curry County's economy is based less on agriculture than Hood River, and more on costal tourism.

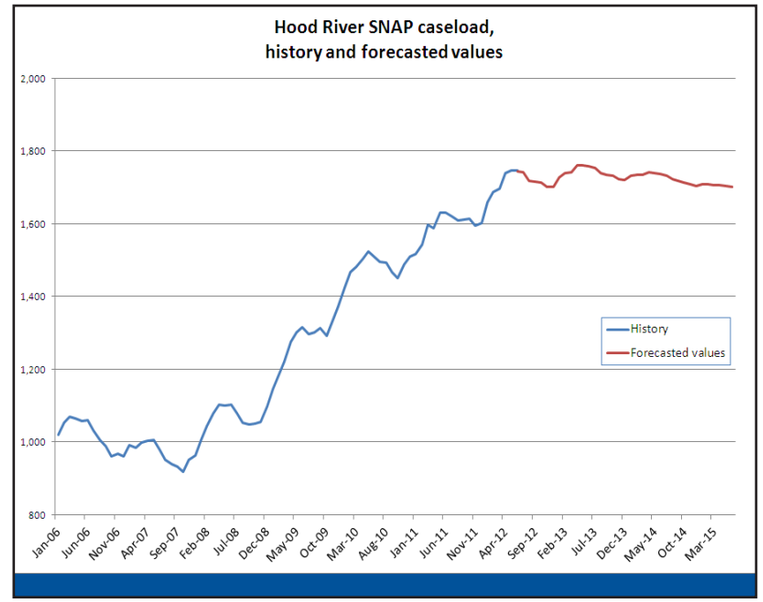


Figure 3: Hood River's forecasted caseload values through 2015 show the same seasonal variation. Preserving this fluctuation in the forecasted values can help improve forecast accuracy in counties with a strong agricultural base.

District 1 Regional Forecast

Although the economy has been growing in District 1, there has been an obvious slow-down of late. September jobs numbers show fewer people employed in District 1 compared to the same time last year, with reductions coming most sharply in Tillamook County. However, compared to 2011, the general trend remains positive. The continued weakness of the construction and manufacturing sectors may account for the relatively high unemployment in Columbia County. The usual back-to-school increase in local government employment occurred in September, but it was more tepid than in 2011.

DISTRICT 1					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
CLATSOP	37,145	20.5	17.2	12.8	20.7	13.9	8.5	7.7
COLUMBIA	49,625	23.3	14.5	10.3	12.9	7.9	10.2	9.6
TILLAMOOK	25,255	20.0	21.4	16.9	16.4	14.4	8.8	8.1

District 1 Regional Forecast, Oregon Department of Human Services

Counties served
Clatsop, Columbia and Tillamook

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Clatsop	4,371	4,558	4.3%	4,558	4,673	2.5%
Columbia	5,309	5,384	1.4%	5,384	5,314	-1.3%
Tillamook	2,696	2,694	-0.1%	2,694	2,745	1.9%
District 1 total	**12,375**	**12,636**	**2.1%**	**12,636**	**12,732**	**0.8%**
TANF						
Clatsop	132	138	4.4%	138	135	-2.2%
Columbia	329	340	3.3%	340	313	-7.9%
Tillamook	71	98	38.6%	98	98	0.0%
District 1 total	**532**	**576**	**8.2%**	**576**	**546**	**-5.2%**
Employment Related Day Care						
Clatsop	75	78	4.7%	78	106	35.9%
Columbia	84	87	3.7%	87	113	29.9%
Tillamook	63	49	-22.7%	49	42	-14.3%
District 1 total	**222**	**214**	**-3.5%**	**214**	**261**	**22.0%**

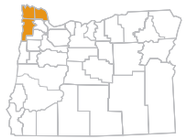
District 1 Regional Forecast, Oregon Department of Human Services (*continued*)

Counties served
Clatsop, Columbia and Tillamook

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Clatsop	90	68	-24.4%	68	68	0.0%
Columbia	88	83	-5.9%	83	84	1.2%
Tillamook	47	43	-8.5%	43	47	9.3%
District 1 total	**225**	**194**	**-13.8%**	**194**	**199**	**2.6%**
Community-Based Care						
Clatsop	161	148	-7.9%	148	156	5.4%
Columbia	133	131	-1.4%	131	144	9.9%
Tillamook	74	81	9.2%	81	87	7.4%
District 1 total	**368**	**360**	**-2.1%**	**360**	**387**	**7.5%**
Nursing Care						
Clatsop	42	45	6.7%	45	45	0.0%
Columbia	57	55	-4.2%	55	54	-1.8%
Tillamook	26	28	7.4%	28	28	0.0%
District 1 total	**126**	**128**	**1.9%**	**128**	**127**	**-0.8%**

District 1 Regional Forecast, Oregon Health Authority (clients)

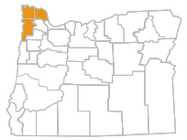
Counties served
Clatsop, Columbia and Tillamook



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Clatsop	1,360	1,313	-3.5%	1,313	1,375	4.7%
Columbia	2,103	2,219	5.5%	2,219	2,392	7.8%
Tillamook	956	997	4.3%	997	1,049	5.2%
District 1 total	**4,420**	**4,529**	**2.5%**	**4,529**	**4,816**	**6.3%**
Poverty-Level Medical: Children						
Clatsop	1,508	1,506	-0.2%	1,506	1,523	1.1%
Columbia	1,613	1,600	-0.8%	1,600	1,618	1.1%
Tillamook	944	894	-5.3%	894	889	-0.6%
District 1 total	**4,065**	**4,000**	**-1.6%**	**4,000**	**4,030**	**0.8%**
Children's Health Insurance Program (CHIP)						
Clatsop	757	809	6.9%	809	1,028	27.1%
Columbia	722	714	-1.1%	714	766	7.3%
Tillamook	550	544	-1.2%	544	650	19.5%
District 1 total	**2,029**	**2,067**	**1.9%**	**2,067**	**2,444**	**18.2%**
Poverty Level Medical: Women						
Clatsop	136	148	9.2%	148	147	-0.7%
Columbia	135	135	0.2%	135	135	0.0%
Tillamook	76	73	-4.3%	73	74	1.4%
District 1 total	**347**	**356**	**2.7%**	**356**	**356**	**0.0%**
Foster Care & Adoption Services						
Clatsop	216	238	10.2%	238	265	11.3%
Columbia	361	357	-1.1%	357	381	6.7%
Tillamook	113	128	13.1%	128	135	5.5%
District 1 total	**690**	**723**	**4.8%**	**723**	**781**	**8.0%**

District 1 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served
Clatsop, Columbia and Tillamook



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Aid to Blind/Disabled						
Clatsop	847	839	-0.9%	839	876	4.4%
Columbia	1,013	1,039	2.5%	1,039	1,154	11.1%
Tillamook	495	510	3.1%	510	545	6.9%
District 1 total	**2,355**	**2,388**	**1.4%**	**2,388**	**2,575**	**7.8%**
Old Age Assistance						
Clatsop	301	298	-0.9%	298	318	6.7%
Columbia	319	320	0.2%	320	359	12.2%
Tillamook	179	196	9.2%	196	218	11.2%
District 1 total	**800**	**814**	**1.8%**	**814**	**895**	**10.0%**
OHP Standard						
Clatsop	642	684	6.5%	684	635	-7.2%
Columbia	1,045	1,073	2.7%	1,073	1,039	-3.2%
Tillamook	358	369	3.1%	369	340	-7.9%
District 1 total	**2,045**	**2,126**	**3.9%**	**2,126**	**2,014**	**-5.3%**

District 2 Regional Forecast

The economy continues to grow rather robustly in Portland, although still not at the pace of a usual economic recovery. Construction, trade/transportation/utilities and leisure/hospitality jobs have picked up. The only dark spot is government employment, which contracted in September for federal, state and local government employment. Business through the Port of Portland could be disrupted by a further downturn in the Asian economy or a new round of labor disputes; however, barring those events, things remain positive.

Stakeholders who responded to the survey indicated that Portland may be a magnet for those looking to access waivered services currently offered in Oregon that are no longer available in other states, leading to increased caseloads.

DISTRICT 2					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
MULTNOMAH	741,925	20.3	10.8	16.0	16.5	4.2	8.5	7.7

District 2 Regional Forecast, Oregon Department of Human Services

Counties served
Multnomah

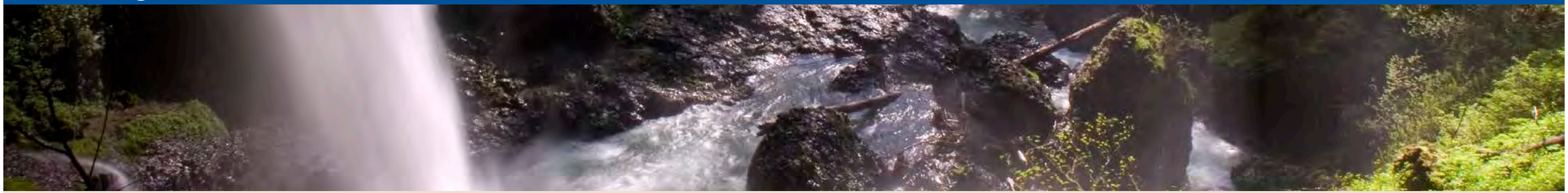
	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Multnomah	95,133	97,187	2.2%	97,187	94,617	-2.6%
District 2 total	**95,133**	**97,187**	**2.2%**	**97,187**	**94,617**	**-2.6%**
TANF						
Multnomah	9,169	8,881	-3.1%	8,881	8,265	-6.9%
District 2 total	**9,169**	**8,881**	**-3.1%**	**8,881**	**8,265**	**-6.9%**
Employment Related Day Care						
Multnomah	1,817	1,788	-1.6%	1,788	2,035	13.8%
District 2 total	**1,817**	**1,788**	**-1.6%**	**1,788**	**2,035**	**13.8%**
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Multnomah	2,670	2,524	-5.5%	2,524	2,538	0.6%
District 2 total	**2,670**	**2,524**	**-5.5%**	**2,524**	**2,538**	**0.6%**
Community-Based Care						
Multnomah	2,716	2,699	-0.6%	2,699	2,836	5.1%
District 2 total	**2,716**	**2,699**	**-0.6%**	**2,699**	**2,836**	**5.1%**
Nursing Care						
Multnomah	1,284	1,250	-2.7%	1,250	1,243	-0.6%
District 2 total	**1,284**	**1,250**	**-2.7%**	**1,250**	**1,243**	**-0.6%**

District 2 Regional Forecast, Oregon Health Authority (clients)

Counties served
Multnomah

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Multnomah	39,797	38,925	-2.2%	38,925	40,354	3.7%
District 2 total	**39,797**	**38,925**	**-2.2%**	**38,925**	**40,354**	**3.7%**
Poverty-Level Medical: Children						
Multnomah	24,651	24,821	0.7%	24,821	25,203	1.5%
District 2 total	**24,651**	**24,821**	**0.7%**	**24,821**	**25,203**	**1.5%**
Children's Health Insurance Program (CHIP)						
Multnomah	11,601	11,377	-1.9%	11,377	11,463	0.8%
District 2 total	**11,601**	**11,377**	**-1.9%**	**11,377**	**11,463**	**0.8%**
Poverty Level Medical: Women						
Multnomah	2,312	2,236	-3.3%	2,236	2,283	2.1%
District 2 total	**2,312**	**2,236**	**-3.3%**	**2,236**	**2,283**	**2.1%**
Foster Care & Adoption Services						
Multnomah	3,038	3,038	0.0%	3,038	2,978	-2.0%
District 2 total	**3,038**	**3,038**	**0.0%**	**3,038**	**2,978**	**-2.0%**
Aid to Blind/Disabled						
Multnomah	17,760	17,697	-0.4%	17,697	18,490	4.5%
District 2 total	**17,760**	**17,697**	**-0.4%**	**17,697**	**18,490**	**4.5%**
Old Age Assistance						
Multnomah	9,288	9,129	-1.7%	9,129	10,348	13.4%
District 2 total	**9,288**	**9,129**	**-1.7%**	**9,129**	**10,348**	**13.4%**
OHP Standard						
Multnomah	12,481	12,876	3.2%	12,876	11,440	-11.2%
District 2 total	**12,481**	**12,876**	**3.2%**	**12,876**	**11,440**	**-11.2%**

District 3 Regional Forecast



District 3's economy has been sluggish at best since the Great Recession. Although jobs are being created, they are not at a pace to replace the jobs lost since 2008, especially not in construction, which contracted in September 2012 compared to the previous year. However, most other areas of the economy, including manufacturing, are improving. Like most of the state, District 3 has seen a contraction of government jobs at the federal, state and local levels compared to last year, despite the usual increased hiring with the start of the school year.

DISTRICT 3					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
MARION	318,150	26.3	13.1	16.0	18.0	6.0	10.2	9.5
POLK	75,965	24.4	15.1	12.9	12.3	8.9	8.7	8.5
YAMHILL	99,850	24.8	13.8	12.7	15.8	8.5	9.0	8.3

District 3 Regional Forecast, Oregon Department of Human Services

Counties served
Marion, Polk and Yamhill

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Marion	38,572	39,096	1.4%	39,096	38,608	-1.2%
Polk	8,239	7,881	-4.3%	7,881	7,684	-2.5%
Yamhill	10,736	10,436	-2.8%	10,436	10,560	1.2%
District 3 total	**57,547**	**57,413**	**-0.2%**	**57,413**	**56,852**	**-1.0%**
TANF						
Marion	4,075	4,131	1.4%	4,131	3,796	-8.1%
Polk	800	812	1.4%	812	763	-6.0%
Yamhill	949	955	0.6%	955	1,094	14.6%
District 3 total	**5,824**	**5,898**	**1.3%**	**5,898**	**5,653**	**-4.2%**
Employment Related Day Care						
Marion	842	871	3.5%	871	1,047	20.2%
Polk	159	158	-0.3%	158	195	23.4%
Yamhill	217	220	1.2%	220	261	18.6%
District 3 total	**1,218**	**1,249**	**2.6%**	**1,249**	**1,503**	**20.3%**

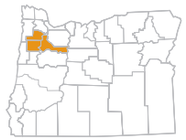
District 3 Regional Forecast, Oregon Department of Human Services (*continued*)

Counties served
Marion, Polk and Yamhill

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Marion	812	780	-3.9%	780	791	1.4%
Polk	232	215	-7.5%	215	212	-1.4%
Yamhill	166	166	0.0%	166	197	18.7%
District 3 total	**1,210**	**1,161**	**-4.0%**	**1,161**	**1,200**	**3.4%**
Community-Based Care						
Marion	1,035	1,057	2.2%	1,057	1,119	5.9%
Polk	248	247	-0.5%	247	260	5.3%
Yamhill	383	377	-1.6%	377	407	8.0%
District 3 total	**1,666**	**1,681**	**0.9%**	**1,681**	**1,786**	**6.2%**
Nursing Care						
Marion	344	349	1.5%	349	348	-0.3%
Polk	103	109	5.7%	109	109	0.0%
Yamhill	161	152	-5.3%	152	156	2.6%
District 3 total	**607**	**610**	**0.4%**	**610**	**613**	**0.5%**

District 3 Regional Forecast, Oregon Health Authority (clients)

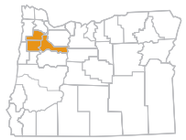
Counties served
Marion, Polk and Yamhill



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	**Fall 2012 Forecast 2011-2013**	**% diff. Fall 2012 vs. Spring 2012**	**Fall 2012 Forecast 2011-2013**	**Fall 2012 Forecast 2013-2015**	**Fall 2012 % diff. 2011-2013 to 2013-2015**
TANF-Related Medical						
Marion	20,507	20,546	0.2%	20,546	21,370	4.0%
Polk	4,099	3,846	-6.2%	3,846	3,995	3.9%
Yamhill	4,770	4,801	0.7%	4,801	5,012	4.4%
District 3 total	**29,376**	**29,193**	**-0.6%**	**29,193**	**30,377**	**4.1%**
Poverty-Level Medical: Children						
Marion	18,628	18,611	-0.1%	18,611	19,036	2.3%
Polk	2,880	2,851	-1.0%	2,851	2,882	1.1%
Yamhill	4,218	4,225	0.2%	4,225	4,261	0.9%
District 3 total	**25,726**	**25,687**	**-0.2%**	**25,687**	**26,179**	**1.9%**
Children's Health Insurance Program (CHIP)						
Marion	8,522	8,316	-2.4%	8,316	8,659	4.1%
Polk	1,344	1,331	-1.0%	1,331	1,426	7.1%
Yamhill	2,176	2,147	-1.3%	2,147	2,296	6.9%
District 3 total	**12,041**	**11,794**	**-2.1%**	**11,794**	**12,381**	**5.0%**
Poverty Level Medical: Women						
Marion	1,180	1,184	0.3%	1,184	1,208	2.0%
Polk	230	230	-0.2%	230	232	0.9%
Yamhill	362	349	-3.5%	349	355	1.7%
District 3 total	**1,772**	**1,763**	**-0.5%**	**1,763**	**1,795**	**1.8%**
Foster Care & Adoption Services						
Marion	1,804	1,771	-1.8%	1,771	1,787	0.9%
Polk	488	464	-4.9%	464	493	6.3%
Yamhill	456	474	3.9%	474	480	1.3%
District 3 total	**2,748**	**2,709**	**-1.4%**	**2,709**	**2,760**	**1.9%**

District 3 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served
Marion, Polk and Yamhill



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Aid to Blind/Disabled						
Marion	6,933	6,964	0.4%	6,964	7,345	5.5%
Polk	1,586	1,543	-2.7%	1,543	1,653	7.1%
Yamhill	1,696	1,693	-0.2%	1,693	1,804	6.6%
District 3 total	**10,215**	**10,200**	**-0.2%**	**10,200**	**10,802**	**5.9%**
Old Age Assistance						
Marion	2,906	2,907	0.0%	2,907	3,161	8.7%
Polk	650	634	-2.4%	634	670	5.7%
Yamhill	805	766	-4.9%	766	796	3.9%
District 3 total	**4,361**	**4,307**	**-1.2%**	**4,307**	**4,627**	**7.4%**
OHP Standard						
Marion	5,508	5,687	3.3%	5,687	5,287	-7.0%
Polk	1,176	1,206	2.6%	1,206	1,165	-3.4%
Yamhill	1,501	1,585	5.6%	1,585	1,472	-7.1%
District 3 total	**8,185**	**8,478**	**3.6%**	**8,478**	**7,924**	**-6.5%**

District 4 Regional Forecast

District 4 is the only region of the state to record significant losses in jobs comparing September employment to the previous year. Trade and transportation jobs are up, but not enough to offset losses elsewhere. All three counties showed reductions in manufacturing employment. Government jobs losses remain a drag on the economy, even in Benton County, which was otherwise spared from the worst aspects of the recession.

DISTRICT 4					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
BENTON	85,995	17.8	12.6	19.1	8.4	3.0	6.6	6.4
LINCOLN	46,155	17.3	22.4	16.2	19.3	12.8	9.9	9.0
LINN	117,340	24.1	15.7	15.6	15.6	16.3	11.7	11.1

District 4 Regional Forecast, Oregon Department of Human Services

Counties served
Benton, Lincoln and Linn

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Benton	6,308	6,502	3.1%	6,502	6,451	-0.8%
Lincoln	6,436	6,554	1.8%	6,554	6,175	-5.8%
Linn	16,055	15,666	-2.4%	15,666	15,942	1.8%
District 4 total	**28,799**	**28,722**	**-0.3%**	**28,722**	**28,568**	**-0.5%**
TANF						
Benton	319	318	-0.4%	318	290	-8.8%
Lincoln	351	390	11.1%	390	372	-4.6%
Linn	1,032	1,077	4.4%	1,077	1,007	-6.5%
District 4 total	**1,702**	**1,785**	**4.9%**	**1,785**	**1,669**	**-6.5%**
Employment Related Day Care						
Benton	110	105	-4.2%	105	116	10.5%
Lincoln	97	102	5.3%	102	134	31.4%
Linn	261	268	2.8%	268	329	22.8%
District 1 total	**467**	**475**	**1.7%**	**475**	**579**	**21.9%**

District 4 Regional Forecast, Oregon Department of Human Services (*continued*)

Counties served
Benton, Lincoln and Linn

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Benton	138	130	-6.0%	130	128	-1.5%
Lincoln	284	282	-0.6%	282	292	3.5%
Linn	555	499	-10.1%	499	497	-0.4%
District 4 total	**977**	**911**	**-6.8%**	**911**	**917**	**0.7%**
Community-Based Care						
Benton	126	133	5.8%	133	138	3.8%
Lincoln	166	176	6.3%	176	179	1.7%
Linn	415	427	2.9%	427	445	4.2%
District 4 total	**706**	**736**	**4.2%**	**736**	**762**	**3.5%**
Nursing Care						
Benton	42	47	12.3%	47	47	0.0%
Lincoln	38	44	16.3%	44	51	15.9%
Linn	167	151	-9.4%	151	158	4.6%
District 4 total	**246**	**242**	**-1.8%**	**242**	**256**	**5.8%**

District 4 Regional Forecast, Oregon Health Authority (clients)

Counties served
Benton, Lincoln and Linn

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	**Fall 2012 Forecast 2011-2013**	**% diff. Fall 2012 vs. Spring 2012**	**Fall 2012 Forecast 2011-2013**	**Fall 2012 Forecast 2013-2015**	**Fall 2012 % diff. 2011-2013 to 2013-2015**
TANF-Related Medical						
Benton	2,165	2,106	-2.7%	2,106	2,208	4.8%
Lincoln	2,293	2,397	4.5%	2,397	2,563	6.9%
Linn	6,893	7,044	2.2%	7,044	7,433	5.5%
District 4 total	**11,351**	**11,547**	**1.7%**	**11,547**	**12,204**	**5.7%**
Poverty-Level Medical: Children						
Benton	1,832	1,817	-0.8%	1,817	1,828	0.6%
Lincoln	1,953	1,941	-0.6%	1,941	1,944	0.2%
Linn	5,491	5,483	-0.2%	5,483	5,534	0.9%
District 4 total	**9,276**	**9,241**	**-0.4%**	**9,241**	**9,306**	**0.7%**
Children's Health Insurance Program (CHIP)						
Benton	889	892	0.4%	892	958	7.4%
Lincoln	867	883	1.9%	883	956	8.3%
Linn	2,381	2,422	1.7%	2,422	2,563	5.8%
District 4 total	**4,136**	**4,197**	**1.5%**	**4,197**	**4,477**	**6.7%**
Poverty Level Medical: Women						
Benton	154	176	14.2%	176	192	9.1%
Lincoln	188	182	-3.0%	182	188	3.3%
Linn	470	460	-2.1%	460	462	0.4%
District 4 total	**812**	**818**	**0.8%**	**818**	**842**	**2.9%**
Foster Care & Adoption Services						
Benton	248	265	7.1%	265	265	0.0%
Lincoln	276	285	3.4%	285	284	-0.4%
Linn	707	731	3.4%	731	740	1.2%
District 4 total	**1,230**	**1,281**	**4.1%**	**1,281**	**1,289**	**0.6%**

District 4 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served
Benton, Lincoln and Linn

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	**Fall 2012 Forecast 2011-2013**	**% diff. Fall 2012 vs. Spring 2012**	**Fall 2012 Forecast 2011-2013**	**Fall 2012 Forecast 2013-2015**	**Fall 2012 % diff. 2011-2013 to 2013-2015**
Aid to Blind/Disabled						
Benton	1,222	1,193	-2.4%	1,193	1,253	5.0%
Lincoln	1,332	1,320	-0.9%	1,320	1,412	7.0%
Linn	3,247	3,259	0.4%	3,259	3,491	7.1%
District 4 total	**5,800**	**5,772**	**-0.5%**	**5,772**	**6,156**	**6.7%**
Old Age Assistance						
Benton	333	330	-0.8%	330	367	11.2%
Lincoln	552	523	-5.2%	523	543	3.8%
Linn	1,125	1,089	-3.2%	1,089	1,155	6.1%
District 4 total	**2,010**	**1,942**	**-3.4%**	**1,942**	**2,065**	**6.3%**
OHP Standard						
Benton	799	873	9.3%	873	850	-2.6%
Lincoln	1,104	1,147	3.9%	1,147	1,048	-8.6%
Linn	2,383	2,492	4.6%	2,492	2,304	-7.5%
District 4 total	**4,287**	**4,512**	**5.3%**	**4,512**	**4,202**	**-6.9%**

District 5 Regional Forecast

The economy continues to improve in Lane County, with increases in manufacturing, trade and leisure/hospitality having outweighed recent job losses in government employment. Although unemployment remains high in the county, it is now slightly lower than the state overall.

Stakeholders in Lane County noted that future economic performance might cause caseloads to fall, indicating that social services providers are feeling the effects of an improving economy. However, this opinion was not uniform — others said that caseloads will only level off due to economic improvements, and still others thought that caseloads would continue to rise.

Many stakeholders noted the rise in Lane County's bilingual caseload. They said this increase is reducing access to needed services and increasing the amount of time social service providers spend on casework.

DISTRICT 5					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
LANE	353,155	19.7	15.5	16.7	15.4	6.0	9.4	8.5

District 5 Regional Forecast, Oregon Department of Human Services

County served
Lane

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Lane	48,007	48,174	0.3%	48,174	47,763	-0.9%
District 5 total	**48,007**	**48,174**	**0.3%**	**48,174**	**47,763**	**-0.9%**
TANF						
Lane	2,661	2,756	3.6%	2,756	2,577	-6.5%
District 5 total	**2,661**	**2,756**	**3.6%**	**2,756**	**2,577**	**-6.5%**
Employment Related Day Care						
Lane	999	1,008	0.9%	1,008	1,190	18.1%
District 5 total	**999**	**1,008**	**0.9%**	**1,008**	**1,190**	**18.1%**
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Lane	885	987	11.5%	987	907	-8.1%
District 5 total	**885**	**987**	**11.5%**	**987**	**907**	**-8.1%**
Community-Based Care						
Lane	1,129	1,139	0.9%	1,139	1,234	8.3%
District 5 total	**1,129**	**1,139**	**0.9%**	**1,139**	**1,234**	**8.3%**
Nursing Care						
Lane	449	442	-1.6%	442	440	-0.5%
District 5 total	**449**	**442**	**-1.6%**	**442**	**440**	**-0.5%**

District 5 Regional Forecast, Oregon Health Authority (clients)

County served
Lane

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Lane	15,387	15,769	2.5%	15,769	16,564	5.0%
District 5 total	**15,387**	**15,769**	**2.5%**	**15,769**	**16,564**	**5.0%**
Poverty-Level Medical: Children						
Lane	12,803	12,652	-1.2%	12,652	12,848	1.5%
District 5 total	**12,803**	**12,652**	**-1.2%**	**12,652**	**12,848**	**1.5%**
Children's Health Insurance Program (CHIP)						
Lane	6,110	5,809	-4.9%	5,809	6,144	5.8%
District 5 total	**6,110**	**5,809**	**-4.9%**	**5,809**	**6,144**	**5.8%**
Poverty Level Medical: Women						
Lane	1,313	1,362	3.8%	1,362	1,401	2.9%
District 5 total	**1,313**	**1,362**	**3.8%**	**1,362**	**1,401**	**2.9%**
Foster Care & Adoption Services						
Lane	2,377	2,409	1.3%	2,409	2,521	4.6%
District 5 total	**2,377**	**2,409**	**1.3%**	**2,409**	**2,521**	**4.6%**
Aid to Blind/Disabled						
Lane	9,345	9,403	0.6%	9,403	10,274	9.3%
District 5 total	**9,345**	**9,403**	**0.6%**	**9,403**	**10,274**	**9.3%**
Old Age Assistance						
Lane	3,003	2,934	-2.3%	2,934	3,232	10.2%
District 5 total	**3,003**	**2,934**	**-2.3%**	**2,934**	**3,232**	**10.2%**
OHP Standard						
Lane	6,933	7,207	4.0%	7,207	6,628	-8.0%
District 5 total	**6,933**	**7,207**	**4.0%**	**7,207**	**6,628**	**-8.0%**

District 6 Regional Forecast

Unemployment continues to hover around 12 percent in Douglas County, which has not seen the kind of improvement in jobs enjoyed in other parts of the state. There are signs of economic improvement, however. Manufacturing, especially wood products manufacturing, has been on the rise, along with hiring in professional and business services. These jobs tend to pay more than service sector jobs, and may point to improvement in District 6's overall economic health. The most consistent downside to these improvements has been in government sector job loss, which has tended to cancel out improvements in the private sector. Indian tribal government hiring may be the one bright spot in this employment sector.

Respondents to the Stakeholder Survey indicated that Spanish-speaking clients are putting strains on this district's social services, especially for mental health providers.

DISTRICT 6					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
DOUGLAS	107,795	20.3	21.6	15.6	18.0	17.9	13.2	12.0

District 6 Regional Forecast, Oregon Department of Human Services

County served
Douglas

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Douglas	15,815	15,859	0.3%	15,859	15,643	-1.4%
District 6 total	**15,815**	**15,859**	**0.3%**	**15,859**	**15,643**	**-1.4%**
TANF						
Douglas	1,440	1,296	-10.0%	1,296	1,225	-5.5%
District 6 total	**1,440**	**1,296**	**-10.0%**	**1,296**	**1,225**	**-5.5%**
Employment Related Day Care						
Douglas	241	229	-5.0%	229	268	17.0%
District 6 total	**241**	**229**	**-5.0%**	**229**	**268**	**17.0%**
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Douglas	481	482	0.2%	482	478	-0.8%
District 6 total	**481**	**482**	**0.2%**	**482**	**478**	**-0.8%**
Community-Based Care						
Douglas	469	474	1.0%	474	519	9.5%
District 6 total	**469**	**474**	**1.0%**	**474**	**519**	**9.5%**
Nursing Care						
Douglas	99	102	2.7%	102	108	5.9%
District 6 total	**99**	**102**	**2.7%**	**102**	**108**	**5.9%**

District 6 Regional Forecast, Oregon Health Authority (clients)

County served
Douglas

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Douglas	6,762	6,507	-3.8%	6,507	6,736	3.5%
District 6 total	**6,762**	**6,507**	**-3.8%**	**6,507**	**6,736**	**3.5%**
Poverty-Level Medical: Children						
Douglas	4,725	4,649	-1.6%	4,649	4,739	1.9%
District 6 total	**4,725**	**4,649**	**-1.6%**	**4,649**	**4,739**	**1.9%**
Children's Health Insurance Program (CHIP)						
Douglas	1,884	1,788	-5.1%	1,788	1,869	4.5%
District 6 total	**1,884**	**1,788**	**-5.1%**	**1,788**	**1,869**	**4.5%**
Poverty Level Medical: Women						
Douglas	486	467	-3.8%	467	467	0.0%
District 6 total	**486**	**467**	**-3.8%**	**467**	**467**	**0.0%**
Foster Care & Adoption Services						
Douglas	717	726	1.2%	726	799	10.1%
District 6 total	**717**	**726**	**1.2%**	**726**	**799**	**10.1%**
Aid to Blind/Disabled						
Douglas	3,058	3,062	0.1%	3,062	3,223	5.3%
District 6 total	**3,058**	**3,062**	**0.1%**	**3,062**	**3,223**	**5.3%**
Old Age Assistance						
Douglas	1,089	1,066	-2.1%	1,066	1,110	4.1%
District 6 total	**1,089**	**1,066**	**-2.1%**	**1,066**	**1,110**	**4.1%**
OHP Standard						
Douglas	2,489	2,588	4.0%	2,588	2,421	-6.5%
District 6 total	**2,489**	**2,588**	**4.0%**	**2,588**	**2,421**	**-6.5%**

District 7 Regional Forecast

Coos and Curry counties started bleeding jobs before the Great Recession, and that pattern only accelerated during the economic downturn. As a result, the region was in a deep hole when things started to turn around in 2011. The Southwest Coast has been adding jobs over the last year; however, like many other regions, government-based employment losses have erased some of those gains.

The economies of Coos and Curry counties are fighting uphill against a demographic tide: The region has lost population over the last 10 years, especially young working-age adults. This hampers the ability of the region to grow economically. Coos and Curry counties have a high percentage of retirement-age adults and will likely continue to feel the strain of a population in need of age-related services; at the same time, the district has a smaller base of employment-age adults.

DISTRICT 7					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
COOS	62,960	19.1	21.9	16.4	16.4	11.1	11.3	10.5
CURRY	22,335	15.5	28.6	13.9	18.1	15.0	12.1	11.6

District 7 Regional Forecast, Oregon Department of Human Services

Counties served
Coos and Curry

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Coos	10,412	10,302	-1.1%	10,302	11,345	10.1%
Curry	2,809	2,723	-3.1%	2,723	2,714	-0.3%
District 7 total	**13,221**	**13,025**	**-1.5%**	**13,025**	**14,059**	**7.9%**
TANF						
Coos	743	753	1.4%	753	699	-7.2%
Curry	155	149	-3.7%	149	154	3.4%
District 7 total	**897**	**902**	**0.5%**	**902**	**853**	**-5.4%**
Employment Related Day Care						
Coos	154	151	-1.9%	151	179	18.5%
Curry	49	42	-14.0%	42	43	2.4%
District 7 total	**203**	**193**	**-4.8%**	**193**	**222**	**15.0%**
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Coos	530	458	-13.5%	458	449	-2.0%
Curry	69	63	-9.3%	63	68	7.9%
District 7 total	**599**	**521**	**-13.0%**	**521**	**517**	**-0.8%**
Community-Based Care						
Coos	324	330	1.9%	330	347	5.2%
Curry	134	144	7.6%	144	150	4.2%
District 7 total	**458**	**474**	**3.6%**	**474**	**497**	**4.9%**
Nursing Care						
Coos	91	85	-6.3%	85	89	4.7%
Curry	28	27	-2.4%	27	28	3.7%
District 7 total	**118**	**112**	**-5.4%**	**112**	**117**	**4.5%**

District 7 Regional Forecast, Oregon Health Authority (clients)

Counties served
Coos and Curry

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Coos	3,376	3,322	-1.6%	3,322	3,394	2.2%
Curry	859	824	-4.0%	824	859	4.2%
District 7 total	**4,235**	**4,146**	**-2.1%**	**4,146**	**4,253**	**2.6%**
Poverty-Level Medical: Children						
Coos	2,535	2,561	1.0%	2,561	2,614	2.1%
Curry	683	732	7.1%	732	756	3.3%
District 7 total	**3,218**	**3,293**	**2.3%**	**3,293**	**3,370**	**2.3%**
Children's Health Insurance Program (CHIP)						
Coos	1,174	1,127	-4.0%	1,127	1,177	4.4%
Curry	333	321	-3.6%	321	338	5.3%
District 7 total	**1,507**	**1,448**	**-3.9%**	**1,448**	**1,515**	**4.6%**
Poverty Level Medical: Women						
Coos	283	263	-7.0%	263	271	3.0%
Curry	88	95	8.5%	95	101	6.3%
District 7 total	**370**	**358**	**-3.3%**	**358**	**372**	**3.9%**
Foster Care & Adoption Services						
Coos	511	515	0.8%	515	527	2.3%
Curry	92	89	-3.7%	89	92	3.4%
District 7 total	**603**	**604**	**0.1%**	**604**	**619**	**2.5%**

District 7 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served
Coos and Curry

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	**Fall 2012 Forecast 2011-2013**	**% diff. Fall 2012 vs. Spring 2012**	**Fall 2012 Forecast 2011-2013**	**Fall 2012 Forecast 2013-2015**	**Fall 2012 % diff. 2011-2013 to 2013-2015**
Aid to Blind/Disabled						
Coos	2,335	2,309	-1.1%	2,309	2,422	4.9%
Curry	594	611	2.9%	611	644	5.4%
District 7 total	**2,929**	**2,920**	**-0.3%**	**2,920**	**3,066**	**5.0%**
Old Age Assistance						
Coos	851	839	-1.4%	839	886	5.6%
Curry	258	278	7.6%	278	309	11.2%
District 7 total	**1,109**	**1,117**	**0.7%**	**1,117**	**1,195**	**7.0%**
OHP Standard						
Coos	1,571	1,641	4.4%	1,641	1,513	-7.8%
Curry	407	431	5.9%	431	396	-8.1%
District 7 total	**1,978**	**2,072**	**4.7%**	**2,072**	**1,909**	**-7.9%**

District 8 Regional Forecast

Medford, as the regional population center for Southwest Oregon, is producing new jobs and is the region's economic bright spot. Unemployment remains stubbornly high for the Rogue Valley, however. Manufacturing and construction are slowly improving. Lower-paying service sector jobs are returning, especially in leisure/hospitality and retail trade. Job losses at all levels of government — federal, state and local — have mitigated some of the private sector improvements.

DISTRICT 8					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
JACKSON	203,950	21.7	18.1	14.0	20.4	12.2	11.6	10.6
JOSEPHINE	82,820	20.2	22.8	17.8	17.8	11.0	12.6	11.9

District 8 Regional Forecast, Oregon Department of Human Services

Counties served
Jackson and Josephine

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Jackson	28,462	28,567	0.4%	28,567	28,058	-1.8%
Josephine	14,513	14,216	-2.0%	14,216	13,988	-1.6%
District 8 total	**42,975**	**42,783**	**-0.4%**	**42,783**	**42,046**	**-1.7%**
TANF						
Jackson	2,022	2,179	7.7%	2,179	2,299	5.5%
Josephine	1,237	1,233	-0.3%	1,233	1,150	-6.7%
District 8 total	**3,259**	**3,412**	**4.7%**	**3,412**	**3,449**	**1.1%**
Employment Related Day Care						
Jackson	555	568	2.3%	568	724	27.5%
Josephine	163	158	-3.1%	158	176	11.4%
District 8 total	**718**	**726**	**1.1%**	**726**	**900**	**24.0%**
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Jackson	555	697	25.5%	697	698	0.1%
Josephine	342	358	4.8%	358	357	-0.3%
District 8 total	**897**	**1,055**	**17.6%**	**1,055**	**1,055**	**0.0%**
Community-Based Care						
Jackson	801	781	-2.4%	781	800	2.4%
Josephine	307	307	0.1%	307	316	2.9%
District 8 total	**1,107**	**1,088**	**-1.7%**	**1,088**	**1,116**	**2.6%**
Nursing Care						
Jackson	186	172	-7.3%	172	172	0.0%
Josephine	139	142	2.1%	142	150	5.6%
District 8 total	**325**	**314**	**-3.3%**	**314**	**322**	**2.5%**

District 8 Regional Forecast, Oregon Health Authority (clients)

Counties served
Jackson and Josephine

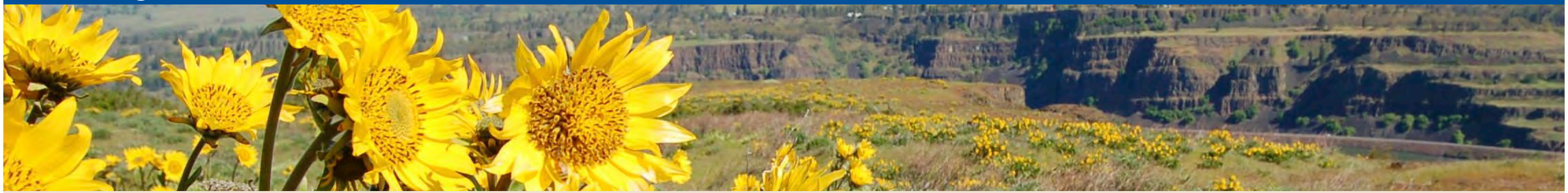
	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Jackson	11,375	11,436	0.5%	11,436	11,939	4.4%
Josephine	5,862	5,818	-0.7%	5,818	5,995	3.0%
District 8 total	**17,236**	**17,254**	**0.1%**	**17,254**	**17,934**	**3.9%**
Poverty-Level Medical: Children						
Jackson	9,413	9,367	-0.5%	9,367	9,485	1.3%
Josephine	3,681	3,709	0.8%	3,709	3,737	0.8%
District 8 total	**13,093**	**13,076**	**-0.1%**	**13,076**	**13,222**	**1.1%**
Children's Health Insurance Program (CHIP)						
Jackson	4,638	4,561	-1.7%	4,561	4,848	6.3%
Josephine	1,662	1,639	-1.4%	1,639	1,736	5.9%
District 8 total	**6,300**	**6,200**	**-1.6%**	**6,200**	**6,584**	**6.2%**
Poverty Level Medical: Women						
Jackson	986	956	-3.1%	956	961	0.5%
Josephine	373	376	0.7%	376	394	4.8%
District 8 total	**1,360**	**1,332**	**-2.0%**	**1,332**	**1,355**	**1.7%**
Foster Care & Adoption Services						
Jackson	1,029	1,065	3.5%	1,065	1,132	6.3%
Josephine	529	552	4.4%	552	600	8.7%
District 8 total	**1,558**	**1,617**	**3.8%**	**1,617**	**1,732**	**7.1%**

District 8 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served
Jackson and Josephine

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	**Fall 2012 Forecast 2011-2013**	**% diff. Fall 2012 vs. Spring 2012**	**Fall 2012 Forecast 2011-2013**	**Fall 2012 Forecast 2013-2015**	**Fall 2012 % diff. 2011-2013 to 2013-2015**
Aid to Blind/Disabled						
Jackson	4,658	4,657	0.0%	4,657	4,987	7.1%
Josephine	2,580	2,615	1.4%	2,615	2,759	5.5%
District 8 total	**7,238**	**7,272**	**0.5%**	**7,272**	**7,746**	**6.5%**
Old Age Assistance						
Jackson	1,952	1,908	-2.3%	1,908	2,223	16.5%
Josephine	998	992	-0.6%	992	1,067	7.6%
District 8 total	**2,950**	**2,900**	**-1.7%**	**2,900**	**3,290**	**13.4%**
OHP Standard						
Jackson	4,082	4,197	2.8%	4,197	3,844	-8.4%
Josephine	2,538	2,668	5.1%	2,668	2,497	-6.4%
District 8 total	**6,620**	**6,865**	**3.7%**	**6,865**	**6,341**	**-7.6%**

District 9 Regional Forecast



District 9 contains the least populous counties in the state, and the economy is narrowly focused on tourism and agriculture. In general, the area's economy was somewhat sheltered from the Great Recession; this was especially true in Hood River, which has a stronger employment base than its neighbors.

District 9 stakeholders indicated an influx of new residents to the area, lured by cheap rents but unprepared for the higher food costs and long travel necessary to find basic services that comes with rural life. Many of these new residents came from Washington, lured by the possibility that they would qualify for social assistance in Oregon after losing benefits in Washington.

DISTRICT 9					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
GILLIAM	1,880	18.6	23.0	10.6	15.7	9.7	7.9	8.7
HOOD RIVER	22,625	25.7	12.8	9.5	18.5	9.7	7.6	6.8
SHERMAN	1,765	19.8	22.3	20.0	15.7	9.7	9.3	8.5
WASCO	25,300	23.2	18.0	15.5	21.7	12.5	8.4	7.6
WHEELER	1,435	18.4	29.5	11.4	15.7	9.7	10.0	7.2

District 9 Regional Forecast, Oregon Department of Human Services

Counties served: **Gilliam, Hood River, Sherman, Wasco and Wheeler**

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Gilliam	129	127	-1.4%	127	127	0.0%
Hood River	1,654	1,699	2.7%	1,699	1,720	1.2%
Sherman	138	142	3.1%	142	132	-7.0%
Wasco	2,885	2,952	2.3%	2,952	2,905	-1.6%
Wheeler	148	150	1.3%	150	147	-2.0%
District 9 total	**4,954**	**5,070**	**2.3%**	**5,070**	**5,031**	**-0.8%**
TANF						
Gilliam	9	9	0.9%	9	8	-11.1%
Hood River	52	70	34.1%	70	59	-15.7%
Sherman	10	10	-2.7%	10	9	-10.0%
Wasco	146	166	13.7%	166	164	-1.2%
Wheeler	12	11	-5.2%	11	11	0.0%
District 9 total	**229**	**266**	**16.2%**	**266**	**251**	**-5.6%**
Employment Related Day Care						
Gilliam	1	3	155.2%	3	4	33.3%
Hood River	37	35	-5.6%	35	43	22.9%
Sherman	2	2	2.1%	2	2	0.0%
Wasco	68	65	-4.1%	65	64	-1.5%
Wheeler	1	1	0.6%	1	1	0.0%
District 9 total	**109**	**106**	**-2.7%**	**106**	**114**	**7.5%**

District 9 Regional Forecast, Oregon Department of Human Services (*continued*)

Counties served: **Gilliam, Hood River, Sherman, Wasco and Wheeler**

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Gilliam	5	5	-1.8%	5	6	20.0%
Hood River	19	17	-10.6%	17	17	0.0%
Sherman	5	7	28.2%	7	8	14.3%
Wasco	83	80	-3.4%	80	79	-1.3%
Wheeler	6	5	-21.8%	5	5	0.0%
District 9 total	**119**	**114**	**-4.0%**	**114**	**115**	**0.9%**
Community-Based Care						
Gilliam	11	11	-1.8%	11	13	18.2%
Hood River	43	44	3.4%	44	45	2.3%
Sherman	0	1	100.0%	1	2	100.0%
Wasco	88	91	3.2%	91	95	4.4%
Wheeler	6	5	-12.2%	5	5	0.0%
District 9 total	**148**	**152**	**2.9%**	**152**	**160**	**5.3%**
Nursing Care						
Gilliam	1	2	100.0%	2	2	0.0%
Hood River	48	53	9.8%	53	53	0.0%
Sherman	2	2	2.6%	2	2	0.0%
Wasco	105	110	4.7%	110	111	0.9%
Wheeler	1	2	100.0%	2	2	0.0%
District 9 total	**157**	**169**	**7.4%**	**169**	**170**	**0.6%**

District 9 Regional Forecast, Oregon Health Authority (clients)

Counties served: **Gilliam, Hood River, Sherman, Wasco and Wheeler**

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Gilliam	56	54	-3.4%	54	56	3.7%
Hood River	657	704	7.2%	704	723	2.7%
Sherman	49	50	1.9%	50	48	-4.0%
Wasco	1,162	1,083	-6.8%	1,083	1,166	7.7%
Wheeler	54	52	-4.1%	52	57	9.6%
District 9 total	**1,978**	**1,943**	**-1.7%**	**1,943**	**2,050**	**5.5%**
Poverty-Level Medical: Children						
Gilliam	37	46	25.3%	46	50	8.7%
Hood River	1,249	1,288	3.1%	1,288	1,290	0.2%
Sherman	51	65	26.9%	65	69	6.2%
Wasco	1,212	1,251	3.2%	1,251	1,244	-0.6%
Wheeler	48	54	11.3%	54	53	-1.9%
District 9 total	**2,597**	**2,704**	**4.1%**	**2,704**	**2,706**	**0.1%**
Children's Health Insurance Program (CHIP)						
Gilliam	21	24	15.4%	24	25	4.2%
Hood River	792	817	3.1%	817	892	9.2%
Sherman	29	31	7.0%	31	35	12.9%
Wasco	652	639	-1.9%	639	665	4.1%
Wheeler	23	15	-34.9%	15	15	0.0%
District 9 total	**1,517**	**1,526**	**0.6%**	**1,526**	**1,632**	**6.9%**
Poverty Level Medical: Women						
Gilliam	3	4	29.6%	4	5	25.0%
Hood River	82	88	7.8%	88	98	11.4%
Sherman	4	6	64.1%	6	7	16.7%
Wasco	110	119	8.3%	119	124	4.2%
Wheeler	6	6	2.0%	6	7	16.7%
District 9 total	**204**	**223**	**9.2%**	**223**	**241**	**8.1%**

District 9 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served: **Gilliam, Hood River, Sherman, Wasco and Wheeler**

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Foster Care & Adoption Services						
Gilliam	10	12	20.9%	12	12	0.0%
Hood River	83	80	-3.3%	80	82	2.5%
Sherman	23	20	-14.8%	20	19	-5.0%
Wasco	151	154	2.3%	154	155	0.6%
Wheeler	9	10	10.9%	10	11	10.0%
District 9 total	**276**	**276**	**0.1%**	**276**	**279**	**1.1%**
Aid to Blind/Disabled						
Gilliam	33	32	-2.3%	32	34	6.3%
Hood River	229	270	17.9%	270	275	1.9%
Sherman	35	35	-0.8%	35	35	0.0%
Wasco	665	658	-1.0%	658	711	8.1%
Wheeler	28	26	-8.6%	26	26	0.0%
District 9 total	**990**	**1,021**	**3.1%**	**1,021**	**1,081**	**5.9%**
Old Age Assistance						
Gilliam	25	24	-2.3%	24	26	8.3%
Hood River	147	152	3.3%	152	165	8.6%
Sherman	14	11	-21.4%	11	12	9.1%
Wasco	304	309	1.5%	309	324	4.9%
Wheeler	29	17	-40.6%	17	19	11.8%
District 9 total	**519**	**513**	**-1.1%**	**513**	**546**	**6.4%**
OHP Standard						
Gilliam	30	32	5.7%	32	31	-3.1%
Hood River	226	277	22.7%	277	279	0.7%
Sherman	23	23	0.0%	23	23	0.0%
Wasco	425	454	6.7%	454	431	-5.1%
Wheeler	42	42	0.0%	42	36	-14.3%
District 9 total	**746**	**828**	**10.9%**	**828**	**800**	**-3.4%**

District 10 Regional Forecast

Unemployment remains a serious concern in Central Oregon, which suffered some of the worst jobs losses in the state during the Great Recession. Manufacturing and construction — staples of a thriving economy in the region — have been slow to recover but are showing signs of life. Leisure/hospitality and retail jobs associated with tourism improved in 2011, although that progress has somewhat tapered off. Government hiring is up from 2011, although some of that activity may be temporary hiring to fight wildfires in the area.

DISTRICT 10					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
CROOK	20,855	21.6	20.9	14.0	14.2	3.9	14.6	13.8
DESCHUTES	158,875	22.9	15.3	10.5	16.0	11.3	12.3	11.1
JEFFERSON	21,845	25.0	15.8	20.1	20.9	17.0	13.3	12.2

District 10 Regional Forecast, Oregon Department of Human Services

Counties served
Crook, Deschutes and Jefferson

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Crook	2,578	2,664	3.3%	2,664	2,769	3.9%
Deschutes	16,928	18,083	6.8%	18,083	17,853	-1.3%
Jefferson	3,489	3,598	3.1%	3,598	3,518	-2.2%
District 10 total	**22,995**	**24,345**	**5.9%**	**24,345**	**24,140**	**-0.8%**
TANF						
Crook	174	182	4.8%	182	219	20.3%
Deschutes	1,150	1,218	5.9%	1,218	1,110	-8.9%
Jefferson	389	423	8.7%	423	412	-2.6%
District 10 total	**1,712**	**1,823**	**6.5%**	**1,823**	**1,741**	**-4.5%**
Employment Related Day Care						
Crook	18	25	40.7%	25	38	52.0%
Deschutes	273	289	5.8%	289	354	22.5%
Jefferson	65	55	-15.5%	55	79	43.6%
District 10 total	**356**	**369**	**3.7%**	**369**	**471**	**27.6%**

District 10 Regional Forecast, Oregon Department of Human Services (*continued*)

Counties served
Crook, Deschutes and Jefferson

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Crook	96	84	-12.3%	84	84	0.0%
Deschutes	229	268	17.0%	268	262	-2.2%
Jefferson	58	54	-6.5%	54	55	1.9%
District 10 total	**383**	**406**	**6.1%**	**406**	**401**	**-1.2%**
Community-Based Care						
Crook	63	62	-2.1%	62	65	4.8%
Deschutes	447	464	3.9%	464	512	10.3%
Jefferson	92	82	-10.5%	82	89	8.5%
District 10 total	**602**	**608**	**1.1%**	**608**	**666**	**9.5%**
Nursing Care						
Crook	20	21	4.6%	21	22	4.8%
Deschutes	89	86	-3.0%	86	87	1.2%
Jefferson	20	18	-9.9%	18	18	0.0%
District 10 total	**129**	**125**	**-2.9%**	**125**	**127**	**1.6%**

District 10 Regional Forecast, Oregon Health Authority (clients)

Counties served
Crook, Deschutes and Jefferson

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Crook	1,095	1,126	2.8%	1,126	1,193	6.0%
Deschutes	7,553	7,636	1.1%	7,636	7,996	4.7%
Jefferson	2,188	2,268	3.6%	2,268	2,368	4.4%
District 10 total	**10,837**	**11,030**	**1.8%**	**11,030**	**11,557**	**4.8%**
Poverty-Level Medical: Children						
Crook	852	870	2.1%	870	887	2.0%
Deschutes	6,490	6,370	-1.9%	6,370	6,420	0.8%
Jefferson	1,327	1,236	-6.9%	1,236	1,242	0.5%
District 10 total	**8,669**	**8,476**	**-2.2%**	**8,476**	**8,549**	**0.9%**
Children's Health Insurance Program (CHIP)						
Crook	518	521	0.5%	521	574	10.2%
Deschutes	3,533	3,343	-5.4%	3,343	3,551	6.2%
Jefferson	605	550	-9.1%	550	595	8.2%
District 10 total	**4,657**	**4,414**	**-5.2%**	**4,414**	**4,720**	**6.9%**
Poverty Level Medical: Women						
Crook	51	59	15.5%	59	63	6.8%
Deschutes	625	558	-10.7%	558	558	0.0%
Jefferson	125	103	-17.8%	103	105	1.9%
District 10 total	**801**	**720**	**-10.2%**	**720**	**726**	**0.8%**
Foster Care & Adoption Services						
Crook	85	78	-8.3%	78	79	1.3%
Deschutes	471	489	3.9%	489	491	0.4%
Jefferson	177	176	-0.4%	176	178	1.1%
District 10 total	**732**	**743**	**1.4%**	**743**	**748**	**0.7%**

District 10 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served
Crook, Deschutes and Jefferson

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	**Fall 2012 Forecast 2011-2013**	**% diff. Fall 2012 vs. Spring 2012**	**Fall 2012 Forecast 2011-2013**	**Fall 2012 Forecast 2013-2015**	**Fall 2012 % diff. 2011-2013 to 2013-2015**
Aid to Blind/Disabled						
Crook	450	453	0.7%	453	520	14.8%
Deschutes	2,315	2,375	2.6%	2,375	2,571	8.3%
Jefferson	531	529	-0.3%	529	596	12.7%
District 10 total	**3,296**	**3,357**	**1.9%**	**3,357**	**3,687**	**9.8%**
Old Age Assistance						
Crook	195	191	-1.9%	191	199	4.2%
Deschutes	831	852	2.5%	852	904	6.1%
Jefferson	196	194	-1.2%	194	231	19.1%
District 10 total	**1,222**	**1,237**	**1.2%**	**1,237**	**1,334**	**7.8%**
OHP Standard						
Crook	411	443	7.7%	443	420	-5.2%
Deschutes	2,468	2,686	8.8%	2,686	2,433	-9.4%
Jefferson	424	438	3.2%	438	422	-3.7%
District 10 total	**3,304**	**3,567**	**8.0%**	**3,567**	**3,275**	**-8.2%**

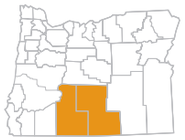
District 11 Regional Forecast

Unemployment in District 11 remains among the highest in the state, but there are signs of an improving economy. Klamath County has seen a rise in construction employment and jobs in the financial services sector throughout 2012, and trade jobs are on the rise. Government employment, a sore spot in many regions, is faring a little better in District 11.

DISTRICT 11					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
KLAMATH	66,580	22.2	17.6	16.6	18.3	7.1	12.4	11.5
LAKE	7,885	19.0	21.0	17.5	17.8	8.1	13.7	12.9

District 11 Regional Forecast, Oregon Department of Human Services

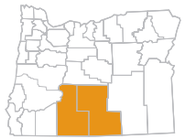
Counties served
Klamath and Lake



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Klamath	10,126	9,946	-1.8%	9,946	9,805	-1.4%
Lake	867	863	-0.4%	863	855	-0.9%
District 11 total	**10,993**	**10,809**	**-1.7%**	**10,809**	**10,660**	**-1.4%**
TANF						
Klamath	697	727	4.3%	727	696	-4.3%
Lake	37	41	11.3%	41	44	7.3%
District 11 total	**734**	**768**	**4.7%**	**768**	**740**	**-3.6%**
Employment Related Day Care						
Klamath	101	98	-3.1%	98	120	22.4%
Lake	6	5	-9.3%	5	9	80.0%
District 11 total	**107**	**103**	**-3.4%**	**103**	**129**	**25.2%**
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Klamath	207	199	-3.7%	199	199	0.0%
Lake	21	14	-33.4%	14	14	0.0%
District 11 total	**228**	**213**	**-6.5%**	**213**	**213**	**0.0%**
Community-Based Care						
Klamath	231	225	-2.7%	225	226	0.4%
Lake	12	13	12.8%	13	14	7.7%
District 11 total	**243**	**238**	**-1.9%**	**238**	**240**	**0.8%**
Nursing Care						
Klamath	41	39	-4.0%	39	38	-2.6%
Lake	17	14	-19.5%	14	12	-14.3%
District 11 total	**58**	**53**	**-8.7%**	**53**	**50**	**-5.7%**

District 11 Regional Forecast, Oregon Health Authority (clients)

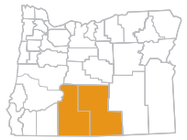
Counties served
Klamath and Lake



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Klamath	4,279	4,308	0.7%	4,308	4,458	3.5%
Lake	360	370	2.8%	370	383	3.5%
District 11 total	**4,640**	**4,678**	**0.8%**	**4,678**	**4,841**	**3.5%**
Poverty-Level Medical: Children						
Klamath	3,149	3,105	-1.4%	3,105	3,138	1.1%
Lake	285	274	-3.8%	274	271	-1.1%
District 11 total	**3,434**	**3,379**	**-1.6%**	**3,379**	**3,409**	**0.9%**
Children's Health Insurance Program (CHIP)						
Klamath	1,245	1,251	0.5%	1,251	1,348	7.8%
Lake	117	114	-2.3%	114	122	7.0%
District 11 total	**1,361**	**1,365**	**0.3%**	**1,365**	**1,470**	**7.7%**
Poverty Level Medical: Women						
Klamath	333	321	-3.5%	321	324	0.9%
Lake	39	35	-9.1%	35	38	8.6%
District 11 total	**371**	**356**	**-4.1%**	**356**	**362**	**1.7%**
Foster Care & Adoption Services						
Klamath	503	537	6.8%	537	551	2.6%
Lake	47	51	8.3%	51	51	0.0%
District 11 total	**550**	**588**	**6.9%**	**588**	**602**	**2.4%**

District 11 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served
Klamath and Lake



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	**Fall 2012 Forecast 2011-2013**	**% diff. Fall 2012 vs. Spring 2012**	**Fall 2012 Forecast 2011-2013**	**Fall 2012 Forecast 2013-2015**	**Fall 2012 % diff. 2011-2013 to 2013-2015**
Aid to Blind/Disabled						
Klamath	1,951	1,927	-1.2%	1,927	2,032	5.4%
Lake	174	182	4.4%	182	188	3.3%
District 11 total	**2,125**	**2,109**	**-0.8%**	**2,109**	**2,220**	**5.3%**
Old Age Assistance						
Klamath	585	576	-1.6%	576	598	3.8%
Lake	75	74	-1.2%	74	77	4.1%
District 11 total	**660**	**650**	**-1.6%**	**650**	**675**	**3.8%**
OHP Standard						
Klamath	1,472	1,495	1.6%	1,495	1,379	-7.8%
Lake	176	178	1.3%	178	170	-4.5%
District 11 total	**1,647**	**1,673**	**1.5%**	**1,673**	**1,549**	**-7.4%**

District 12 Regional Forecast

The economy in District 12 is expanding, with improvements from 2011 in manufacturing, trade and leisure/hospitality. Unemployment is more or less in line with the state as a whole.

DISTRICT 12					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
MORROW	11,270	28.0	13.2	15.3	15.7	9.7	8.7	8.9
UMATILLA	76,580	26.6	13.0	15.8	16.9	5.2	9.0	8.3

District 12 Regional Forecast, Oregon Department of Human Services

Counties served
Morrow and Umatilla

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Morrow	1,082	1,073	-0.8%	1,073	1,092	1.8%
Umatilla	8,415	8,334	-1.0%	8,334	8,276	-0.7%
District 11 total	**9,497**	**9,407**	**-0.9%**	**9,407**	**9,368**	**-0.4%**
TANF						
Morrow	97	105	8.1%	105	99	-5.7%
Umatilla	671	702	4.6%	702	633	-9.8%
District 11 total	**769**	**807**	**5.0%**	**807**	**732**	**-9.3%**
Employment Related Day Care						
Morrow	20	15	-25.9%	15	19	26.7%
Umatilla	180	189	4.9%	189	238	25.9%
District 11 total	**200**	**204**	**1.8%**	**204**	**257**	**26.0%**
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Morrow	37	34	-7.6%	34	33	-2.9%
Umatilla	272	271	-0.4%	271	272	0.4%
District 11 total	**309**	**305**	**-1.2%**	**305**	**305**	**0.0%**
Community-Based Care						
Morrow	13	14	11.1%	14	17	21.4%
Umatilla	267	278	3.9%	278	286	2.9%
District 11 total	**280**	**292**	**4.3%**	**292**	**303**	**3.8%**
Nursing Care						
Morrow	7	10	50.9%	10	12	20.0%
Umatilla	83	77	-7.4%	77	75	-2.6%
District 11 total	**90**	**87**	**-3.1%**	**87**	**87**	**0.0%**

District 12 Regional Forecast, Oregon Health Authority (clients)

Counties served
Morrow and Umatilla

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Morrow	678	705	4.0%	705	757	7.4%
Umatilla	4,480	4,452	-0.6%	4,452	4,733	6.3%
District 12 total	**5,157**	**5,157**	**0.0%**	**5,157**	**5,490**	**6.4%**
Poverty-Level Medical: Children						
Morrow	542	572	5.6%	572	595	4.0%
Umatilla	3,809	3,932	3.2%	3,932	4,020	2.2%
District 12 total	**4,351**	**4,504**	**3.5%**	**4,504**	**4,615**	**2.5%**
Children's Health Insurance Program (CHIP)						
Morrow	357	352	-1.5%	352	366	4.0%
Umatilla	1,958	1,930	-1.4%	1,930	2,047	6.1%
District 12 total	**2,315**	**2,282**	**-1.4%**	**2,282**	**2,413**	**5.7%**
Poverty Level Medical: Women						
Morrow	41	47	16.0%	47	48	2.1%
Umatilla	366	374	2.3%	374	387	3.5%
District 12 total	**406**	**421**	**3.6%**	**421**	**435**	**3.3%**
Foster Care & Adoption Services						
Morrow	44	42	-3.9%	42	43	2.4%
Umatilla	404	393	-2.8%	393	399	1.5%
District 12 total	**448**	**435**	**-2.9%**	**435**	**442**	**1.6%**

District 12 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served
Morrow and Umatilla

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	**Fall 2012 Forecast 2011-2013**	**% diff. Fall 2012 vs. Spring 2012**	**Fall 2012 Forecast 2011-2013**	**Fall 2012 Forecast 2013-2015**	**Fall 2012 % diff. 2011-2013 to 2013-2015**
Aid to Blind/Disabled						
Morrow	220	219	-0.5%	219	256	16.9%
Umatilla	1,618	1,596	-1.4%	1,596	1,665	4.3%
District 12 total	**1,838**	**1,815**	**-1.3%**	**1,815**	**1,921**	**5.8%**
Old Age Assistance						
Morrow	70	72	2.4%	72	77	6.9%
Umatilla	797	783	-1.7%	783	820	4.7%
District 12 total	**867**	**855**	**-1.4%**	**855**	**897**	**4.9%**
OHP Standard						
Morrow	136	136	0.0%	136	130	-4.4%
Umatilla	788	846	7.4%	846	823	-2.7%
District 7 total	**924**	**982**	**6.3%**	**982**	**953**	**-3.0%**

District 13 Regional Forecast

The Great Recession hit Northeast Oregon hard, but District 13 has been showing signs of improvement, especially Wallowa and Union counties where unemployment has nearly reached a four-year low. Baker and Wallowa counties have a high percentage of retirement-age people and will likely feel the strain of a population in need of age-related services; at the same time, the district has a smaller base of employment-age adults.

DISTRICT 13					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
BAKER	16,215	20.2	22.5	19.9	20.6	9.8	10.6	9.9
UNION	25,980	22.7	17.2	16.1	16.0	16.1	9.7	9.0
WALLOWA	6,995	19.2	24.1	12.9	20.6	9.8	11.1	10.2

District 13 Regional Forecast, Oregon Department of Human Services

Counties served
Baker, Union and Wallowa

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Baker	1,959	1,970	0.6%	1,970	1,935	-1.8%
Union	2,754	2,835	2.9%	2,835	2,811	-0.8%
Wallowa	633	611	-3.5%	611	612	0.2%
District 13 total	**5,346**	**5,416**	**1.3%**	**5,416**	**5,358**	**-1.1%**
TANF						
Baker	163	167	2.5%	167	155	-7.2%
Union	253	274	8.1%	274	261	-4.7%
Wallowa	40	42	5.8%	42	38	-9.5%
District 13 total	**456**	**483**	**5.9%**	**483**	**454**	**-6.0%**
Employment Related Day Care						
Baker	50	45	-10.5%	45	56	24.4%
Union	78	65	-17.1%	65	62	-4.6%
Wallowa	11	11	2.1%	11	11	0.0%
District 13 total	**140**	**121**	**-13.3%**	**121**	**129**	**6.6%**

District 13 Regional Forecast, Oregon Department of Human Services (*continued*)

Counties served
Baker, Union and Wallowa

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Baker	36	35	-2.4%	35	33	-5.7%
Union	77	80	3.4%	80	80	0.0%
Wallowa	31	29	-6.5%	29	28	-3.4%
District 13 total	**144**	**144**	**-0.2%**	**144**	**141**	**-2.1%**
Community-Based Care						
Baker	94	89	-5.4%	89	94	5.6%
Union	104	102	-1.8%	102	107	4.9%
Wallowa	30	35	17.7%	35	38	8.6%
District 13 total	**228**	**226**	**-0.7%**	**226**	**239**	**5.8%**
Nursing Care						
Baker	23	23	-0.1%	23	22	-4.3%
Union	39	42	8.7%	42	44	4.8%
Wallowa	15	13	-11.4%	13	14	7.7%
District 13 total	**76**	**78**	**2.2%**	**78**	**80**	**2.6%**

District 13 Regional Forecast, Oregon Health Authority (clients)

Counties served
Baker, Union and Wallowa

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Baker	781	844	8.1%	844	873	3.4%
Union	1,493	1,521	1.8%	1,521	1,585	4.2%
Wallowa	239	233	-2.5%	233	242	3.9%
District 13 total	**2,513**	**2,598**	**3.4%**	**2,598**	**2,700**	**3.9%**
Poverty-Level Medical: Children						
Baker	694	675	-2.8%	675	680	0.7%
Union	1,090	1,071	-1.7%	1,071	1,080	0.8%
Wallowa	235	214	-8.8%	214	232	8.4%
District 13 total	**2,019**	**1,960**	**-2.9%**	**1,960**	**1,992**	**1.6%**
Children's Health Insurance Program (CHIP)						
Baker	291	280	-3.7%	280	286	2.1%
Union	465	441	-5.2%	441	482	9.3%
Wallowa	119	116	-2.3%	116	119	2.6%
District 13 total	**875**	**837**	**-4.3%**	**837**	**887**	**6.0%**
Poverty Level Medical: Women						
Baker	69	78	12.4%	78	84	7.7%
Union	118	108	-8.4%	108	109	0.9%
Wallowa	18	14	-21.6%	14	13	-7.1%
District 13 total	**205**	**200**	**-2.5%**	**200**	**206**	**3.0%**
Foster Care & Adoption Services						
Baker	119	118	-0.8%	118	114	-3.4%
Union	128	125	-2.1%	125	127	1.6%
Wallowa	27	27	-0.5%	27	27	0.0%
District 13 total	**274**	**270**	**-1.4%**	**270**	**268**	**-0.7%**

District 13 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served
Baker, Union and Wallowa

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Aid to Blind/Disabled						
Baker	428	433	1.1%	433	455	5.1%
Union	591	578	-2.2%	578	569	-1.6%
Wallowa	169	183	8.1%	183	194	6.0%
District 13 total	**1,189**	**1,194**	**0.4%**	**1,194**	**1,218**	**2.0%**
Old Age Assistance						
Baker	192	183	-4.7%	183	205	12.0%
Union	245	247	0.7%	247	256	3.6%
Wallowa	73	72	-0.8%	72	76	5.6%
District 13 total	**510**	**502**	**-1.6%**	**502**	**537**	**7.0%**
OHP Standard						
Baker	340	357	5.0%	357	330	-7.6%
Union	401	428	6.8%	428	413	-3.5%
Wallowa	120	121	0.5%	121	114	-5.8%
District 13 total	**861**	**906**	**5.2%**	**906**	**857**	**-5.4%**

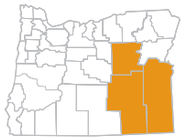
District 14 Regional Forecast

It's a mixed bag in Southeast Oregon, where unemployment is down noticeably in Harney and Malheur counties, but not at all in Grant County. Employment has contracted over the year, mostly due to reductions in government jobs equaling or surpassing improvements in private sector employment, especially in Malheur County.

DISTRICT 14					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
GRANT	7,450	18.8	24.8	14.4	15.7	9.7	13.3	13.6
HARNEY	7,375	22.1	19.6	18.5	17.8	8.1	14.2	12.6
MALHEUR	31,445	25.4	15.3	22.7	23.8	14.3	10.3	9.9

District 14 Regional Forecast, Oregon Department of Human Services

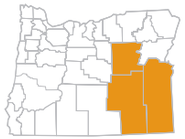
Counties served
Grant, Harney and Malheur



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Grant	691	693	0.2%	693	676	-2.5%
Harney	839	850	1.4%	850	839	-1.3%
Malheur	3,791	3,848	1.5%	3,848	3,783	-1.7%
District 14 total	**5,320**	**5,391**	**1.3%**	**5,391**	**5,298**	**-1.7%**
TANF						
Grant	25	25	-0.9%	25	25	0.0%
Harney	22	30	33.9%	30	31	3.3%
Malheur	219	239	9.0%	239	223	-6.7%
District 14 total	**267**	**294**	**10.1%**	**294**	**279**	**-5.1%**
Employment Related Day Care						
Grant	6	5	-13.6%	5	7	40.0%
Harney	14	10	-27.4%	10	15	50.0%
Malheur	65	68	4.1%	68	79	16.2%
District 14 total	**85**	**83**	**-2.3%**	**83**	**101**	**21.7%**

District 14 Regional Forecast, Oregon Department of Human Services (*continued*)

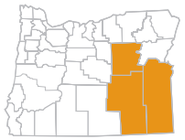
Counties served
Grant, Harney and Malheur



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Grant	22	17	-24.1%	17	17	0.0%
Harney	29	27	-7.7%	27	27	0.0%
Malheur	110	142	28.6%	142	138	-2.8%
District 14 total	**162**	**186**	**14.8%**	**186**	**182**	**-2.2%**
Community-Based Care						
Grant	38	38	0.2%	38	38	0.0%
Harney	28	32	15.3%	32	36	12.5%
Malheur	167	160	-4.0%	160	175	9.4%
District 14 total	**232**	**230**	**-1.0%**	**230**	**249**	**8.3%**
Nursing Care						
Grant	19	17	-12.2%	17	18	5.9%
Harney	1	0	-100.0%	0	0	0.0%
Malheur	26	29	12.2%	29	29	0.0%
District 14 total	**46**	**46**	**-0.4%**	**46**	**47**	**2.2%**

District 14 Regional Forecast, Oregon Health Authority (clients)

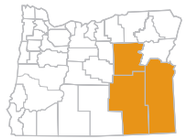
Counties served
Grant, Harney and Malheur



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Grant	218	250	14.5%	250	262	4.8%
Harney	208	229	10.1%	229	250	9.2%
Malheur	2,199	2,241	1.9%	2,241	2,336	4.2%
District 14 total	**2,625**	**2,720**	**3.6%**	**2,720**	**2,848**	**4.7%**
Poverty-Level Medical: Children						
Grant	262	243	-7.2%	243	245	0.8%
Harney	359	332	-7.4%	332	333	0.3%
Malheur	2,061	1,944	-5.7%	1,944	1,921	-1.2%
District 14 total	**2,682**	**2,519**	**-6.1%**	**2,519**	**2,499**	**-0.8%**
Children's Health Insurance Program (CHIP)						
Grant	123	120	-2.6%	120	131	9.2%
Harney	158	158	0.0%	158	173	9.5%
Malheur	738	741	0.5%	741	774	4.5%
District 14 total	**1,019**	**1,019**	**0.0%**	**1,019**	**1,078**	**5.8%**
Poverty Level Medical: Women						
Grant	19	21	7.9%	21	21	0.0%
Harney	37	37	-0.4%	37	37	0.0%
Malheur	135	142	5.0%	142	148	4.2%
District 14 total	**192**	**200**	**4.2%**	**200**	**206**	**3.0%**
Foster Care & Adoption Services						
Grant	44	42	-5.2%	42	42	0.0%
Harney	58	67	14.5%	67	70	4.5%
Malheur	137	152	11.2%	152	158	3.9%
District 14 total	**239**	**261**	**9.0%**	**261**	**270**	**3.4%**

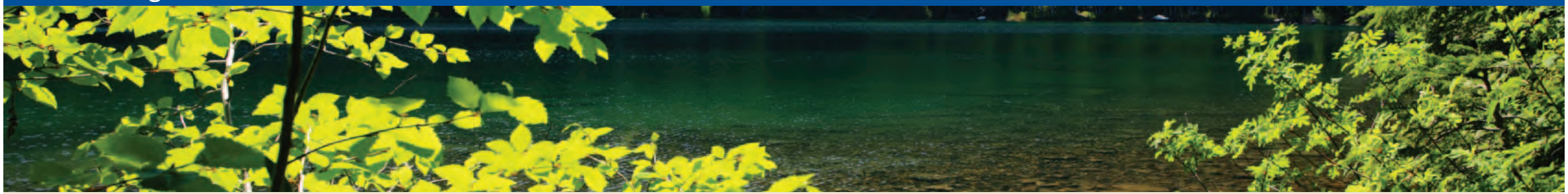
District 14 Regional Forecast, Oregon Health Authority (clients) (*continued*)

Counties served
Grant, Harney and Malheur



	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	**Fall 2012 Forecast 2011-2013**	**% diff. Fall 2012 vs. Spring 2012**	**Fall 2012 Forecast 2011-2013**	**Fall 2012 Forecast 2013-2015**	**Fall 2012 % diff. 2011-2013 to 2013-2015**
Aid to Blind/Disabled						
Grant	126	131	3.8%	131	131	0.0%
Harney	183	197	7.9%	197	222	12.7%
Malheur	840	850	1.2%	850	928	9.2%
District 14 total	**1,148**	**1,178**	**2.6%**	**1,178**	**1,281**	**8.7%**
Old Age Assistance						
Grant	103	99	-4.2%	99	103	4.0%
Harney	71	71	0.0%	71	76	7.0%
Malheur	428	422	-1.4%	422	470	11.4%
District 14 total	**603**	**592**	**-1.7%**	**592**	**649**	**9.6%**
OHP Standard						
Grant	115	123	7.3%	123	117	-4.9%
Harney	138	149	8.0%	149	148	-0.7%
Malheur	430	448	4.1%	448	417	-6.9%
District 14 total	**683**	**720**	**5.4%**	**720**	**682**	**-5.3%**

District 15 Regional Forecast



Recovery is in full swing in the Portland Metro area, although not at the pace of a usual post-recession pattern. Construction jobs are on the rise and will likely pick up steam as foreclosed-on properties are removed from the housing inventory. Manufacturing, professional services, and trade sectors are adding jobs in Clackamas County. However, recent job cuts in the government sector have somewhat muted the effects of the expansion.

DISTRICT 15					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
CLACKAMAS	378,480	23.4	14.1	9.0	12.2	6.3	8.6	7.7

District 15 Regional Forecast, Oregon Department of Human Services

County served
Clackamas

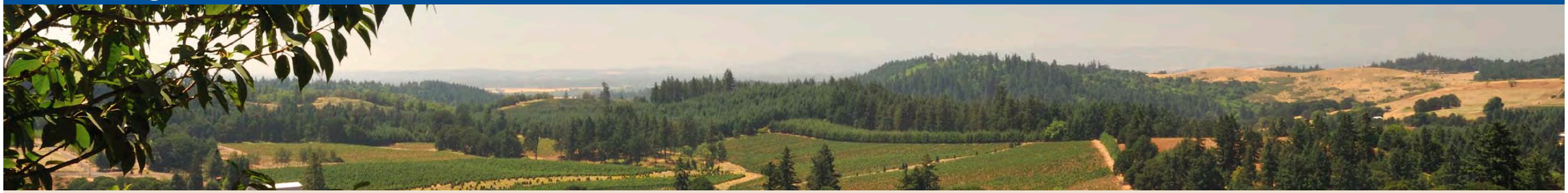
	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Clackamas	26,287	27,352	4.0%	27,352	26,356	-3.6%
District 15 total	**26,287**	**27,352**	**4.0%**	**27,352**	**26,356**	**-3.6%**
TANF						
Clackamas	1,820	1,908	4.8%	1,908	1,782	-6.6%
District 15 total	**1,820**	**1,908**	**4.8%**	**1,908**	**1,782**	**-6.6%**
Employment Related Day Care						
Clackamas	503	540	7.3%	540	652	20.7%
District 15 total	**503**	**540**	**7.3%**	**540**	**652**	**20.7%**
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Clackamas	943	932	-1.2%	932	926	-0.6%
District 15 total	**943**	**932**	**-1.2%**	**932**	**926**	**-0.6%**
Community-Based Care						
Clackamas	1,123	1,087	-3.2%	1,087	1,119	2.9%
District 15 total	**1,123**	**1,087**	**-3.2%**	**1,087**	**1,119**	**2.9%**
Nursing Care						
Clackamas	331	352	6.3%	352	349	-0.9%
District 15 total	**331**	**352**	**6.3%**	**352**	**349**	**-0.9%**

District 15 Regional Forecast, Oregon Health Authority (clients)

County served
Clackamas

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Clackamas	12,043	11,984	-0.5%	11,984	12,561	4.8%
District 15 total	**12,043**	**11,984**	**-0.5%**	**11,984**	**12,561**	**4.8%**
Poverty-Level Medical: Children						
Clackamas	10,550	10,399	-1.4%	10,399	10,420	0.2%
District 15 total	**10,550**	**10,399**	**-1.4%**	**10,399**	**10,420**	**0.2%**
Children's Health Insurance Program (CHIP)						
Clackamas	5,451	5,557	1.9%	5,557	6,006	8.1%
District 15 total	**5,451**	**5,557**	**1.9%**	**5,557**	**6,006**	**8.1%**
Poverty Level Medical: Women						
Clackamas	846	891	5.3%	891	921	3.4%
District 15 total	**846**	**891**	**5.3%**	**891**	**921**	**3.4%**
Foster Care & Adoption Services						
Clackamas	1,555	1,604	3.1%	1,604	1,615	0.7%
District 15 total	**1,555**	**1,604**	**3.1%**	**1,604**	**1,615**	**0.7%**
Aid to Blind/Disabled						
Clackamas	5,339	5,182	-2.9%	5,182	5,480	5.8%
District 15 total	**5,339**	**5,182**	**-2.9%**	**5,182**	**5,480**	**5.8%**
Old Age Assistance						
Clackamas	2,776	2,731	-1.6%	2,731	3,115	14.1%
District 15 total	**2,776**	**2,731**	**-1.6%**	**2,731**	**3,115**	**14.1%**
OHP Standard						
Clackamas	4,084	4,248	4.0%	4,248	3,929	-7.5%
District 15 total	**4,084**	**4,248**	**4.0%**	**4,248**	**3,929**	**-7.5%**

District 16 Regional Forecast



Washington County has fully recovered from the Great Recession, and has one of the lowest unemployment rates in the state. Construction jobs are on the rise and will likely pick up steam as foreclosed properties are removed from the housing inventory. Most sectors of the economy are adding jobs in Washington County, although government employment is lower than in 2011.

DISTRICT 16					Percent uninsured		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Percent in poverty	Total	Children	September 2011	September 2012
OREGON	3,857,625	22.5	14.3	11.9	15.7	7.3	8.8	8.7
WASHINGTON	536,370	25.3	10.4	9.5	13.8	7.5	7.6	6.9

District 16 Regional Forecast, Oregon Department of Human Services

County served
Washington

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
Self Sufficiency (households)						
SNAP						
Washington	36,062	36,595	1.5%	36,595	36,740	0.4%
District 16 total	**36,062**	**36,595**	**1.5%**	**36,595**	**36,740**	**0.4%**
TANF						
Washington	3,164	3,079	-2.7%	3,079	2,768	-10.1%
District 15 total	**3,164**	**3,079**	**-2.7%**	**3,079**	**2,768**	**-10.1%**
Employment Related Day Care						
Washington	1,064	1,053	-1.1%	1,053	1,229	16.7%
District 15 total	**1,064**	**1,053**	**-1.1%**	**1,053**	**1,229**	**16.7%**
Aging and People with Disabilities, Long-Term Care (clients)						
In-Home Care						
Washington	705	699	-0.8%	699	705	0.9%
District 15 total	**705**	**699**	**-0.8%**	**699**	**705**	**0.9%**
Community-Based Care						
Washington	1,155	1,201	4.0%	1,201	1,251	4.2%
District 15 total	**1,155**	**1,201**	**4.0%**	**1,201**	**1,251**	**4.2%**
Nursing Care						
Washington	386	380	-1.6%	380	370	-2.6%
District 15 total	**386**	**380**	**-1.6%**	**380**	**370**	**-2.6%**

District 16 Regional Forecast, Oregon Health Authority (clients)

County served
Washington

	2011-2013 Biennium			Fall 2012 Forecast		
	Spring 2012 Forecast 2011-2013	Fall 2012 Forecast 2011-2013	% diff. Fall 2012 vs. Spring 2012	Fall 2012 Forecast 2011-2013	Fall 2012 Forecast 2013-2015	Fall 2012 % diff. 2011-2013 to 2013-2015
TANF-Related Medical						
Washington	16,143	16,623	3.0%	16,623	17,344	4.3%
District 16 total	**16,143**	**16,623**	**3.0%**	**16,623**	**17,344**	**4.3%**
Poverty-Level Medical: Children						
Washington	17,673	17,663	-0.1%	17,663	17,906	1.4%
District 16 total	**17,673**	**17,663**	**-0.1%**	**17,663**	**17,906**	**1.4%**
Children's Health Insurance Program (CHIP)						
Washington	9,859	9,673	-1.9%	9,673	10,413	7.7%
District 16 total	**9,859**	**9,673**	**-1.9%**	**9,673**	**10,413**	**7.7%**
Poverty Level Medical: Women						
Washington	1,250	1,312	5.0%	1,312	1,349	2.8%
District 16 total	**1,250**	**1,312**	**5.0%**	**1,312**	**1,349**	**2.8%**
Foster Care & Adoption Services						
Washington	1,455	1,464	0.6%	1,464	1,505	2.8%
District 16 total	**1,455**	**1,464**	**0.6%**	**1,464**	**1,505**	**2.8%**
Aid to Blind/Disabled						
Washington	5,899	5,856	-0.7%	5,856	6,067	3.6%
District 16 total	**5,899**	**5,856**	**-0.7%**	**5,856**	**6,067**	**3.6%**
Old Age Assistance						
Washington	3,799	3,793	-0.2%	3,793	4,330	14.2%
District 16 total	**3,799**	**3,793**	**-0.2%**	**3,793**	**4,330**	**14.2%**
OHP Standard						
Washington	4,165	4,421	6.1%	4,421	4,117	-6.9%
District 16 total	**4,165**	**4,421**	**6.1%**	**4,421**	**4,117**	**-6.9%**

DHS
Oregon Department
of Human Services

Oregon Health Authority

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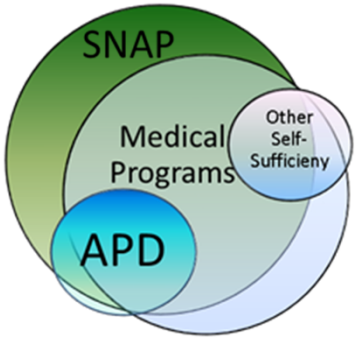
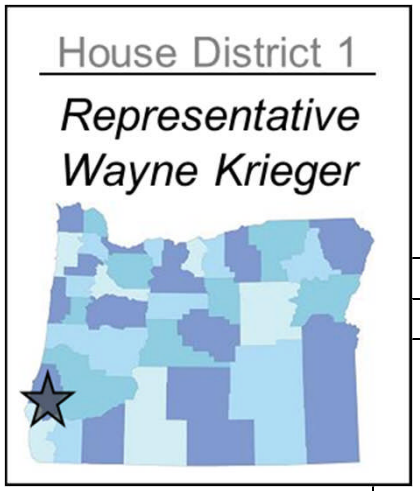
DHS 9385 FALL 2012 DHS AND OHA REGIONAL FORECAST BY DISTRICT (11/2012)

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



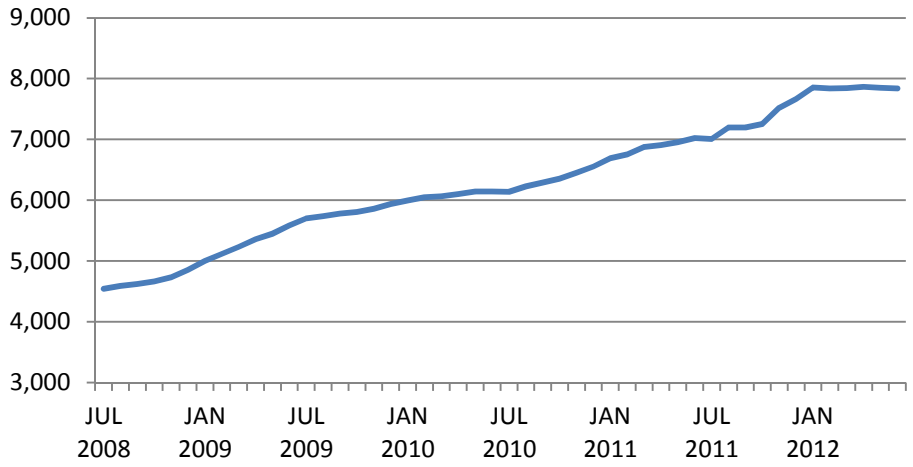
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 1	92.3	0.3	1.9	0.7	0.1	1.2	3.6	4.6	17.8	24.7

DHS

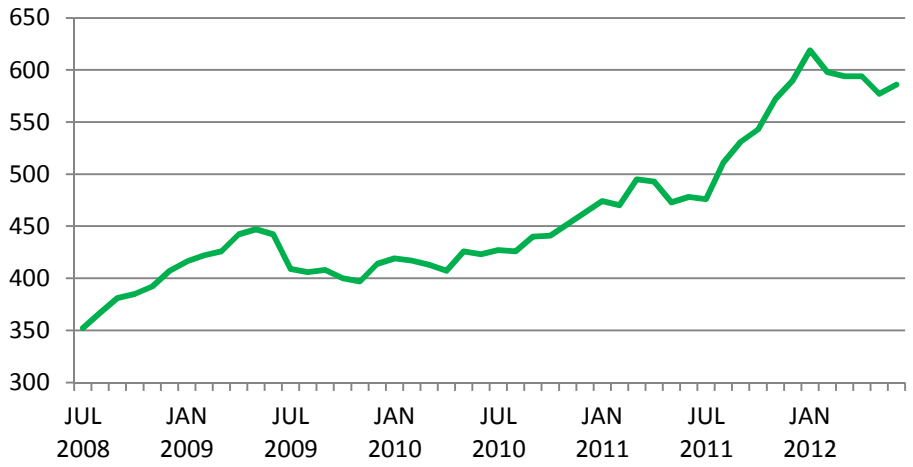
Oregon Health Authority

Caseloads: House District 1

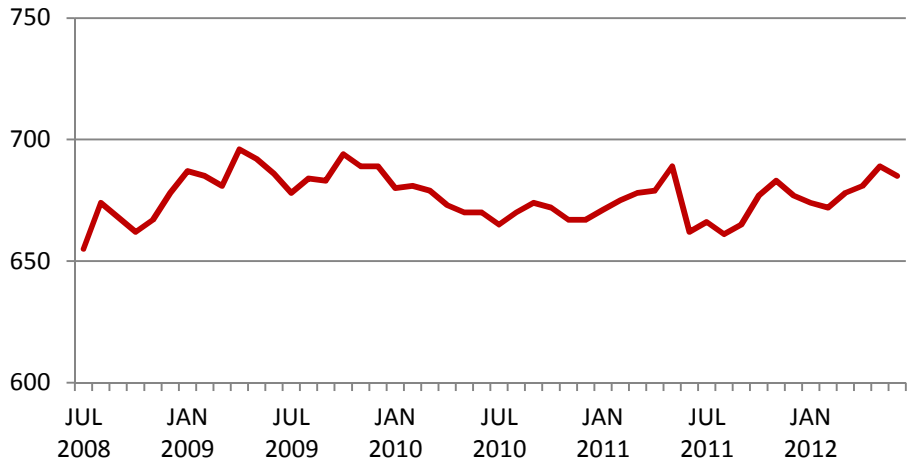
SNAP (Households)



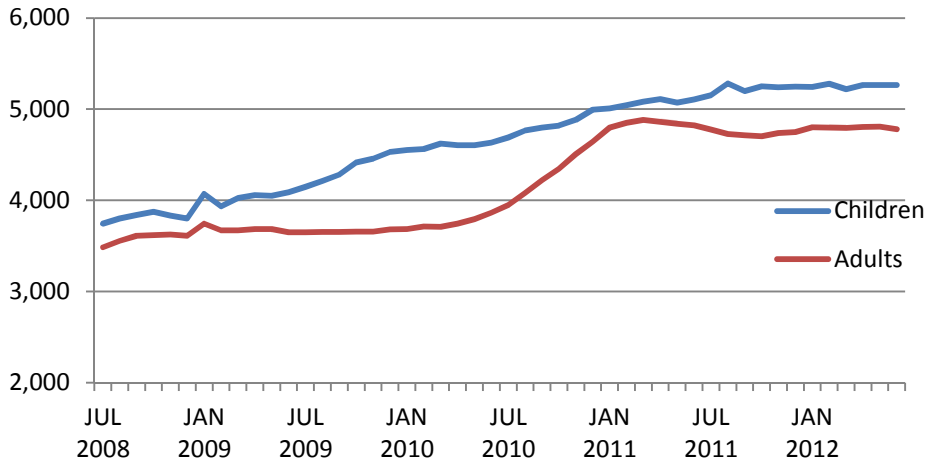
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

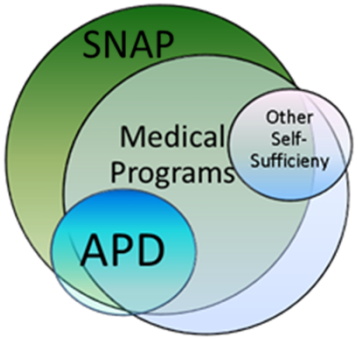


DHS

Oregon Health Authority

DHS & OHA Caseloads

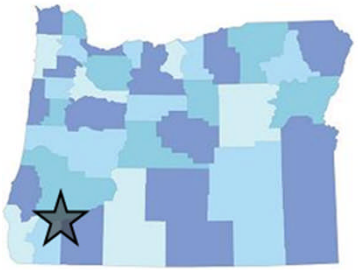
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 2

Representative Tim Freeman



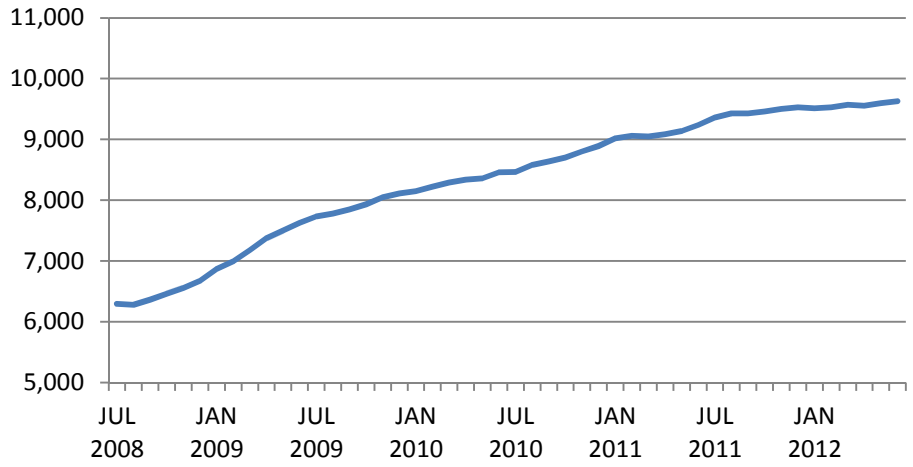
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 2	91.8	0.3	1.9	1.2	0.1	1.2	3.5	5.0	21.1	19.7

DHS

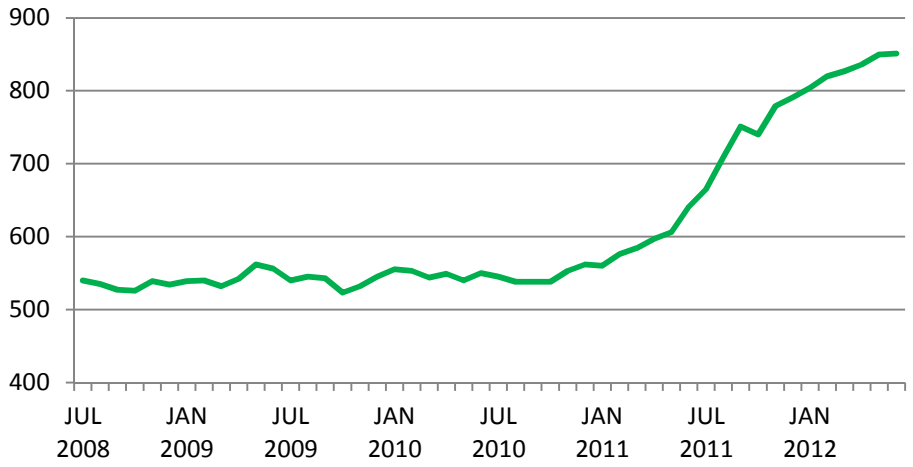
Oregon Health Authority

Caseloads: House District 2

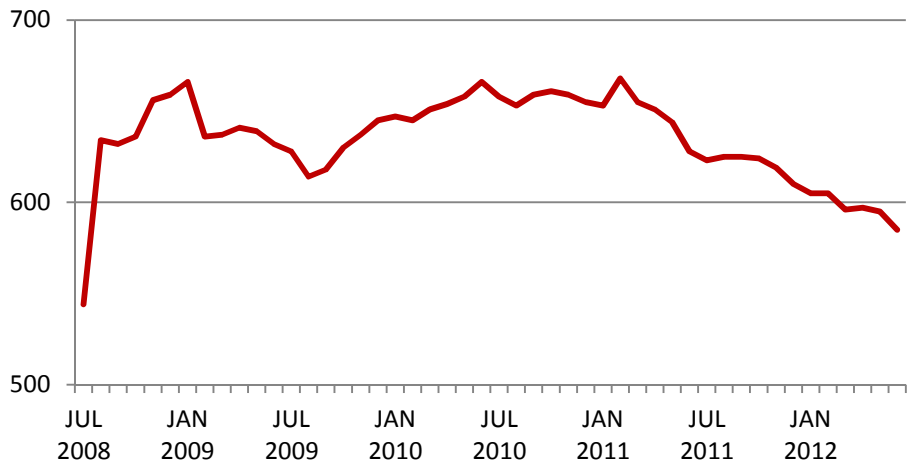
SNAP (Households)



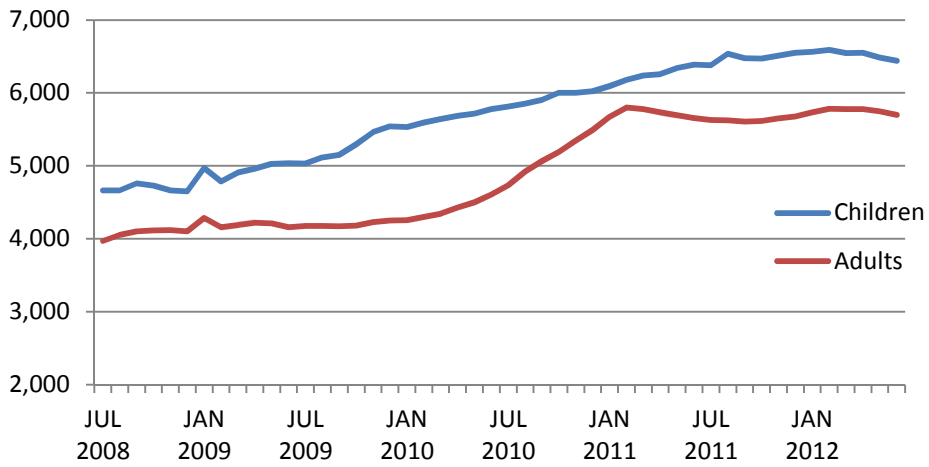
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

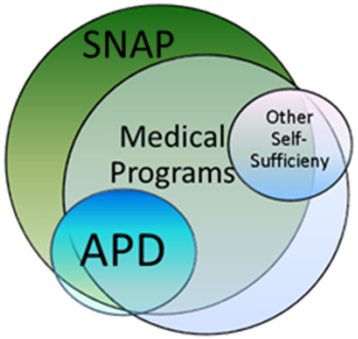


DHS

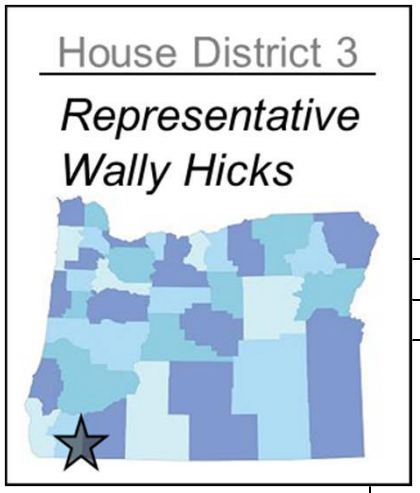
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



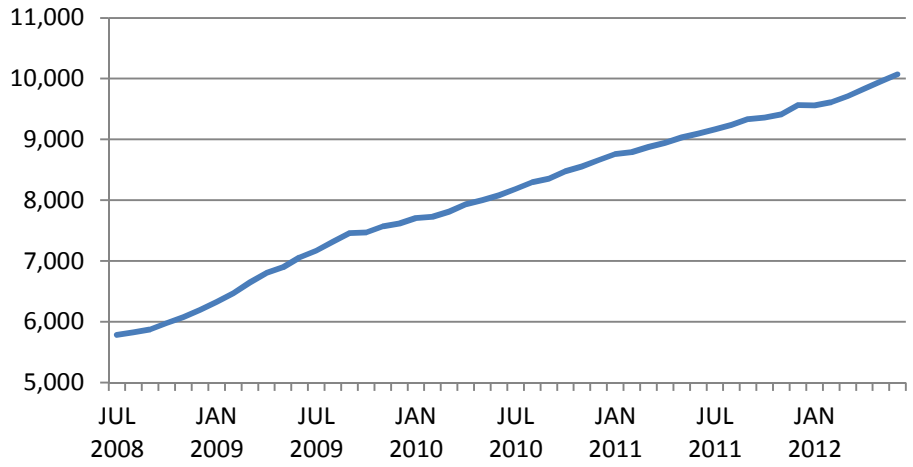
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 3	92.1	0.4	1.4	0.9	0.2	1.7	3.4	6.9	21.0	21.7

DHS

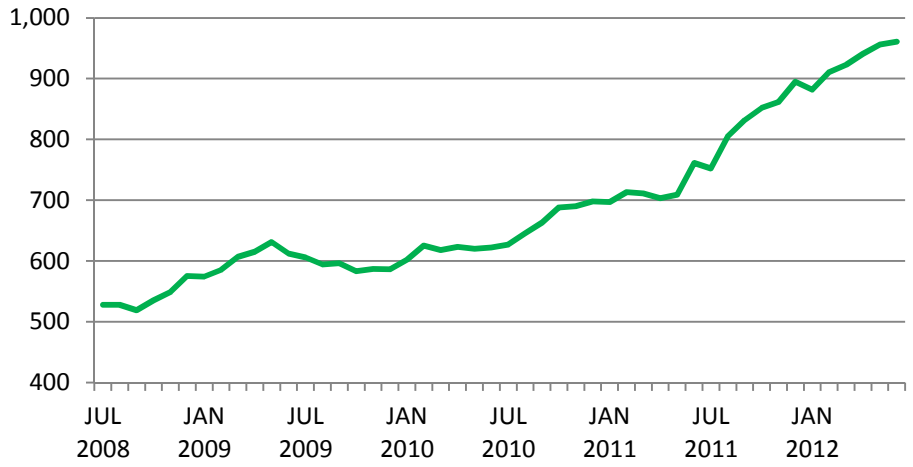
Oregon Health Authority

Caseloads: House District 3

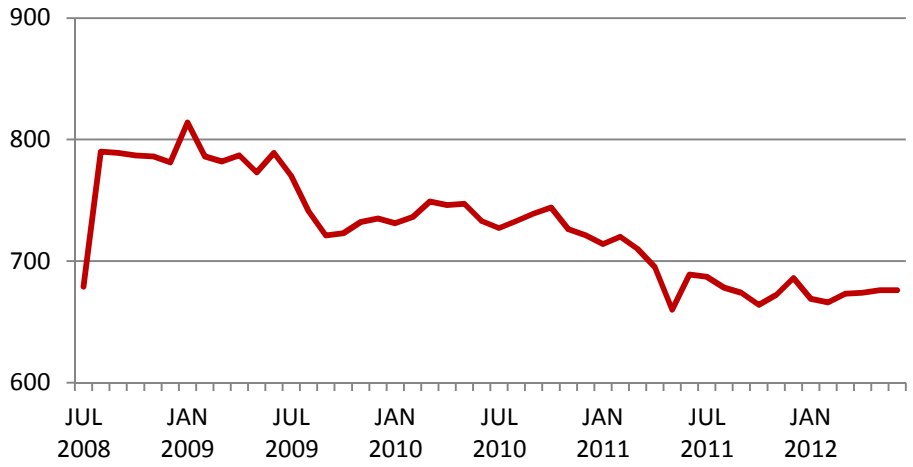
SNAP (Households)



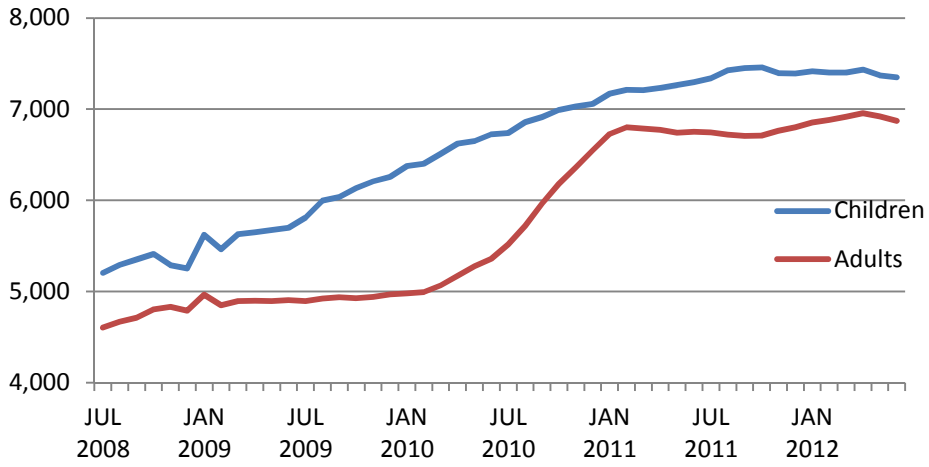
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

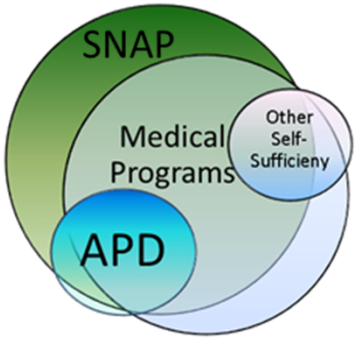


DHS

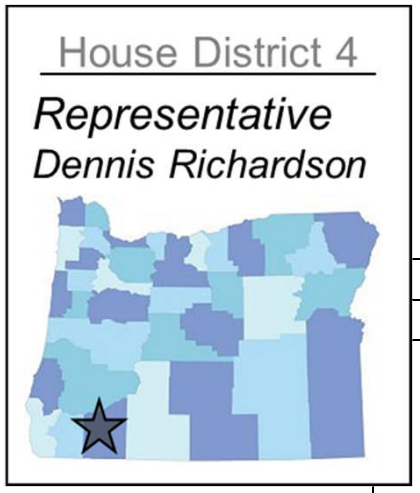
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



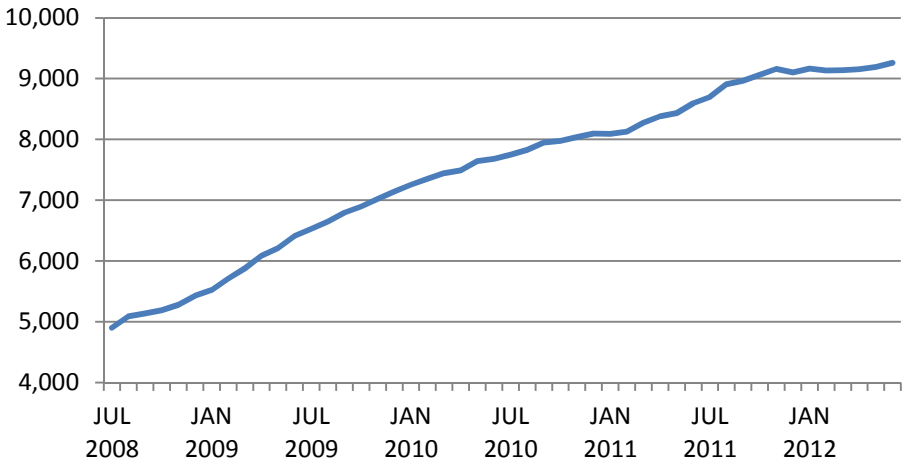
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 4	91.9	0.4	1.2	0.8	0.2	2.5	3.0	7.2	21.2	19.8

DHS

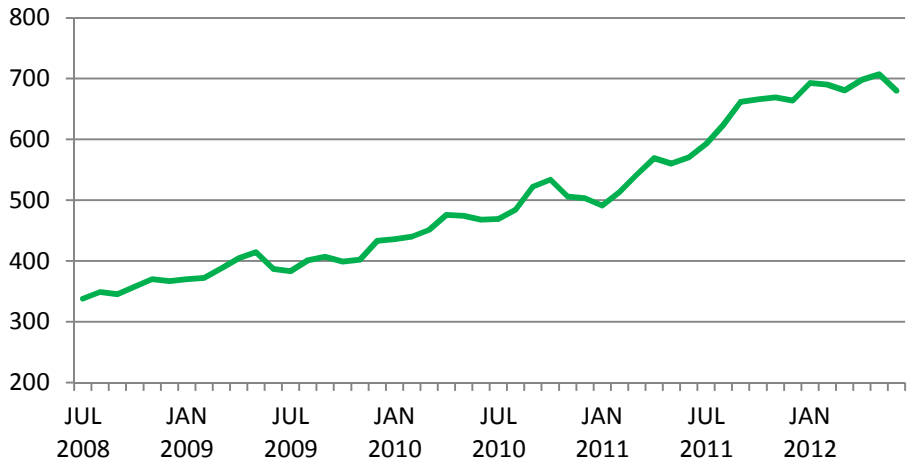
Oregon Health Authority

Caseloads: House District 4

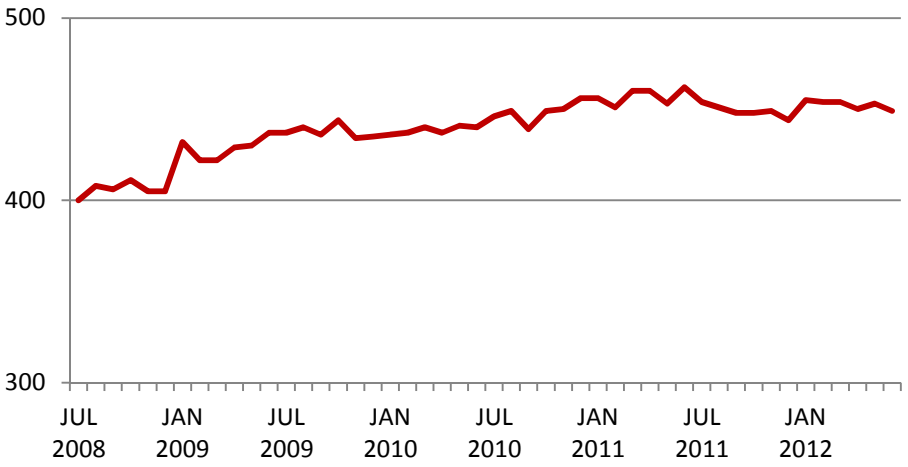
SNAP (Households)



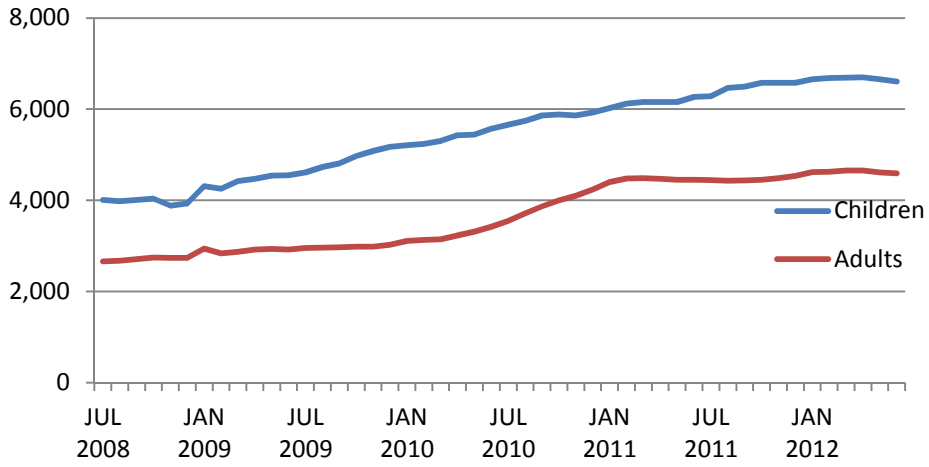
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

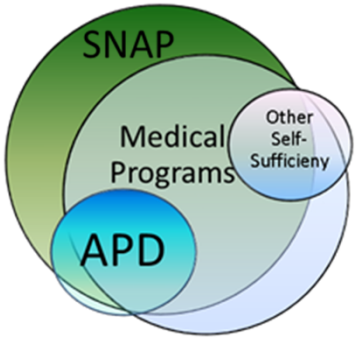


DHS

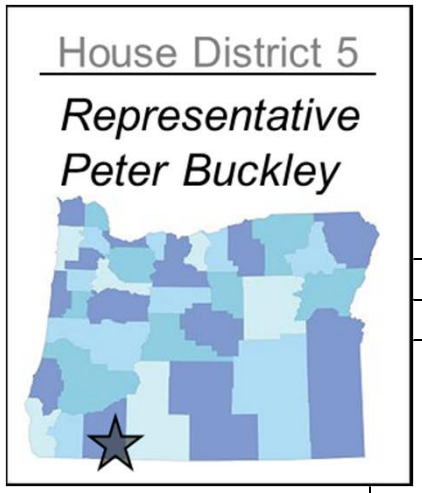
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



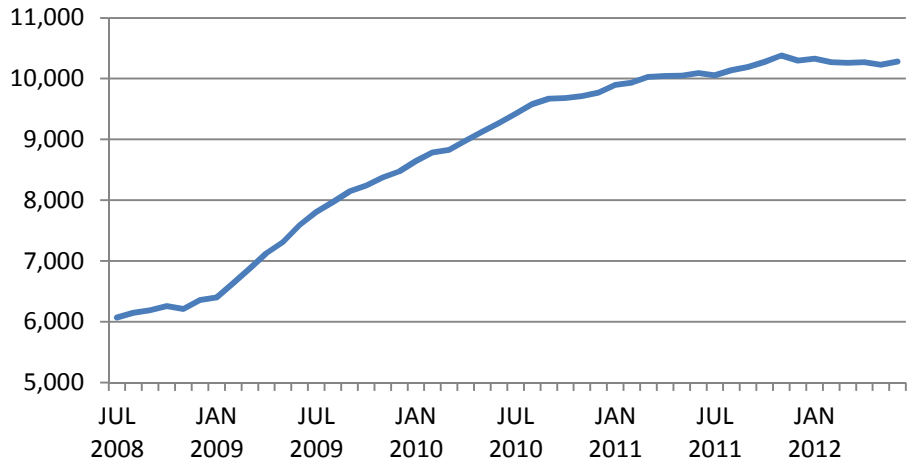
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 5	88.9	0.8	1.0	1.3	0.2	4.1	3.6	10.0	19.1	18.4

DHS

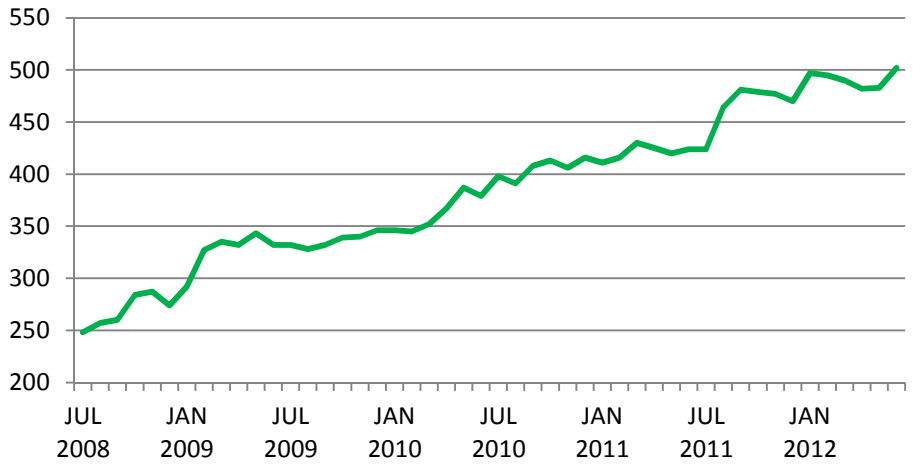
Oregon Health Authority

Caseloads: House District 5

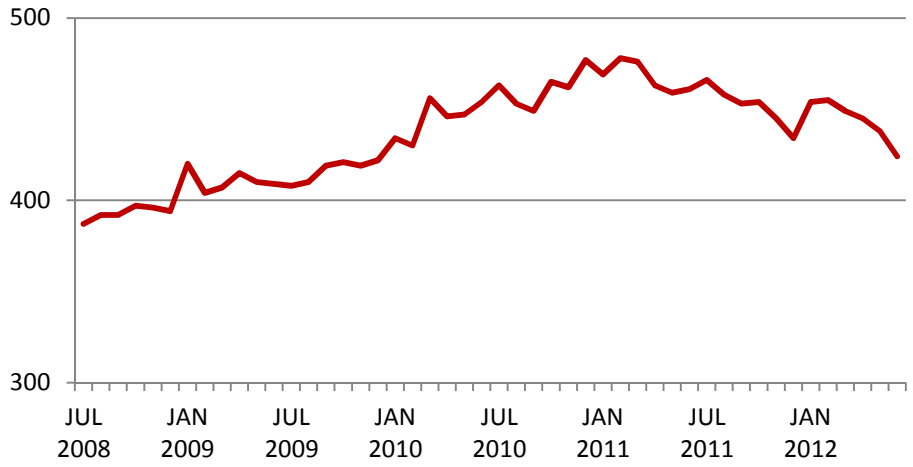
SNAP (Households)



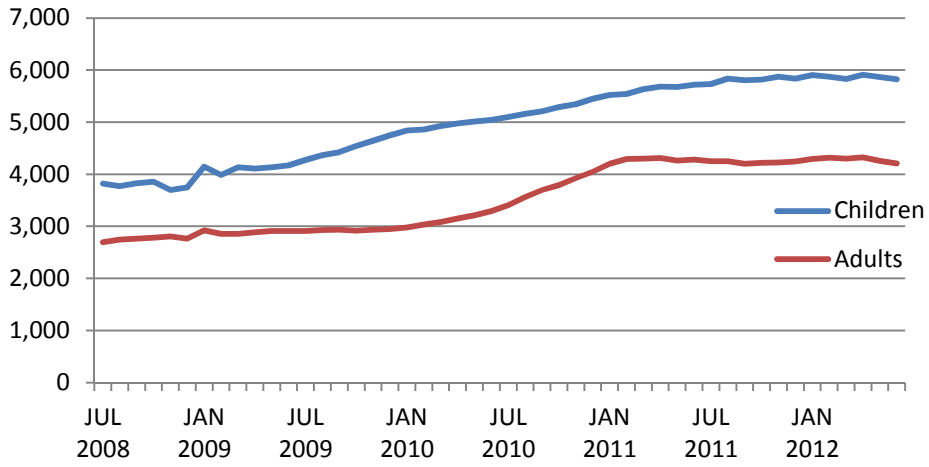
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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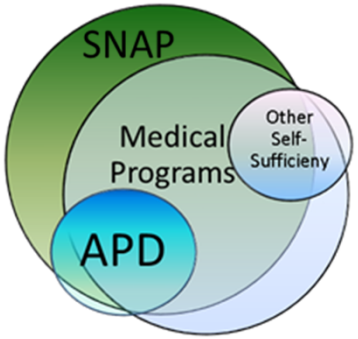
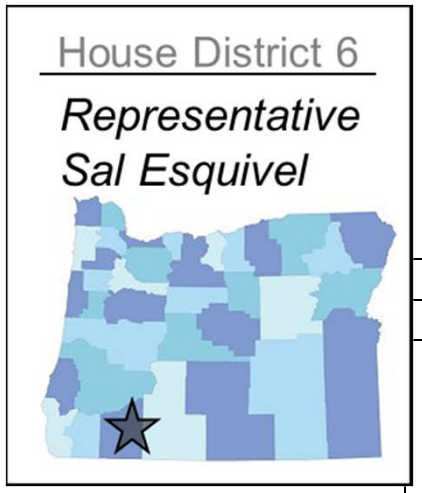


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



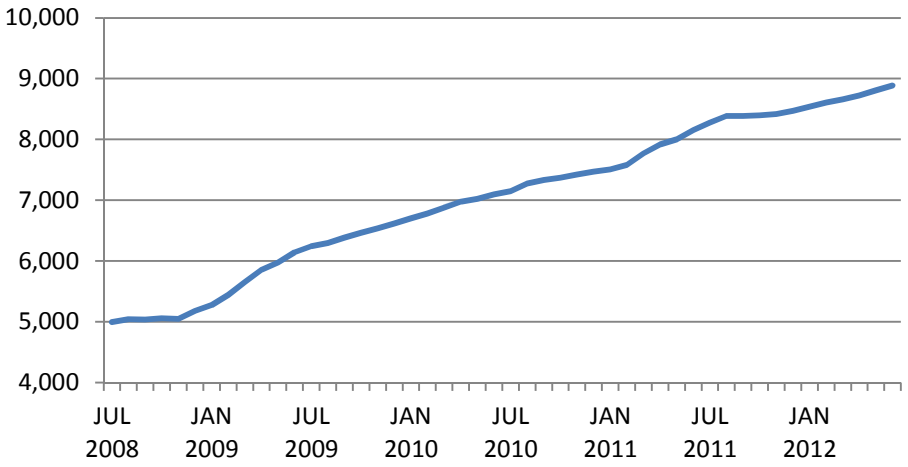
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 6	86.7	0.9	1.2	1.6	0.5	5.4	3.7	12.6	23.4	17.3

DHS

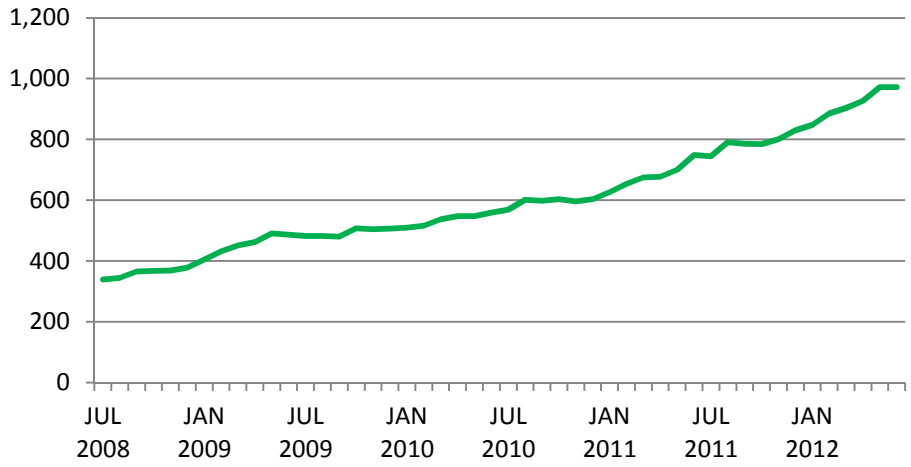
Oregon Health Authority

Caseloads: House District 6

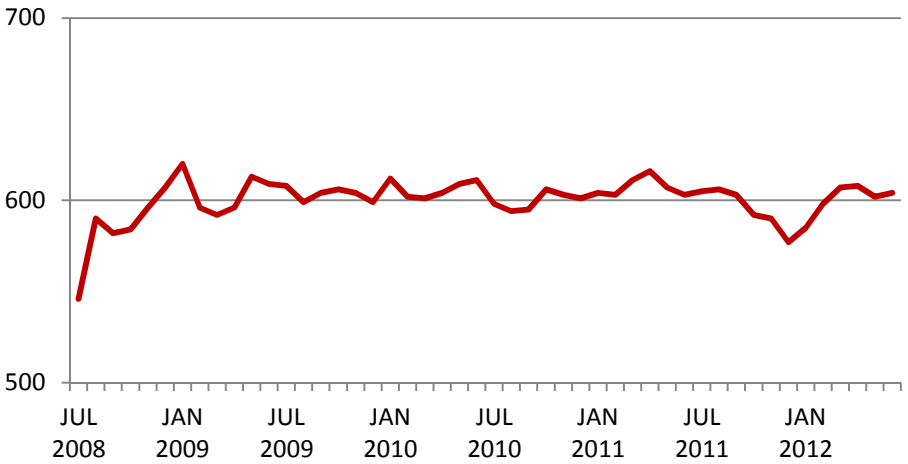
SNAP (Households)



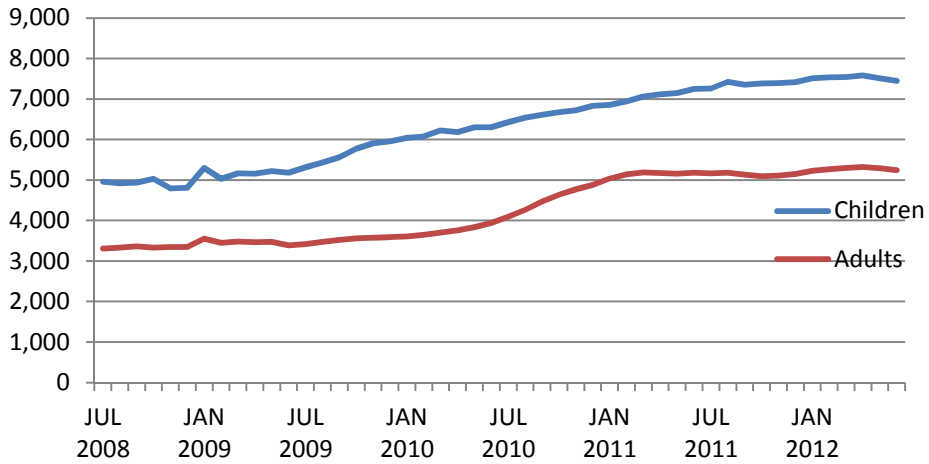
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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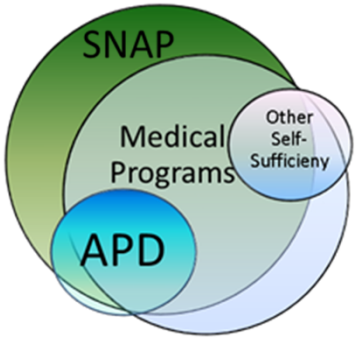
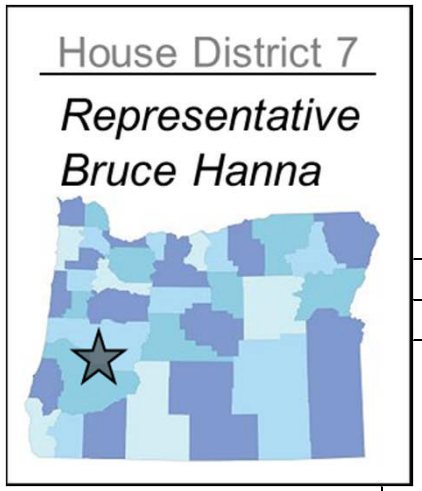


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



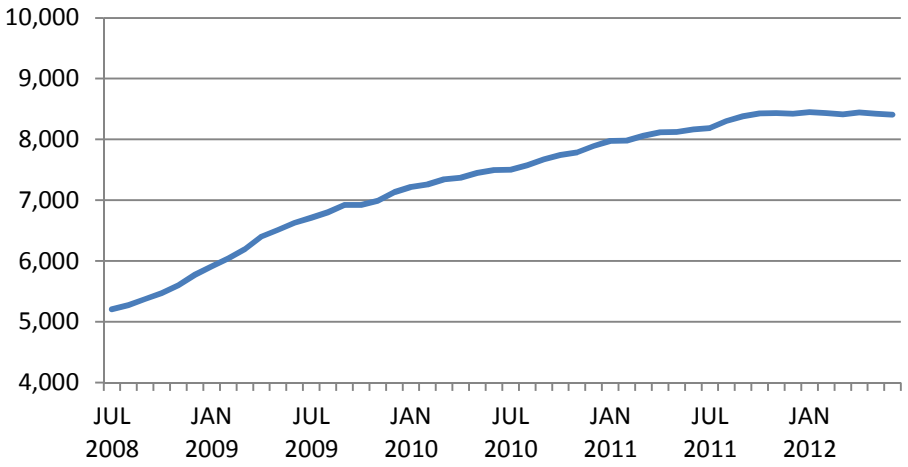
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 7	92.7	0.3	1.5	0.7	0.1	1.4	3.2	4.7	20.1	20.6

DHS

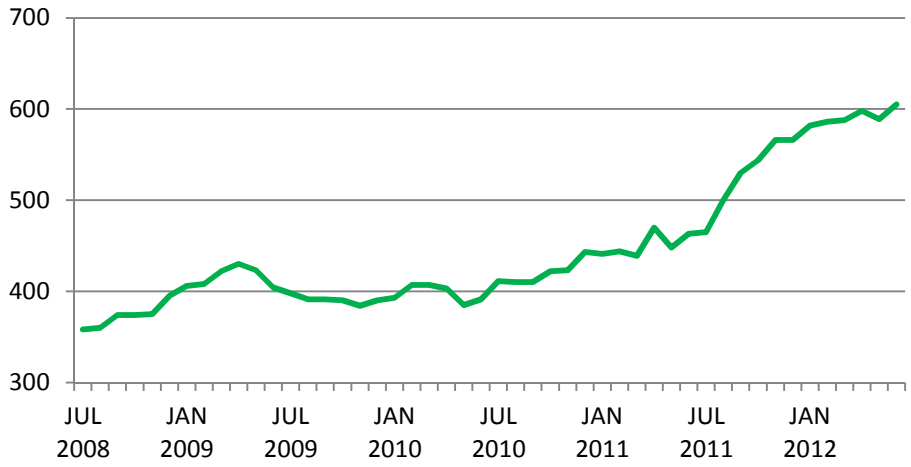
Oregon Health Authority

Caseloads: House District 7

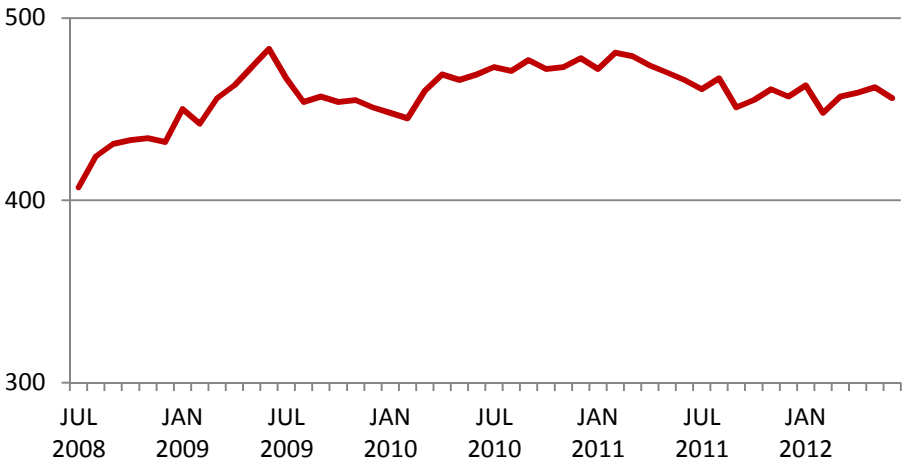
SNAP (Households)



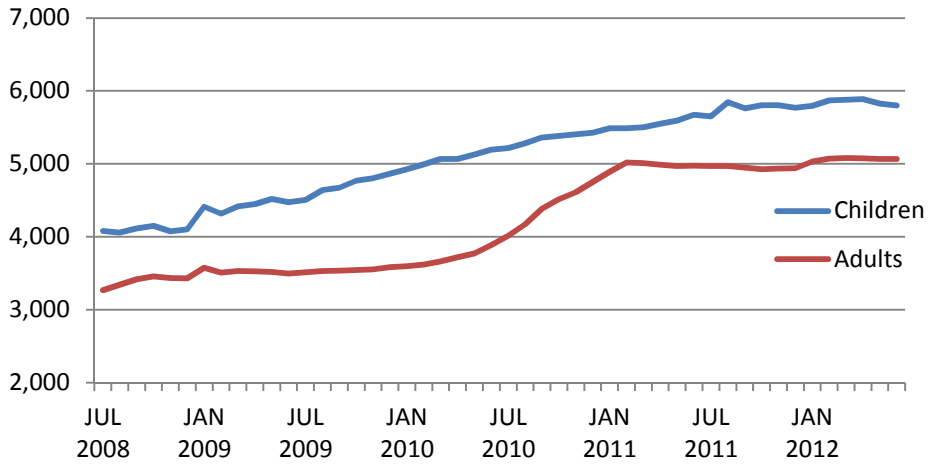
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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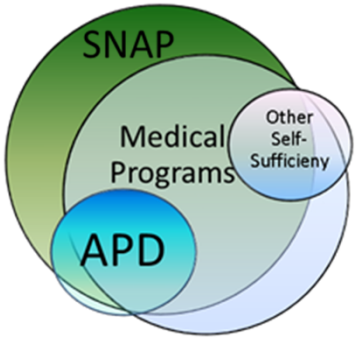

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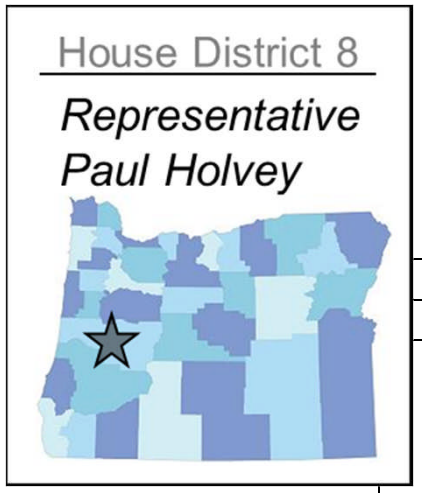


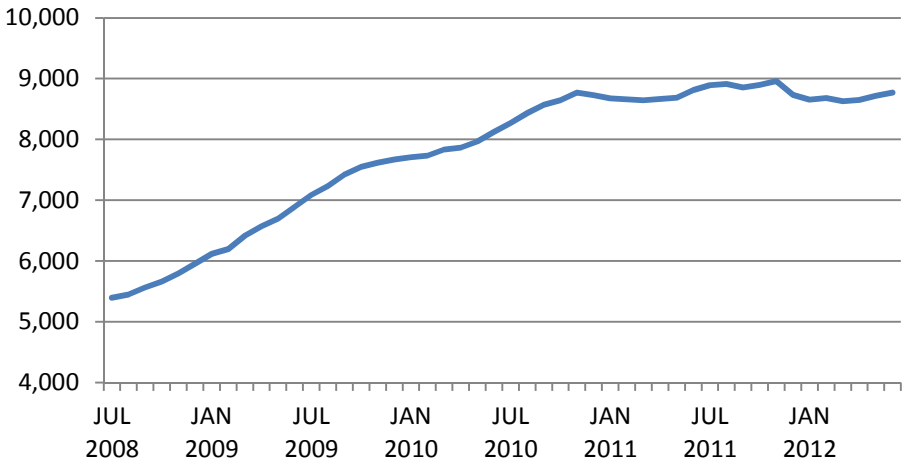
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 8	87.0	1.1	1.0	4.6	0.2	1.7	4.4	5.3	14.8	11.5

DHS

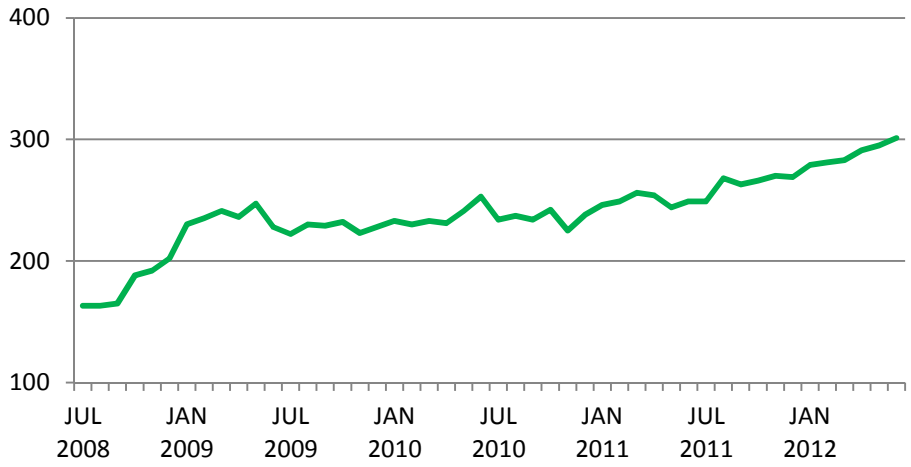
Oregon Health Authority

Caseloads: House District 8

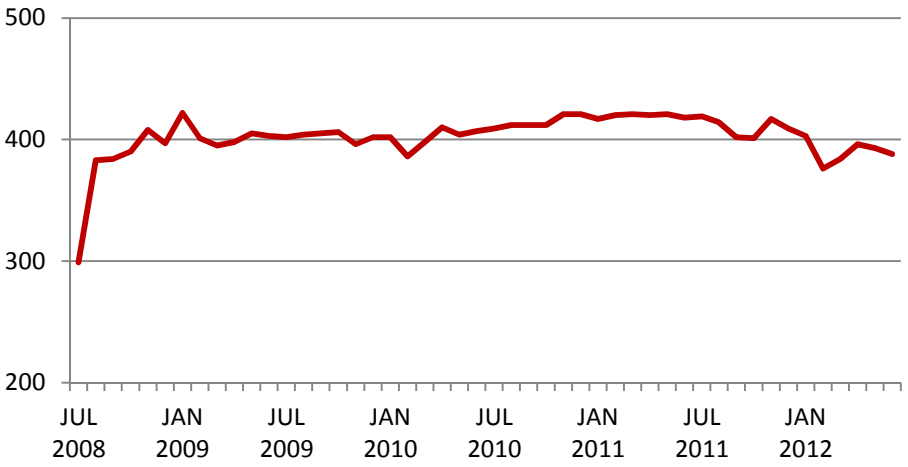
SNAP (Households)



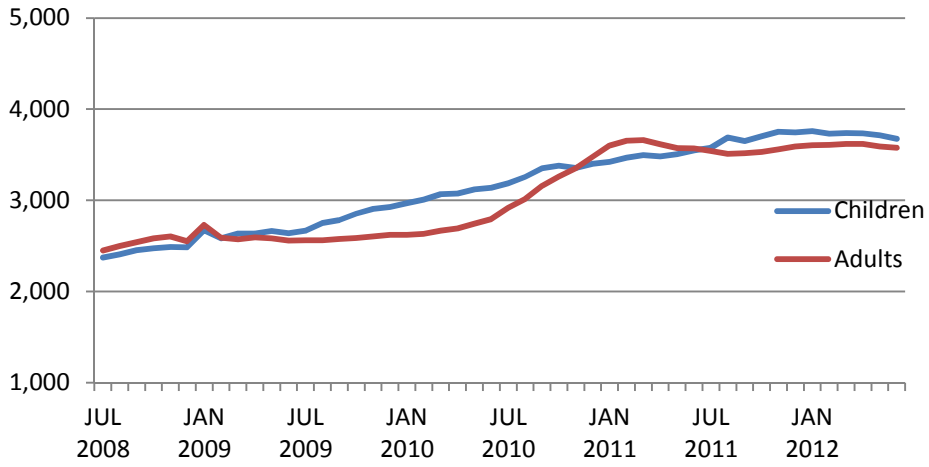
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

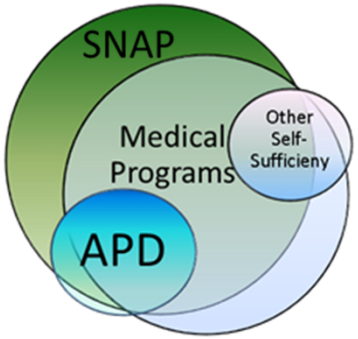


DHS

Oregon Health Authority

DHS & OHA Caseloads

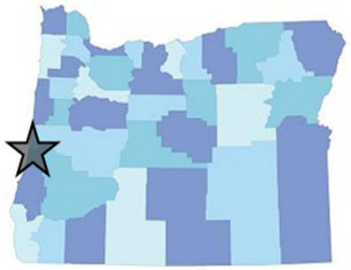
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 9

Representative Caddy McKeown



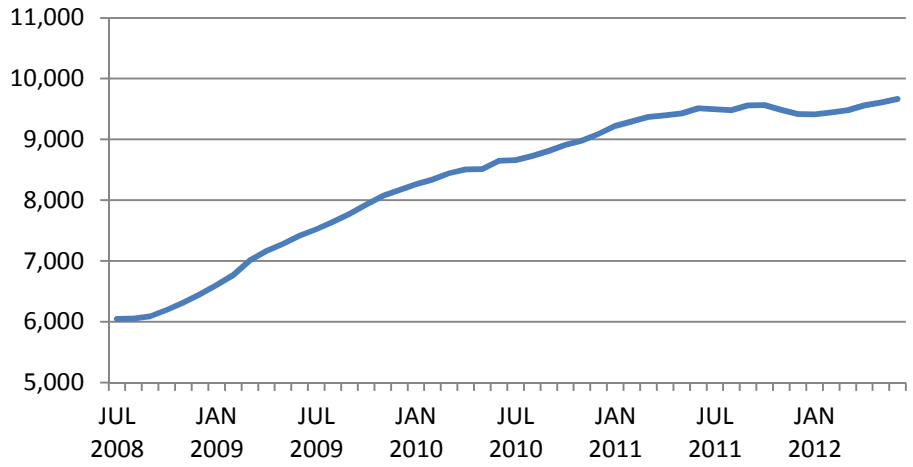
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 9	89.9	0.4	2.3	1.2	0.2	1.7	4.2	5.5	18.0	23.8

DHS

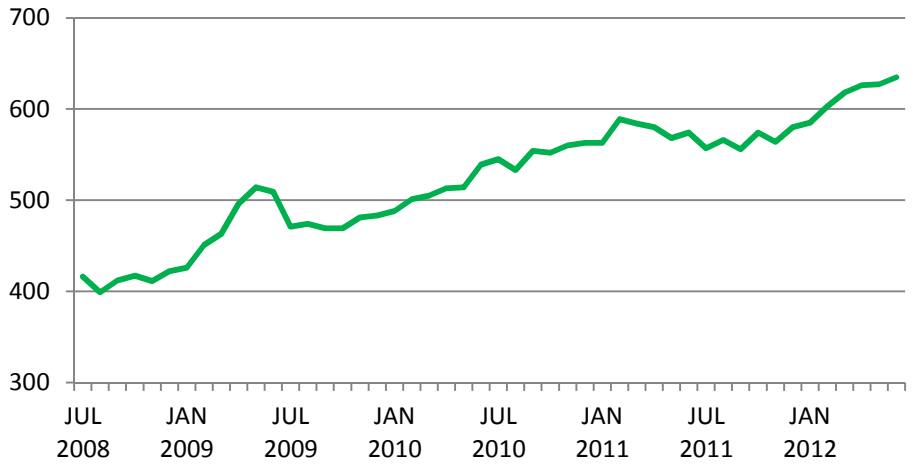
Oregon Health Authority

Caseloads: House District 9

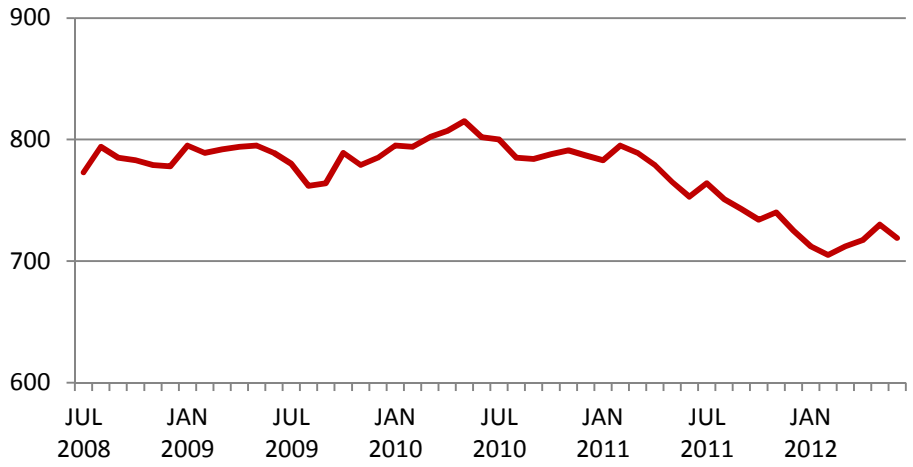
SNAP (Households)



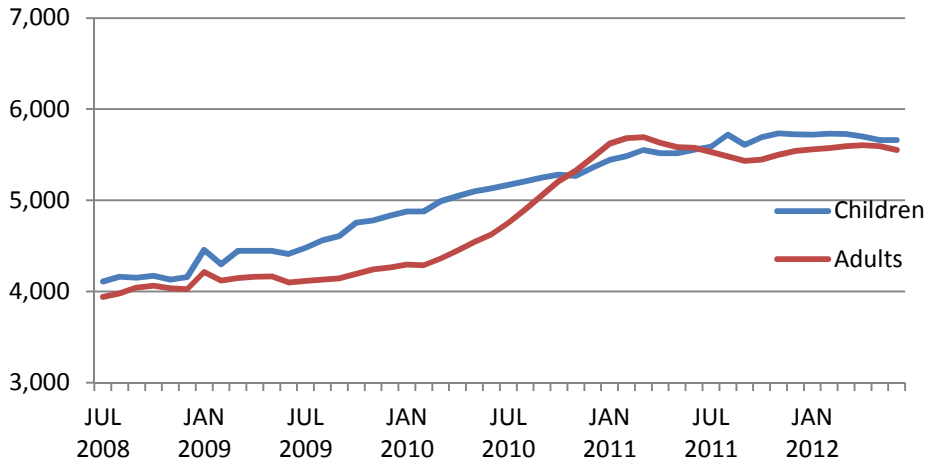
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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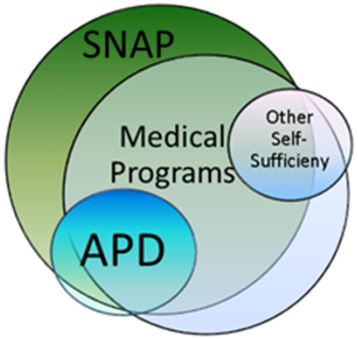
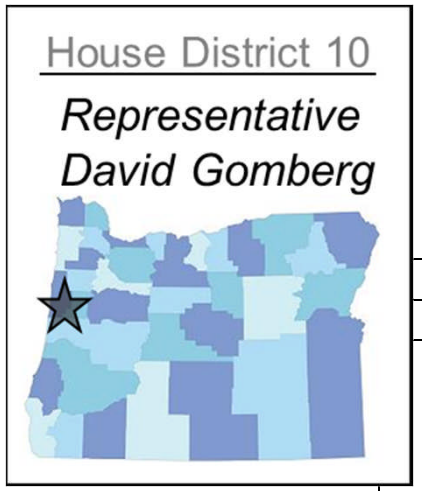


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



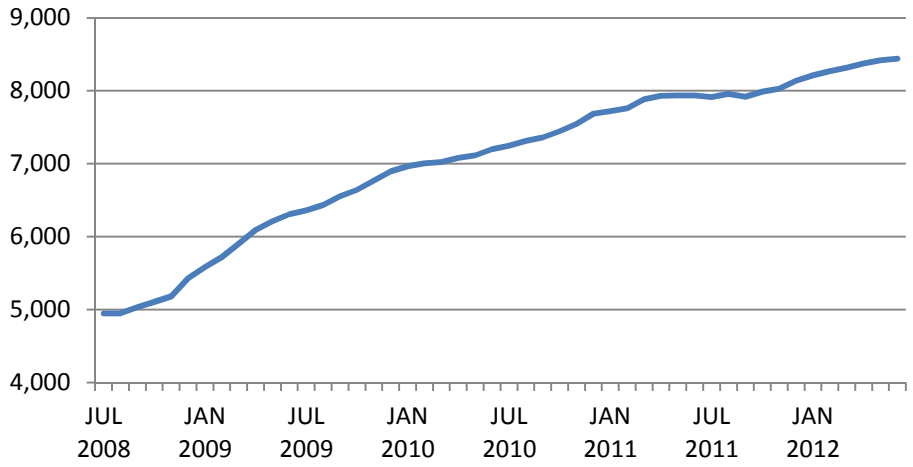
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 10	87.9	0.4	3.9	1.0	0.1	2.9	3.8	6.9	17.1	21.7

DHS

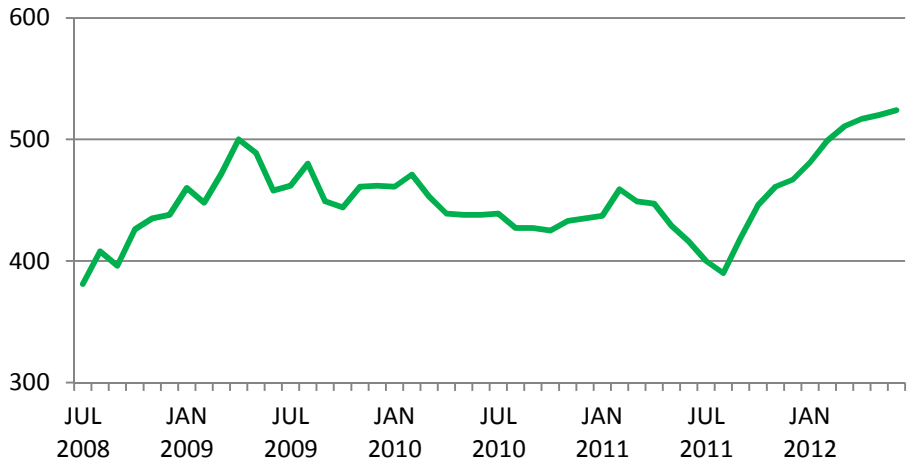
Oregon Health Authority

Caseloads: House District 10

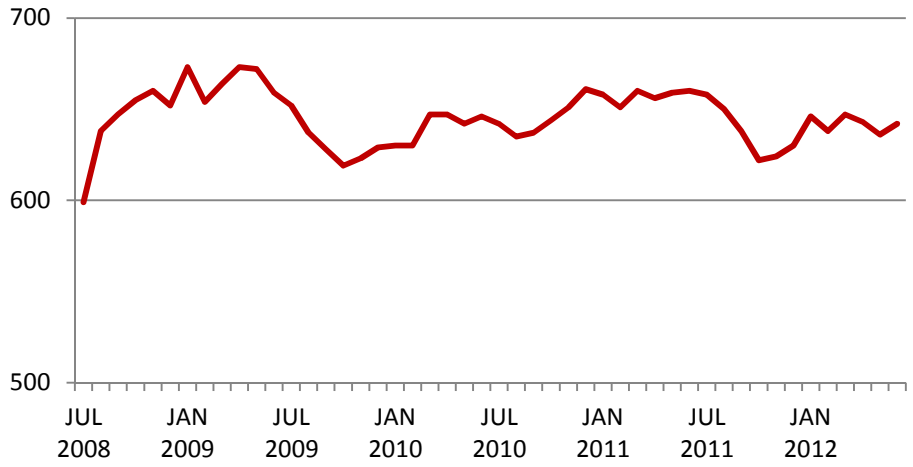
SNAP (Households)



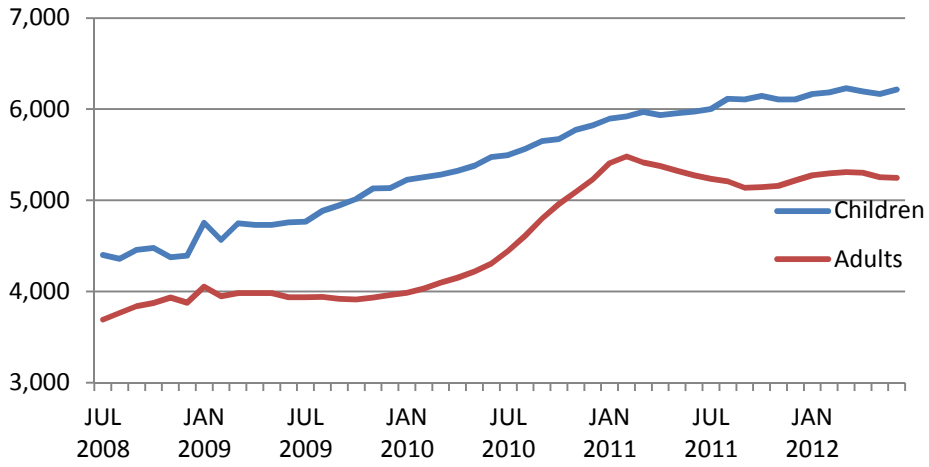
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

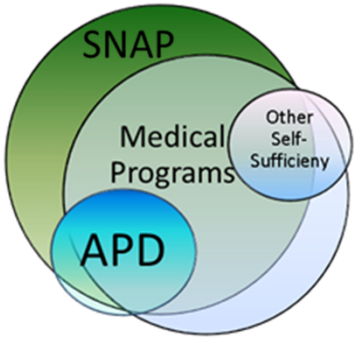


DHS

Oregon Health Authority

DHS & OHA Caseloads

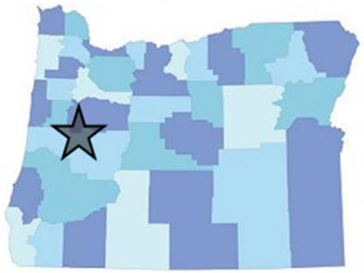
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 11

Representative Phil Barnhart



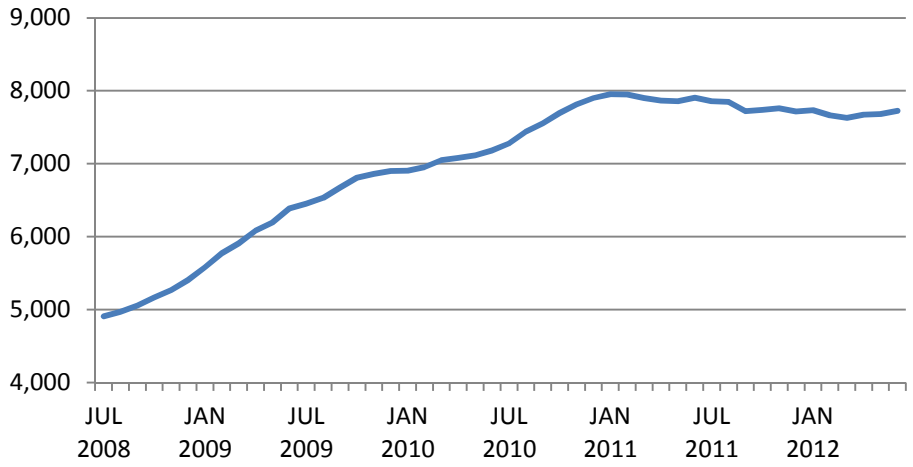
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 11	92.0	0.5	1.0	1.6	0.1	1.5	3.3	4.5	20.4	16.5

DHS

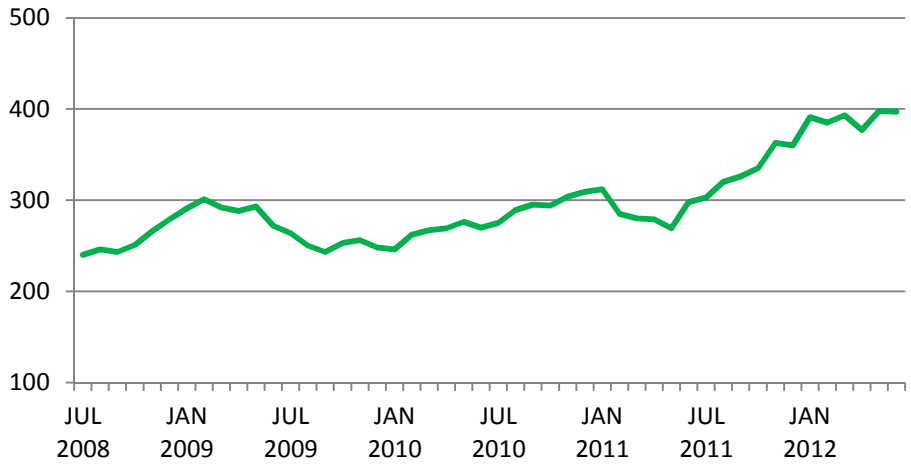
Oregon Health Authority

Caseloads: House District 11

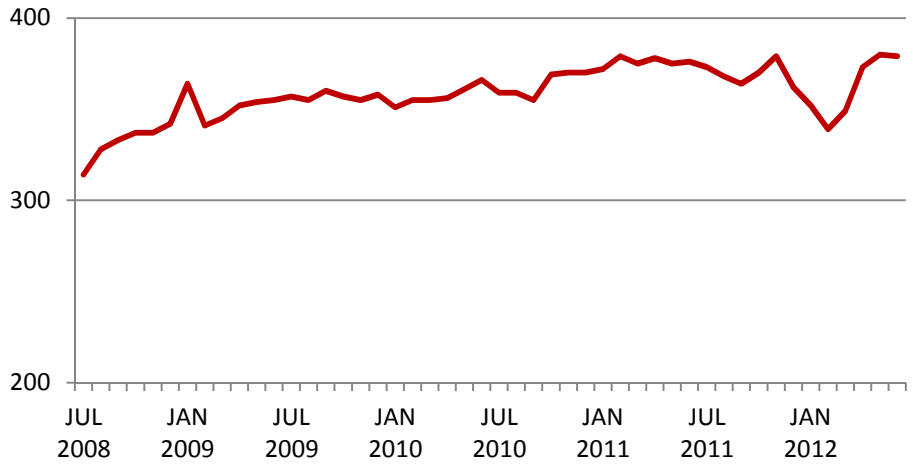
SNAP (Households)



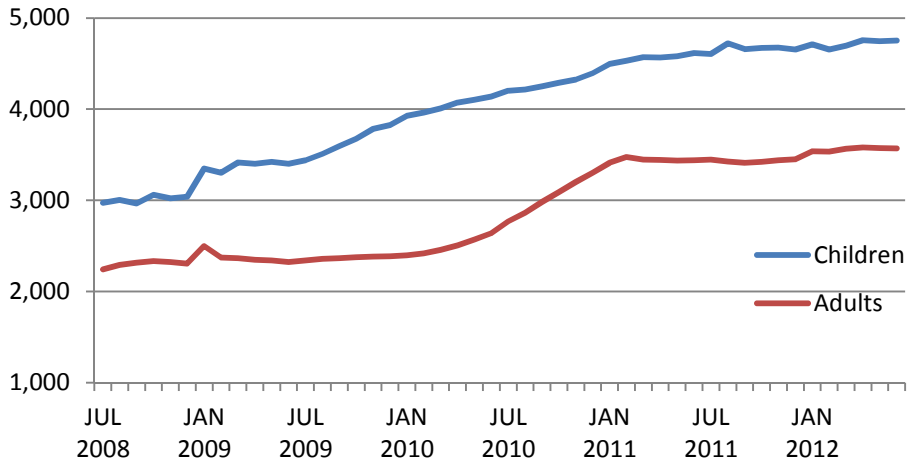
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

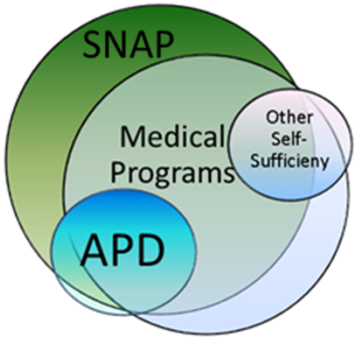


DHS

Oregon Health Authority

DHS & OHA Caseloads

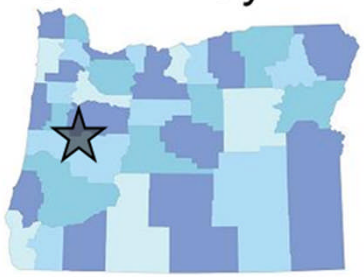
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 12

Representative John Lively

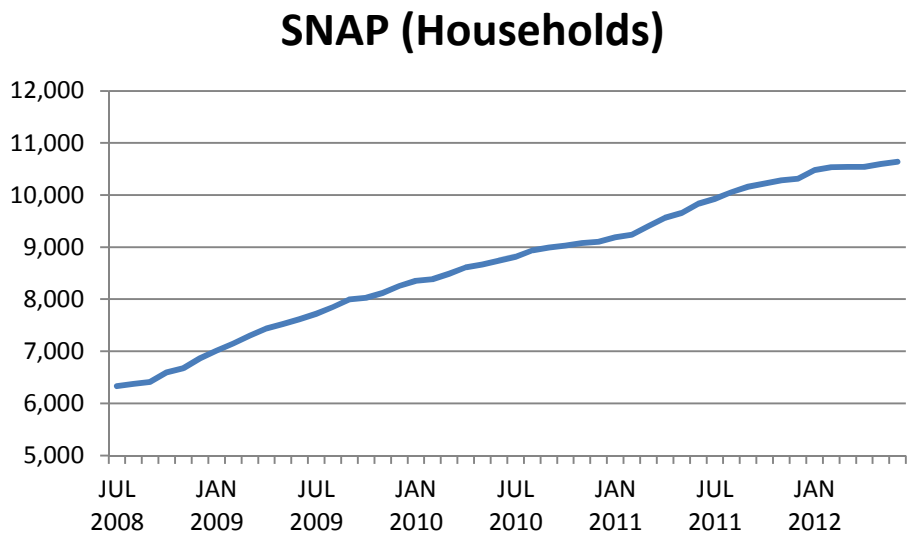


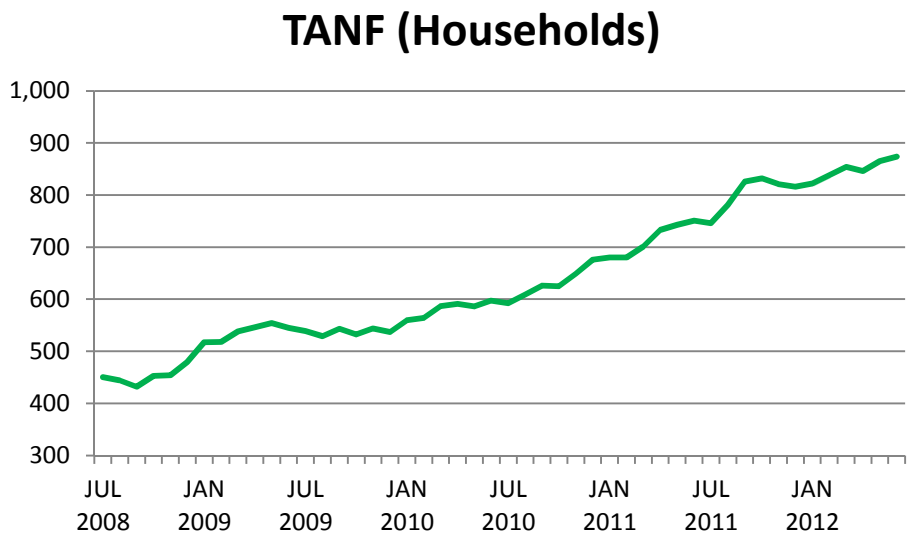
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 12	86.1	1.1	1.4	1.2	0.3	5.1	4.8	11.8	23.8	12.1

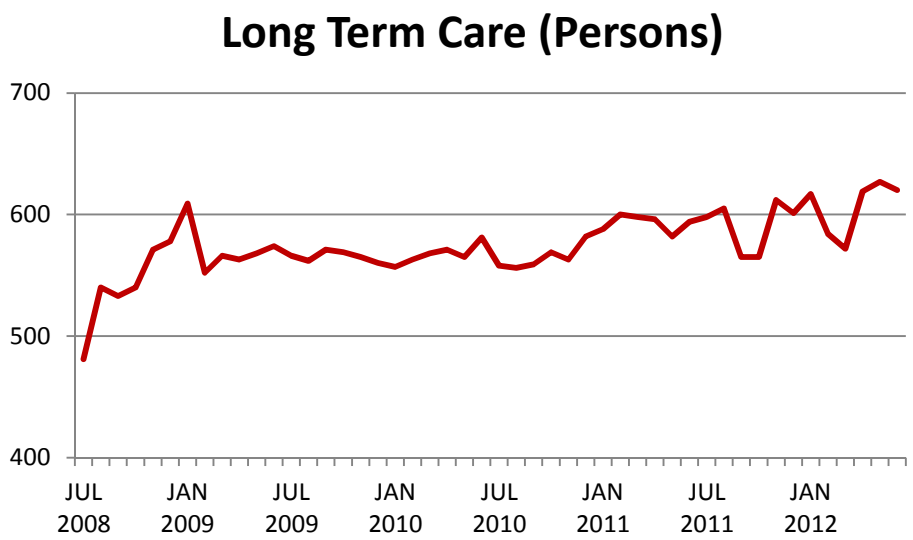
DHS

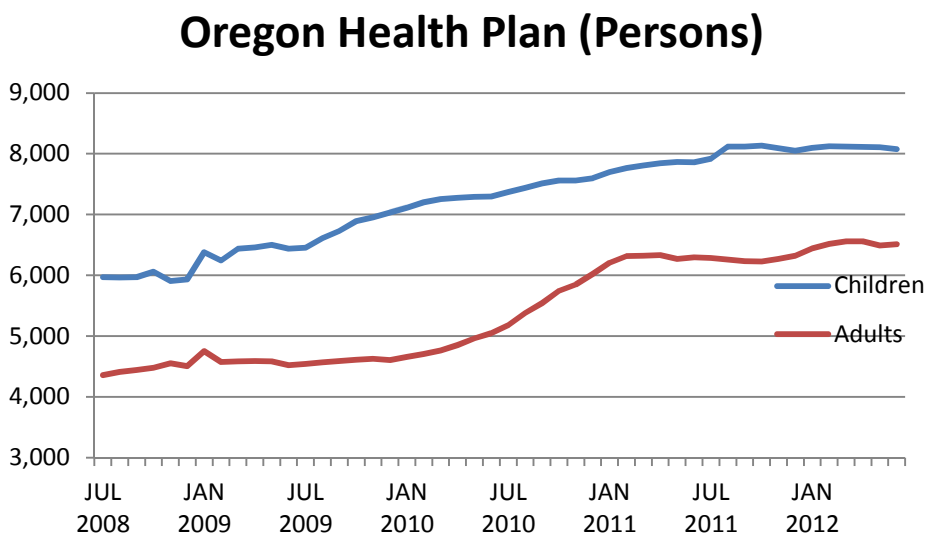
Oregon Health Authority

Caseloads: House District 12









DHS

Oregon Health Authority

DHS & OHA Caseloads

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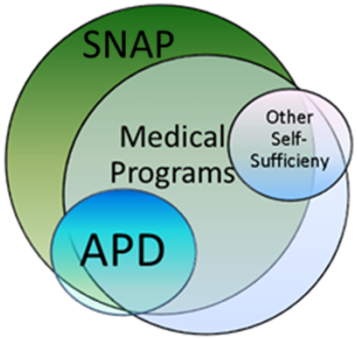
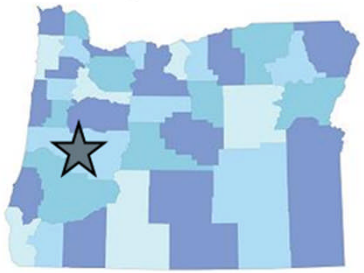


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 13

Representative Nancy Nathanson



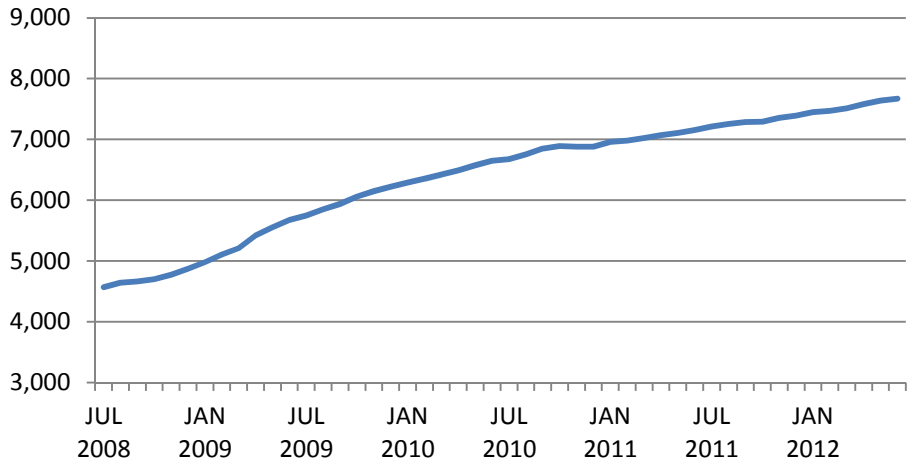
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 13	86.8	1.4	1.0	3.4	0.2	2.7	4.4	7.4	18.9	14.8

DHS

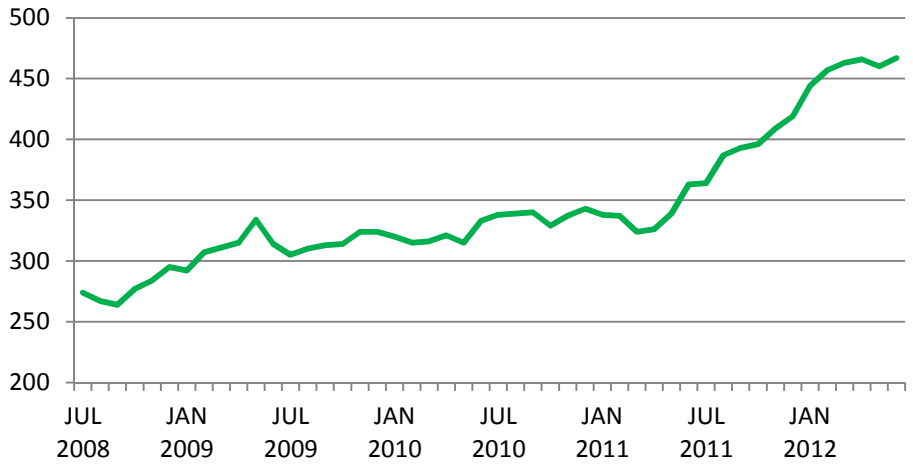
Oregon Health Authority

Caseloads: House District 13

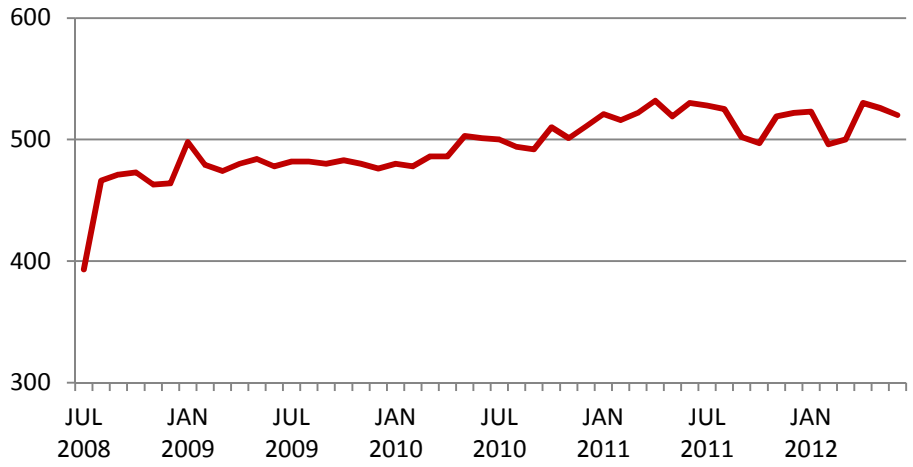
SNAP (Households)



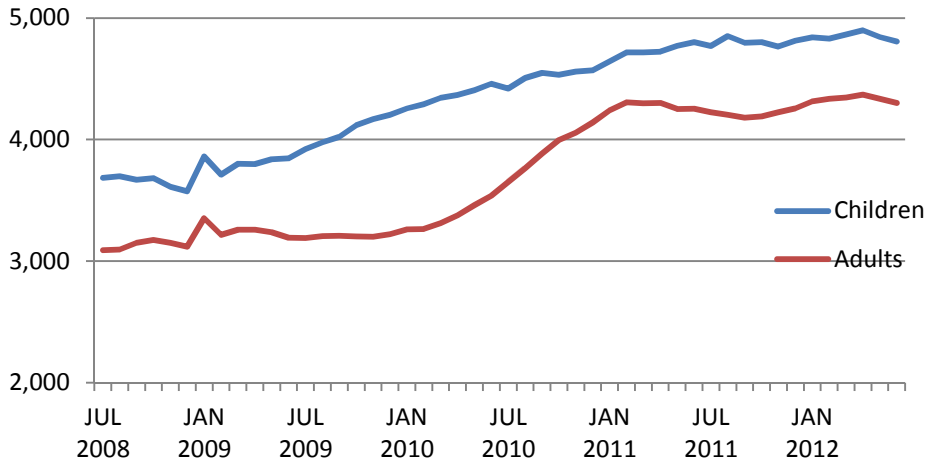
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan



DHS

Oregon Health Authority

DHS & OHA Caseloads

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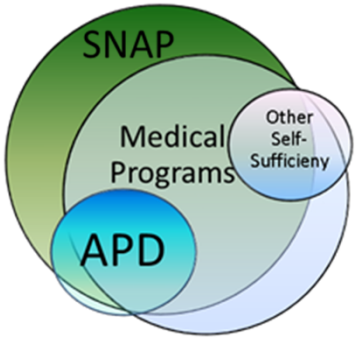
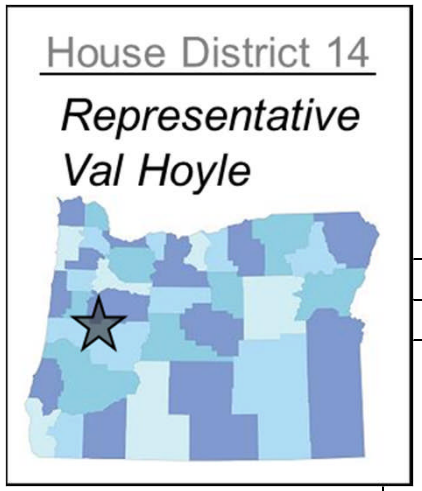


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



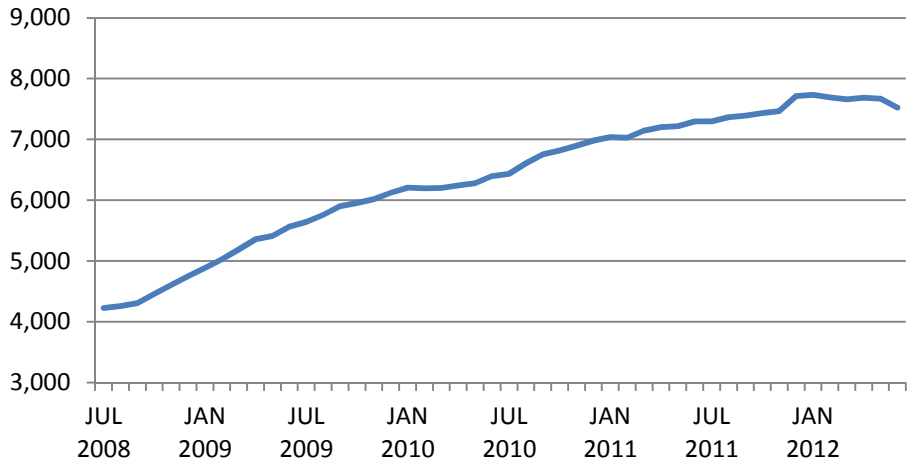
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 14	87.4	1.1	1.3	1.8	0.3	3.9	4.2	9.7	23.1	13.9

DHS

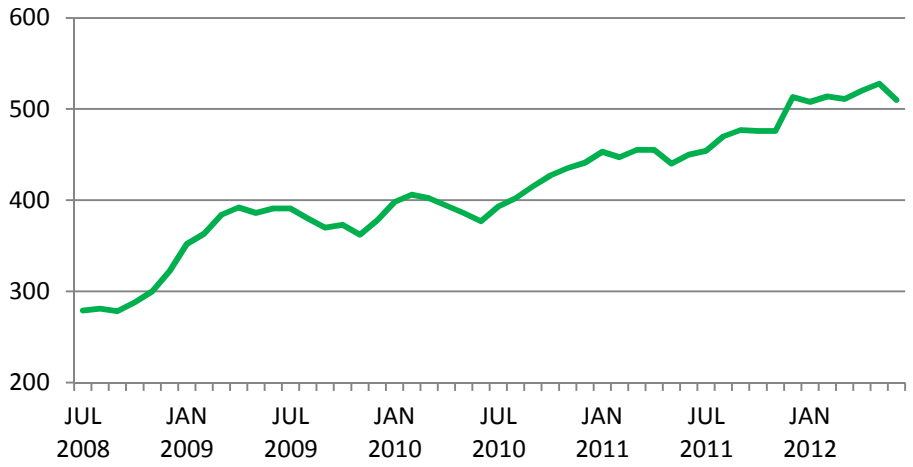
Oregon Health Authority

Caseloads: House District 14

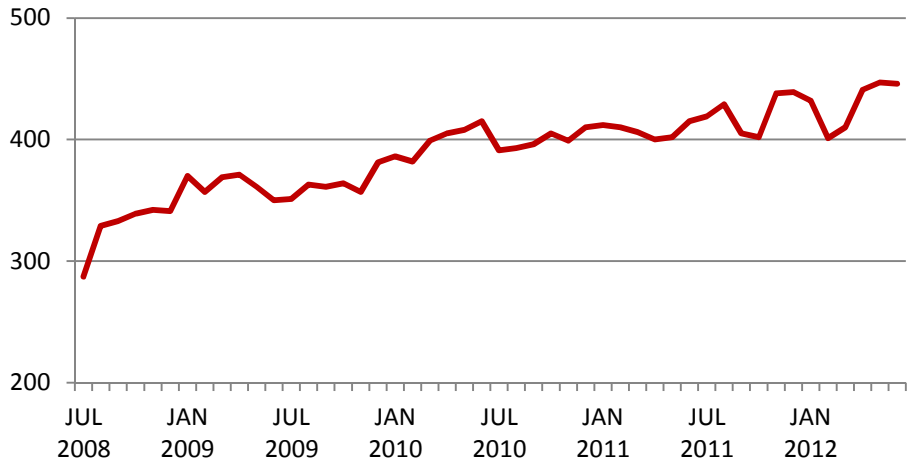
SNAP (Households)



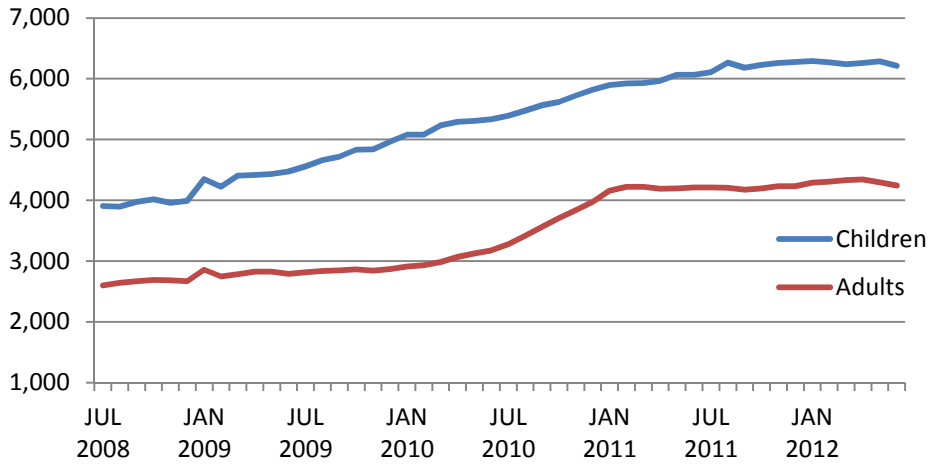
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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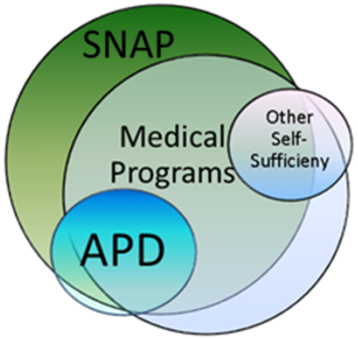
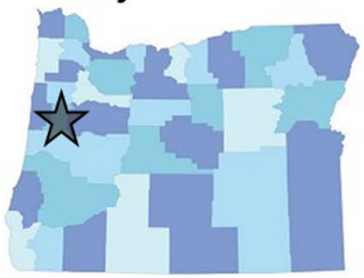


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 15

Representative Andy Olson



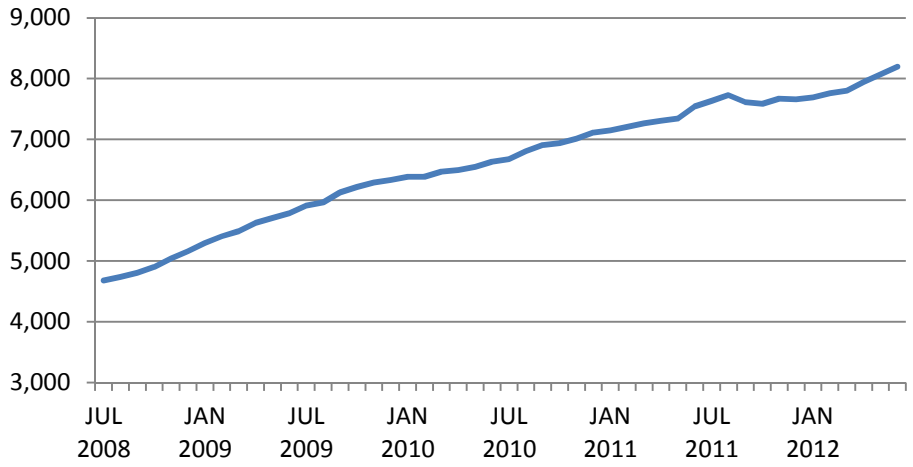
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 15	89.2	0.6	1.1	1.4	0.1	4.3	3.3	9.7	24.1	14.2

DHS

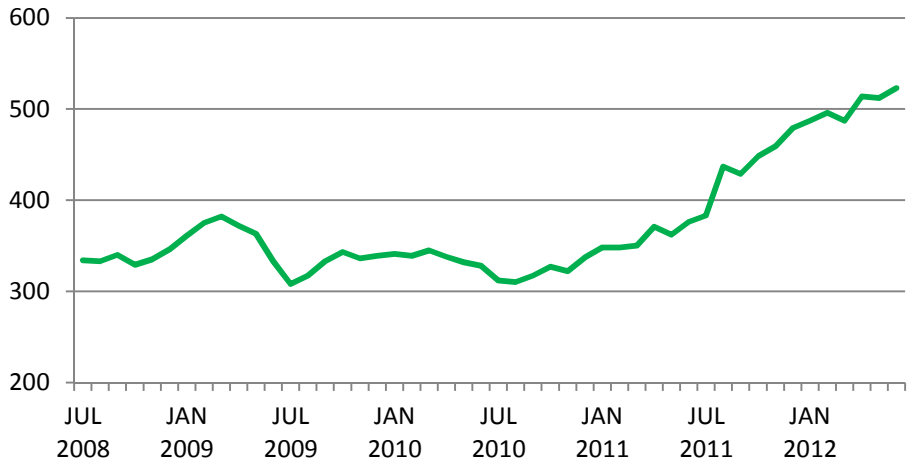
Oregon Health Authority

Caseloads: House District 15

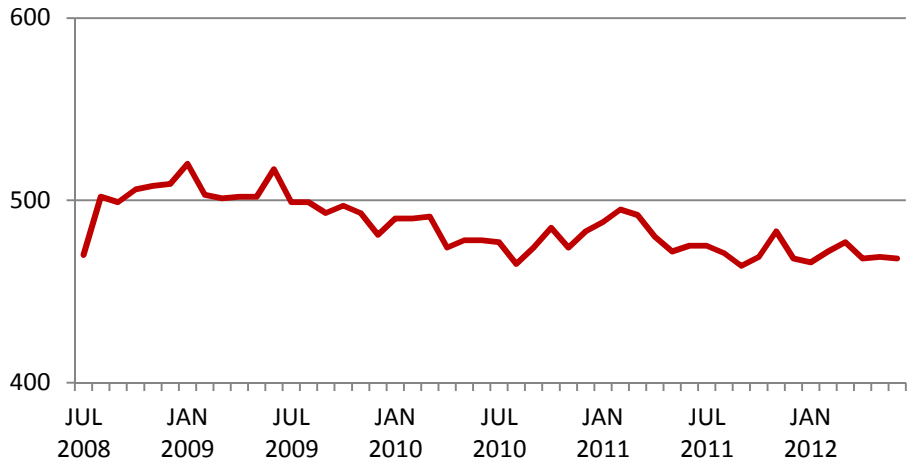
SNAP (Households)



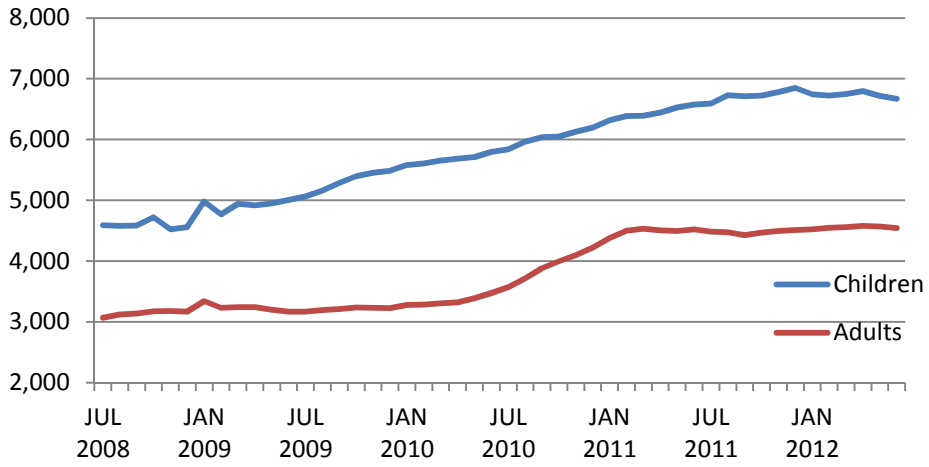
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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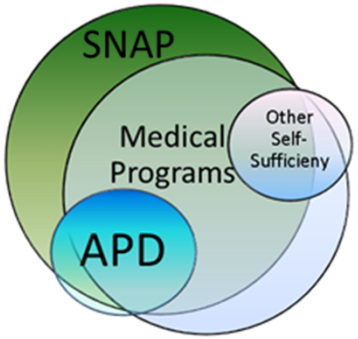
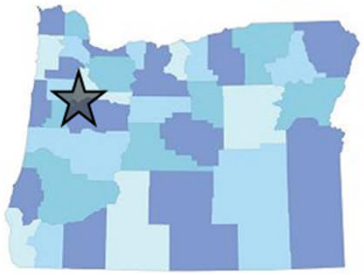


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 16

Representative Sara Gelser



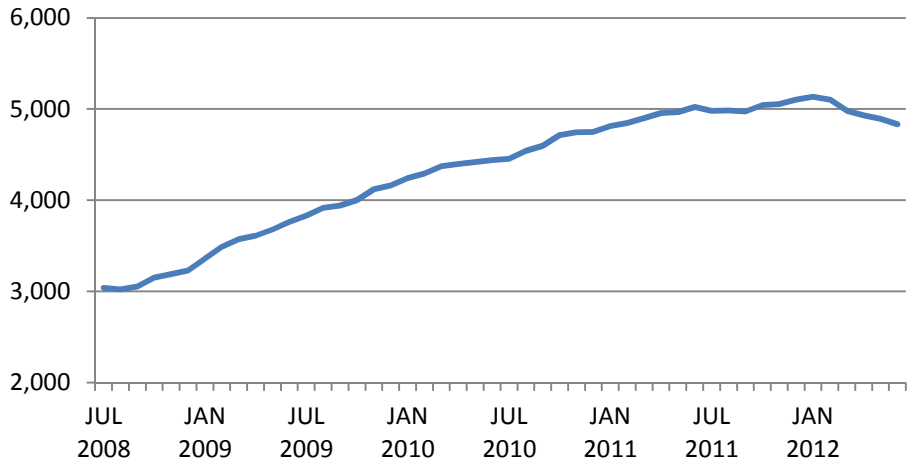
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 16	84.8	1.1	0.7	6.5	0.3	2.7	3.9	7.2	16.2	10.8

DHS

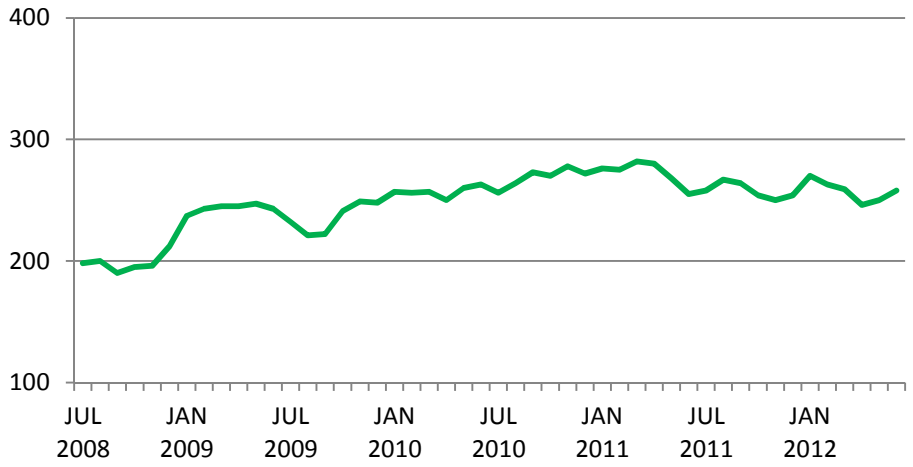
Oregon Health Authority

Caseloads: House District 16

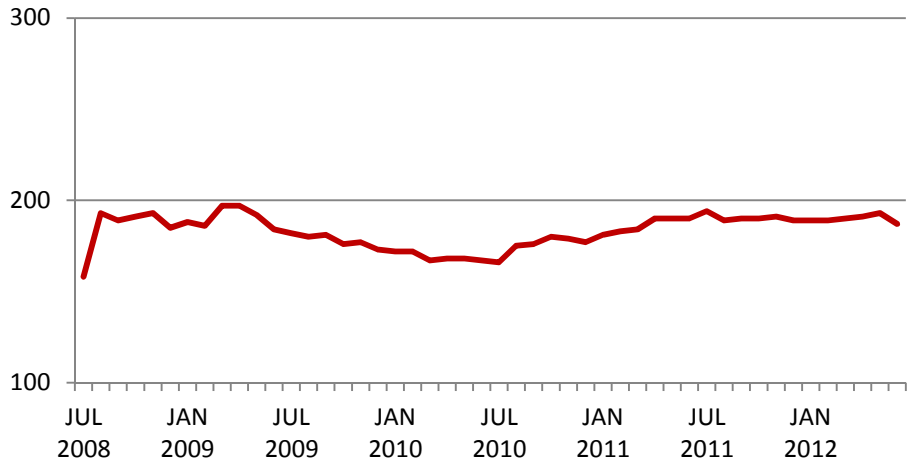
SNAP (Households)



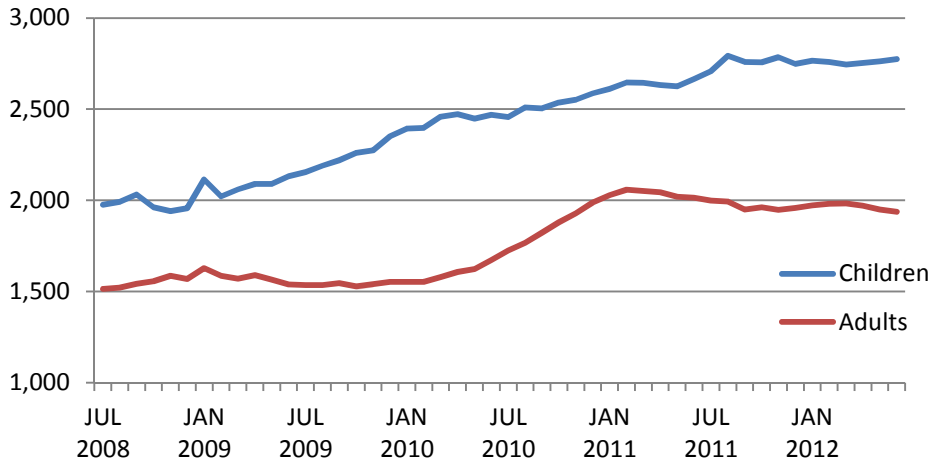
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

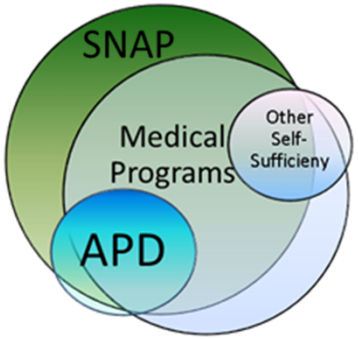


DHS

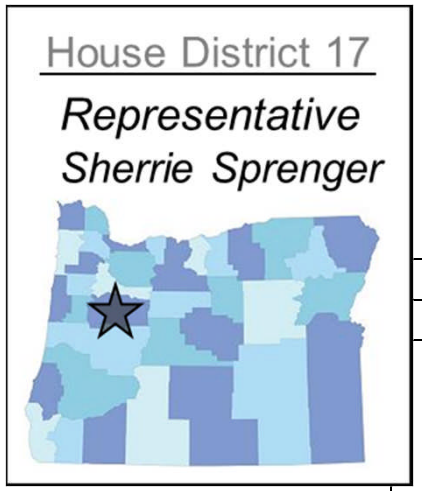
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



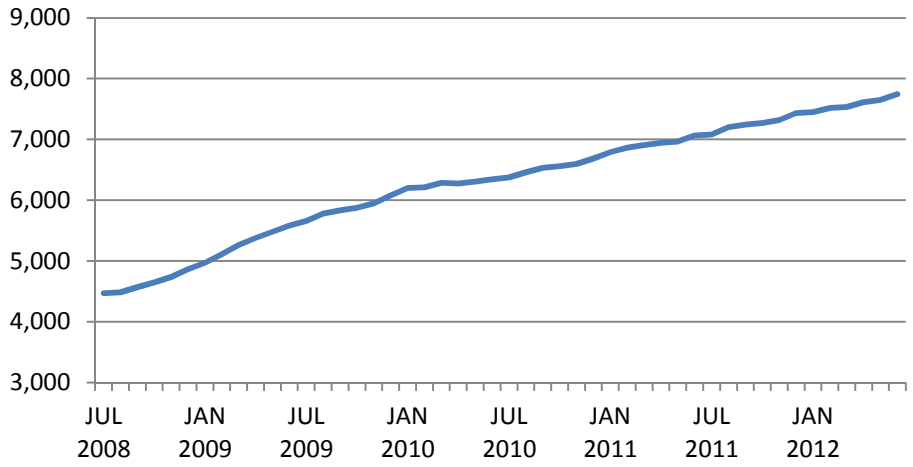
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 17	92.1	0.3	1.4	0.8	0.1	2.1	3.2	6.1	24.1	17.4

DHS

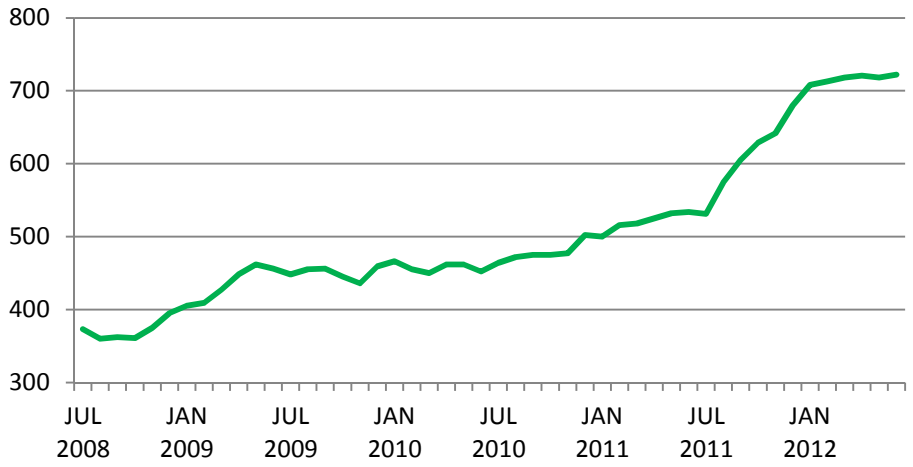
Oregon Health Authority

Caseloads: House District 17

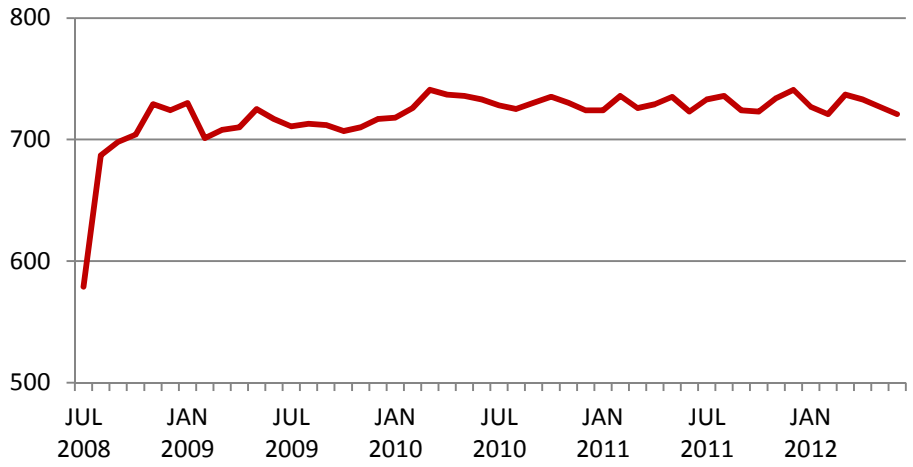
SNAP (Households)



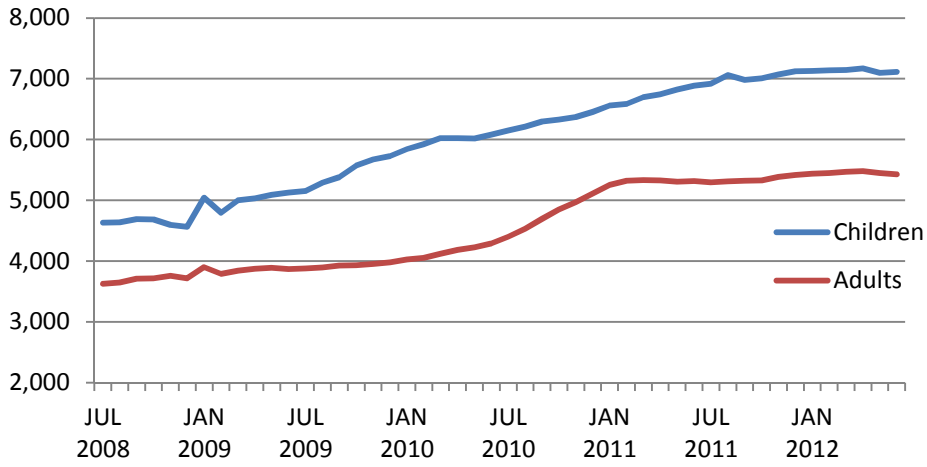
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

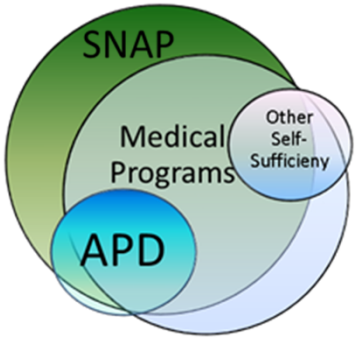


DHS

Oregon Health Authority

DHS & OHA Caseloads

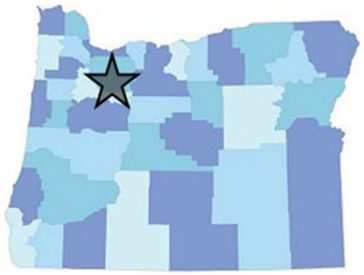
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 18

Representative Vic Gilliam



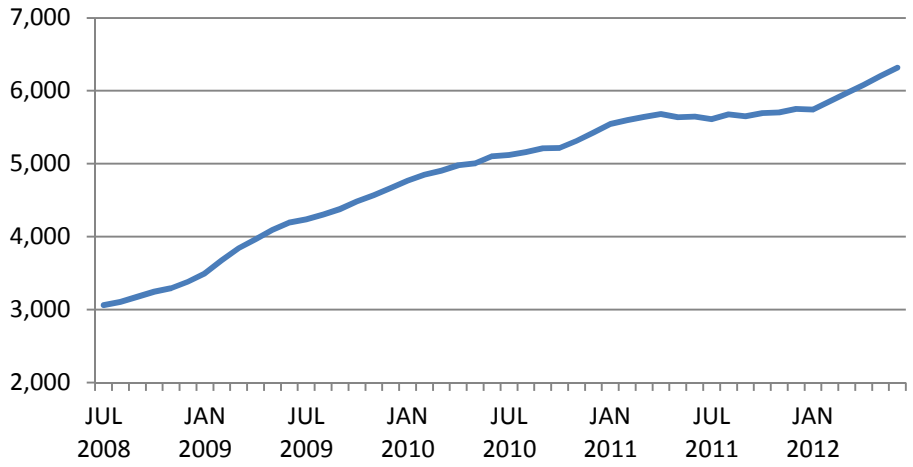
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 18	87.9	0.5	1.0	0.8	0.2	7.2	2.5	13.7	26.0	13.5

DHS

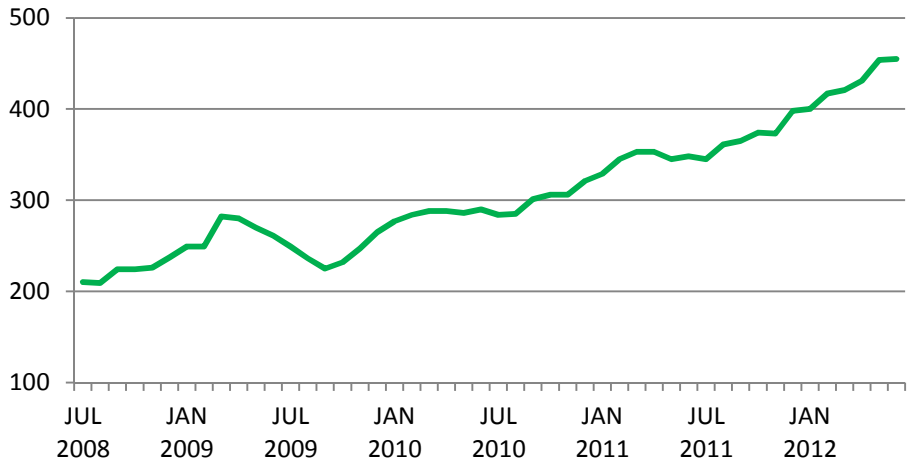
Oregon Health Authority

Caseloads: House District 18

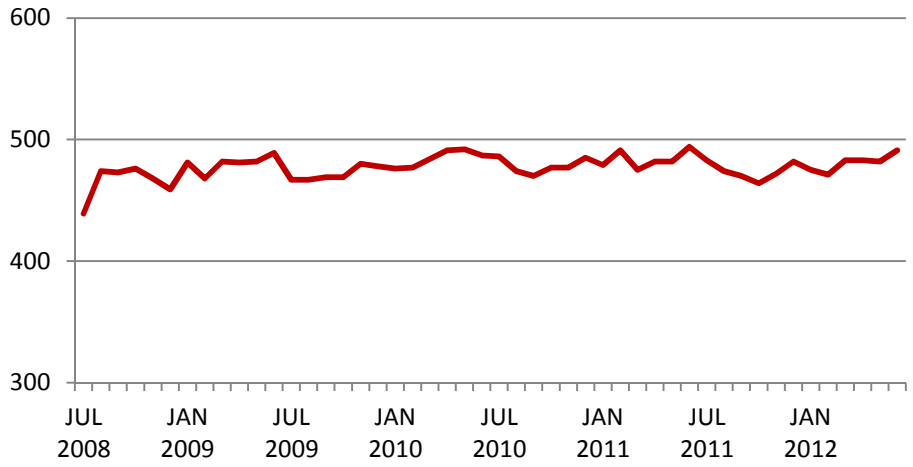
SNAP (Households)



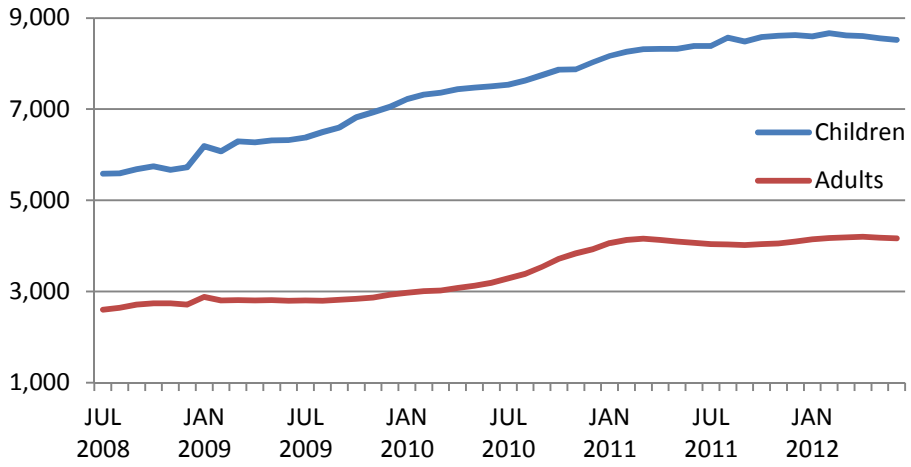
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

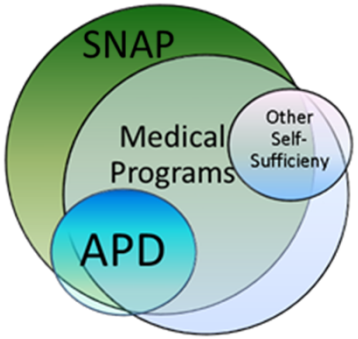


DHS

Oregon Health Authority

DHS & OHA Caseloads

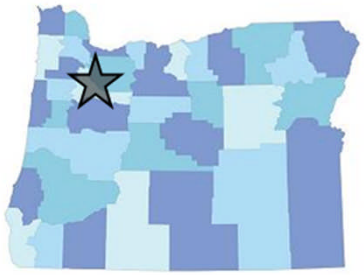
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 19

Representative Kevin Cameron



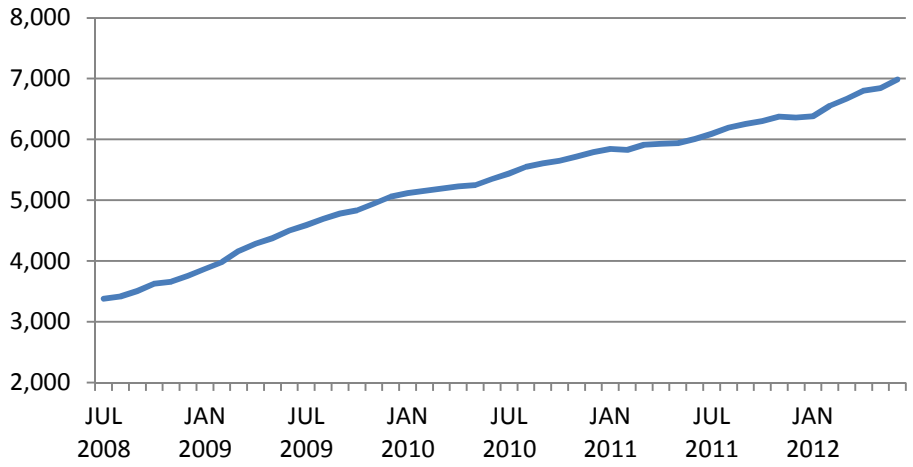
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 19	84.1	1.4	1.3	2.4	0.8	6.0	3.9	12.7	24.5	13.6

DHS

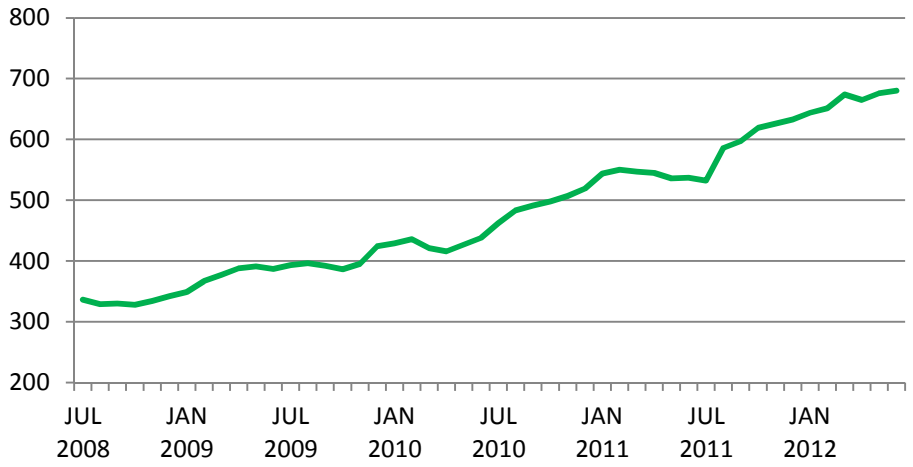
Oregon Health Authority

Caseloads: House District 19

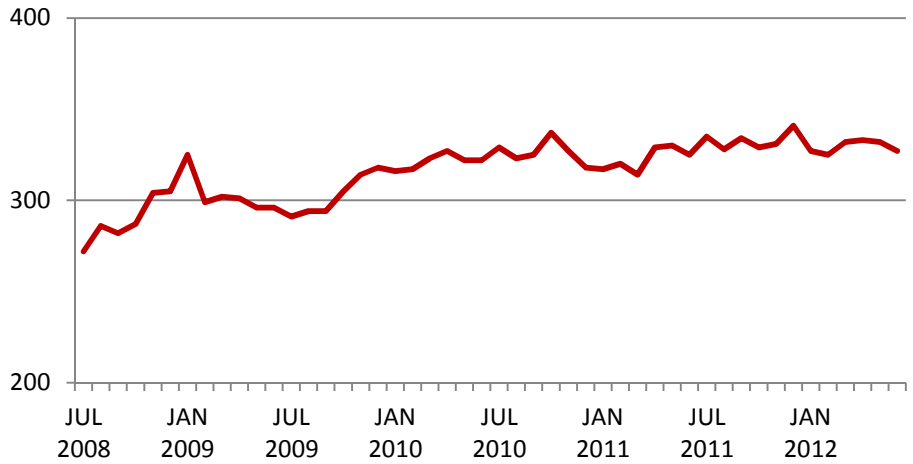
SNAP (Households)



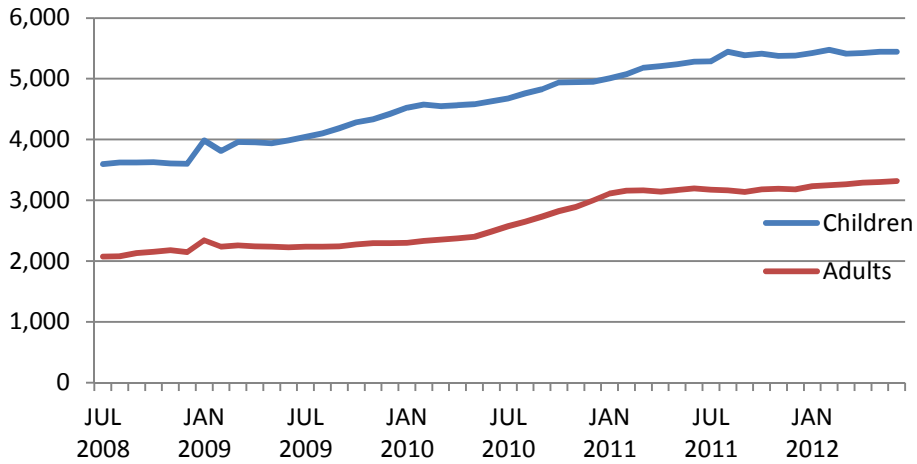
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

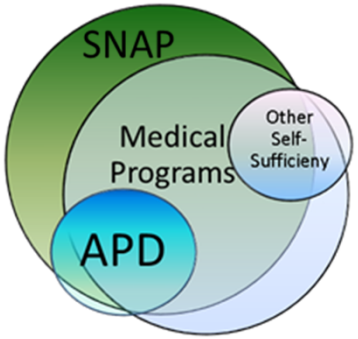


DHS

Oregon Health Authority

DHS & OHA Caseloads

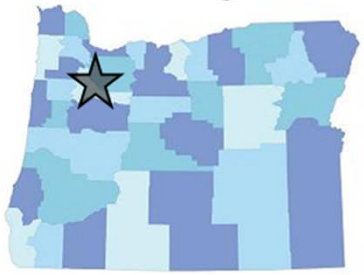
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 20

Representative Vicki Berger



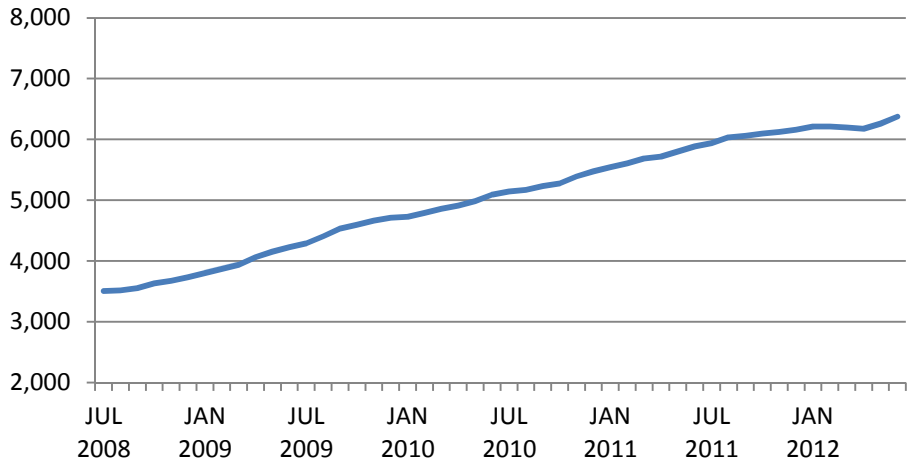
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 20	84.6	0.8	1.4	2.5	0.5	6.3	4.0	13.9	23.8	13.0

DHS

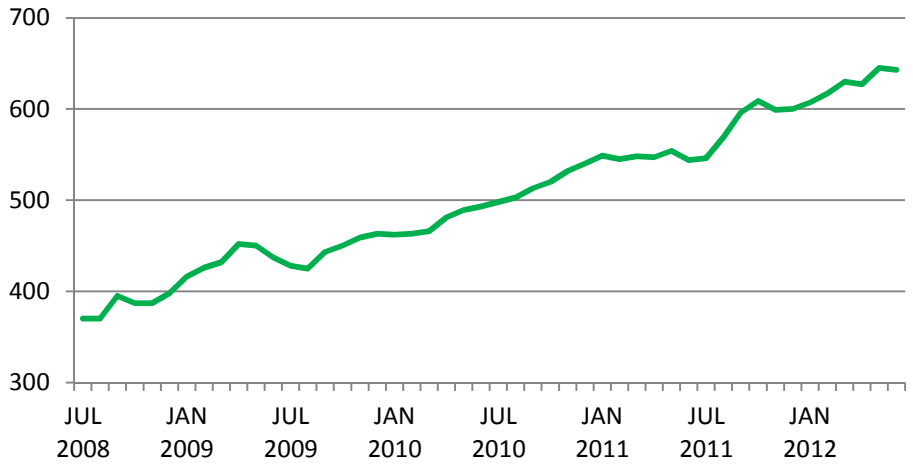
Oregon Health Authority

Caseloads: House District 20

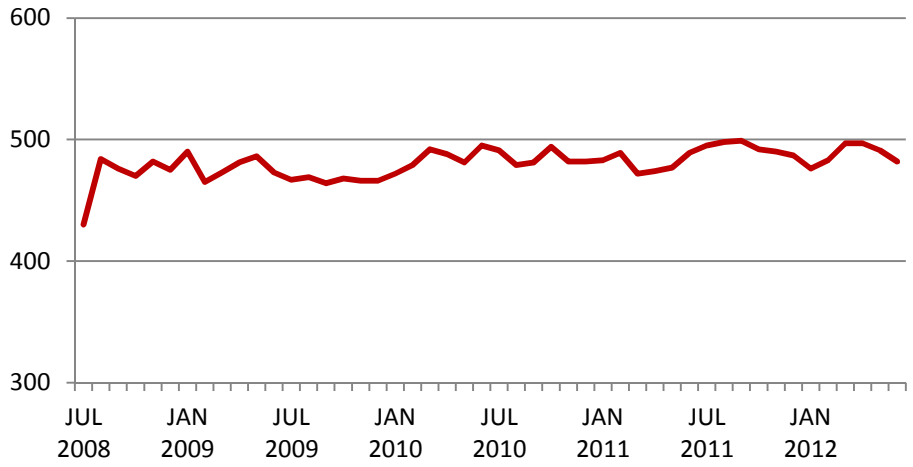
SNAP (Households)



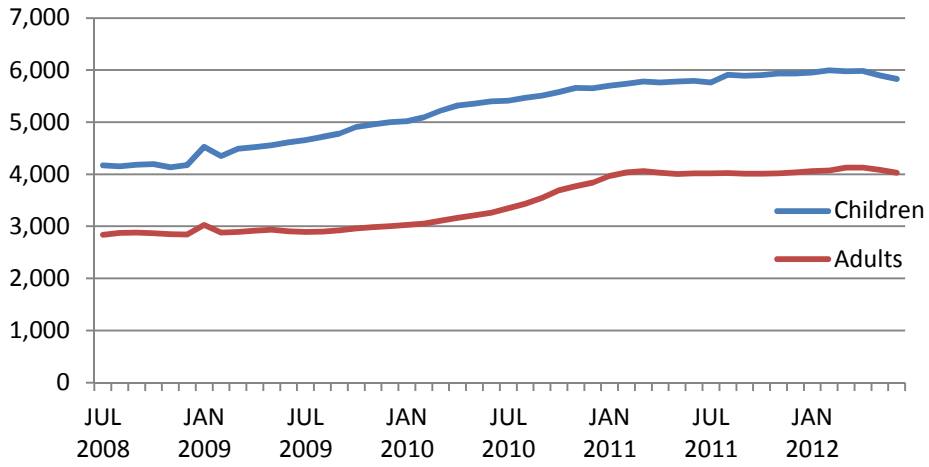
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

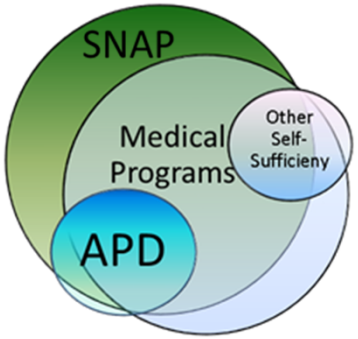


DHS

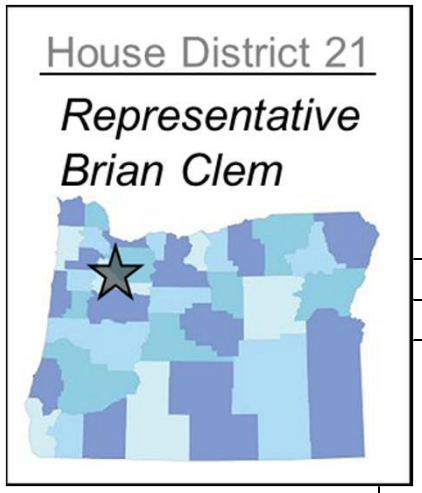
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



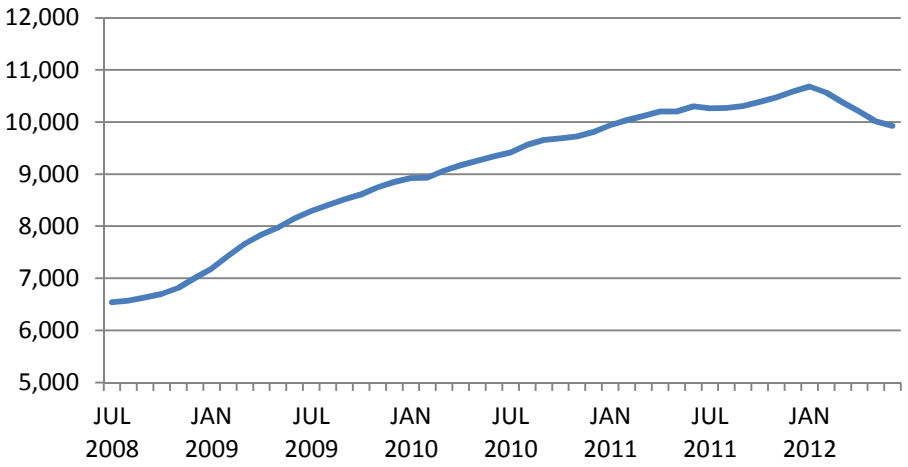
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 21	72.4	1.6	1.8	3.1	1.0	15.6	4.4	28.5	25.5	11.7

DHS

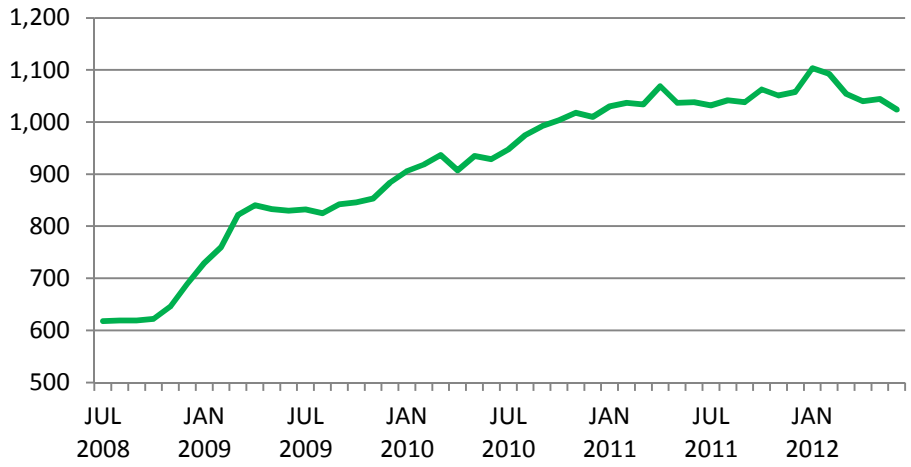
Oregon Health Authority

Caseloads: House District 21

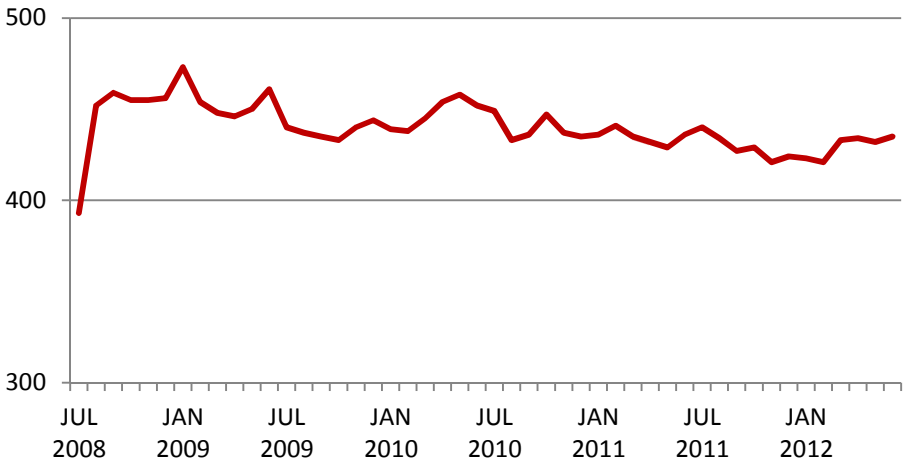
SNAP (Households)



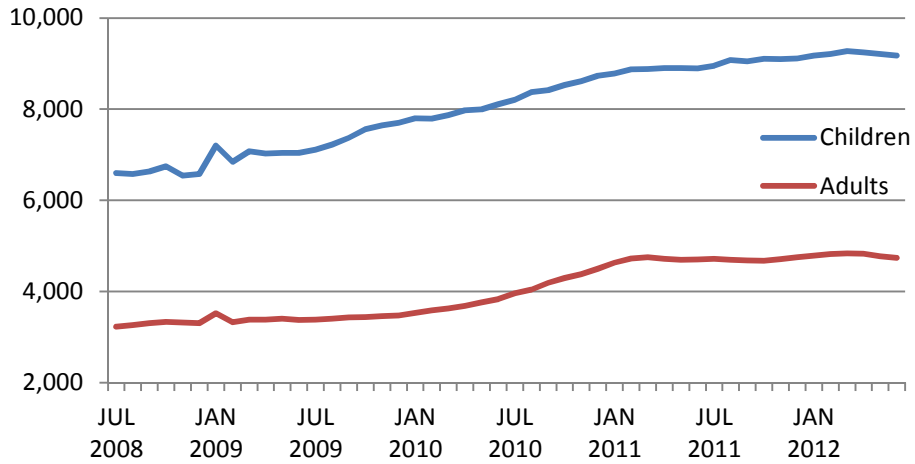
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

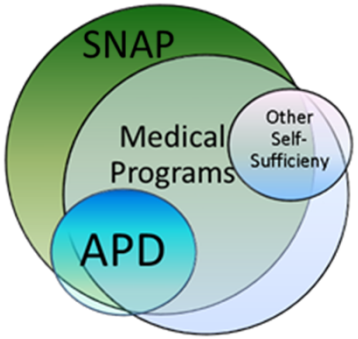


DHS

Oregon Health Authority

DHS & OHA Caseloads

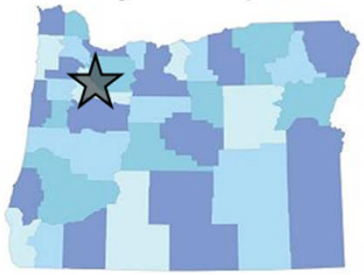
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 22

Representative Betty Komp



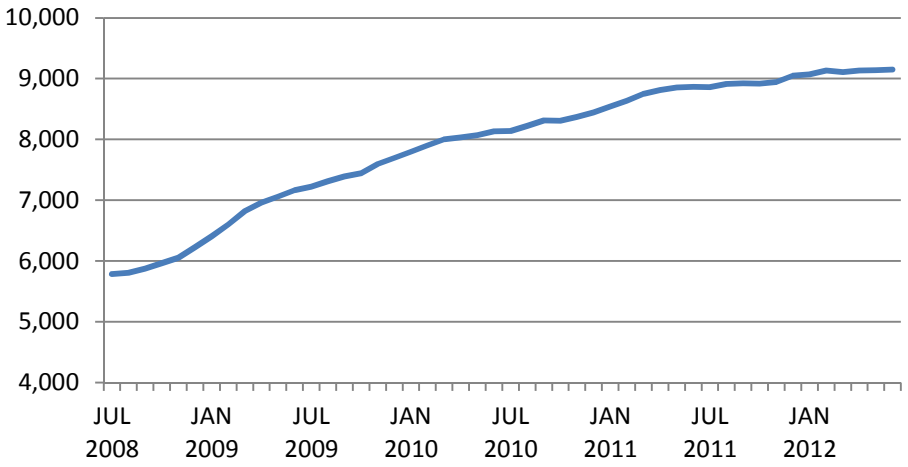
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 22	62.4	1.0	2.3	1.3	1.0	27.6	4.4	51.1	31.2	10.4

DHS

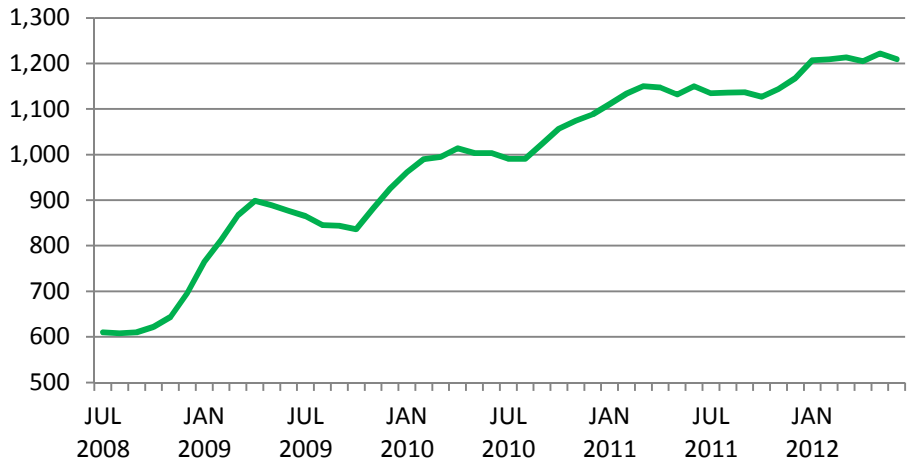
Oregon Health Authority

Caseloads: House District 22

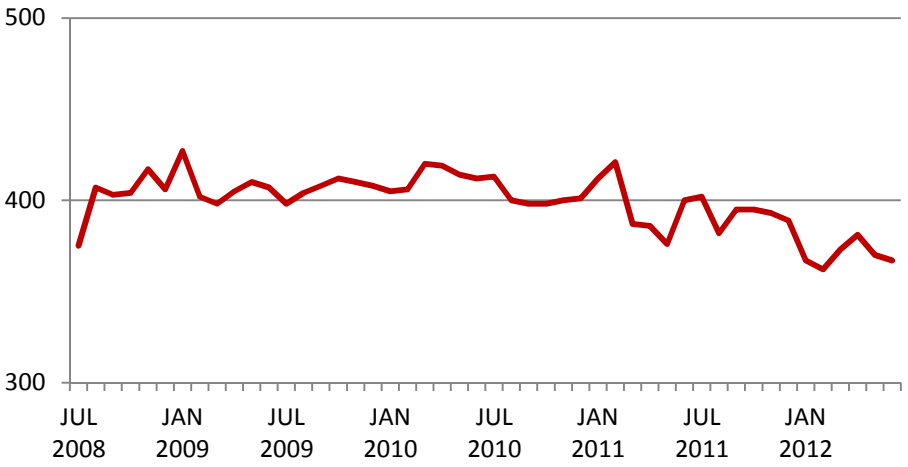
SNAP (Households)



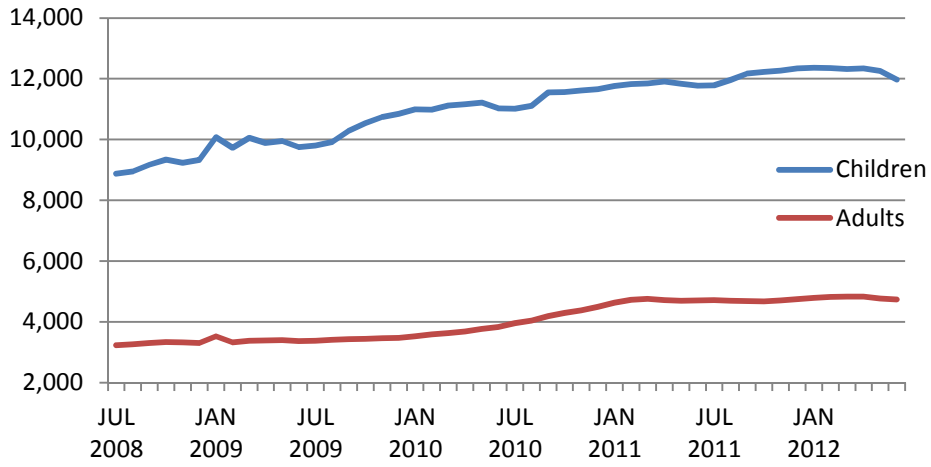
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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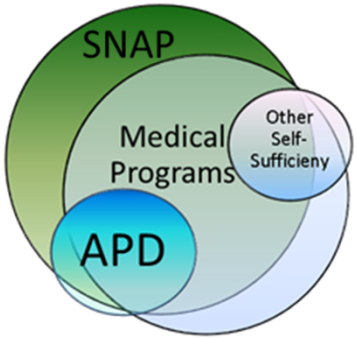
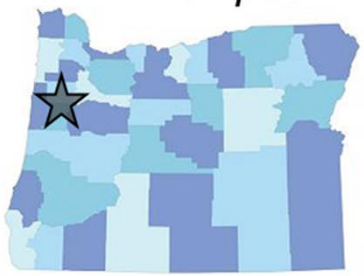


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 23

Representative Jim Thompson



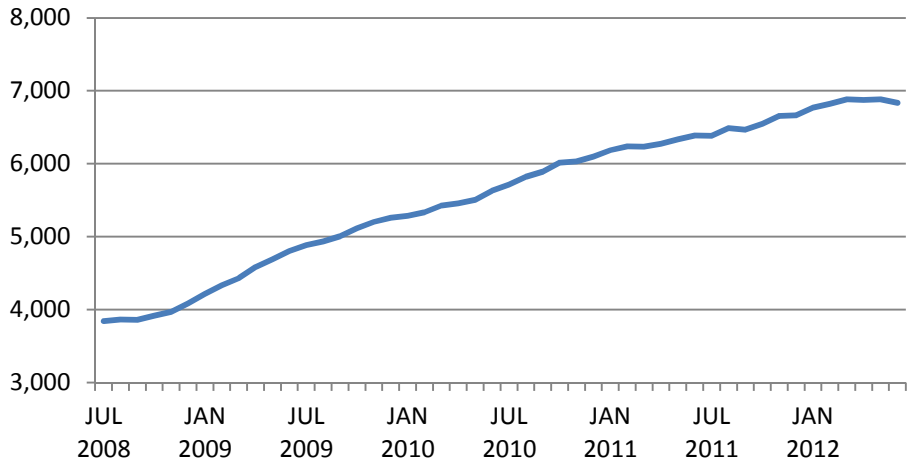
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 23	89.9	0.8	2.1	0.9	0.2	3.0	3.1	7.6	23.5	15.3

DHS

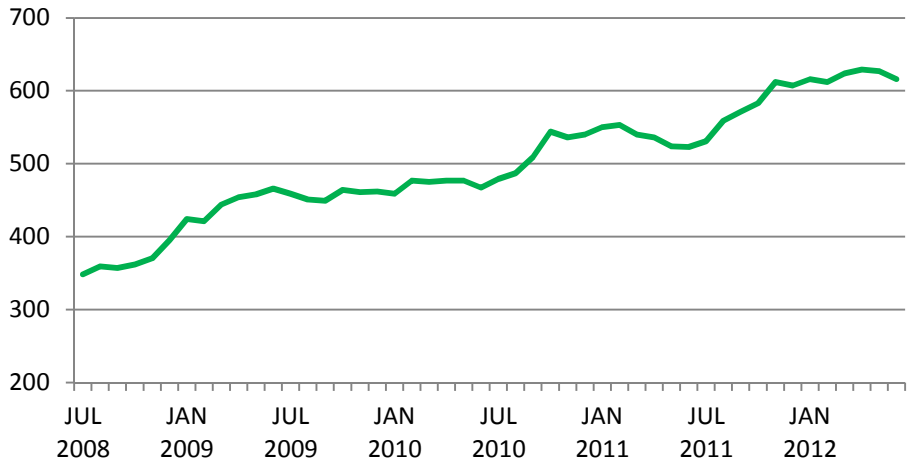
Oregon Health Authority

Caseloads: House District 23

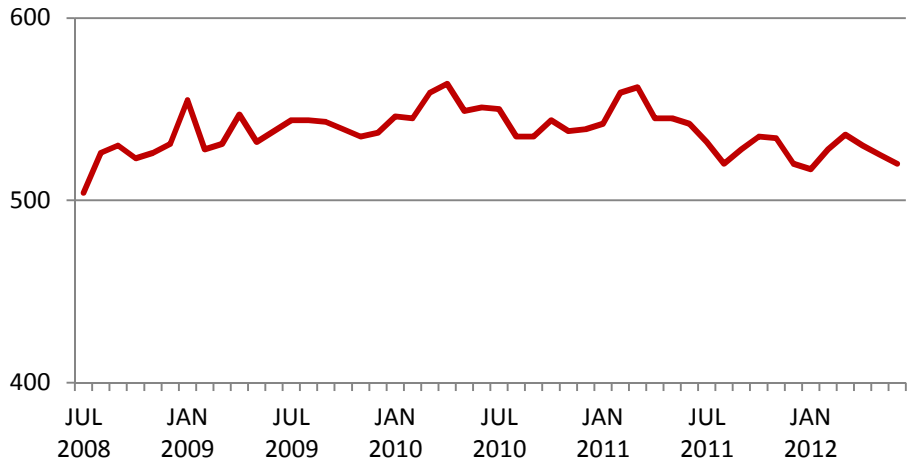
SNAP (Households)



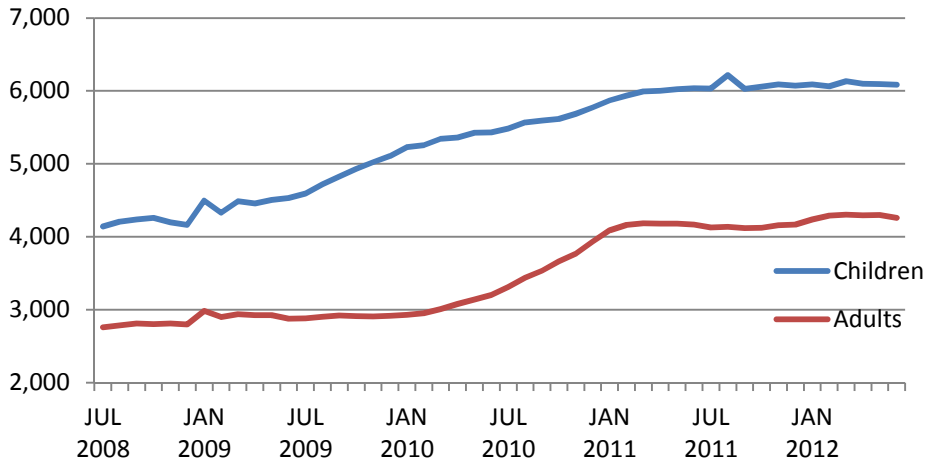
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

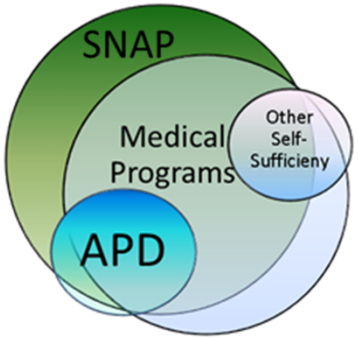


DHS

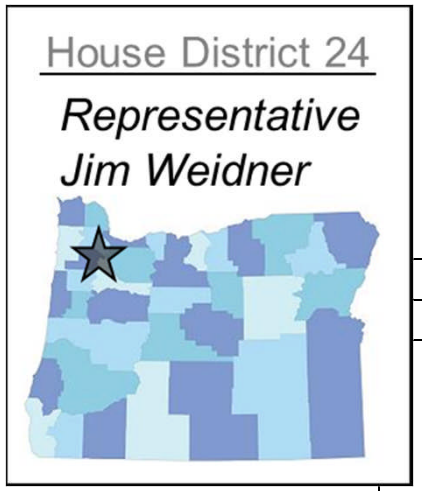
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



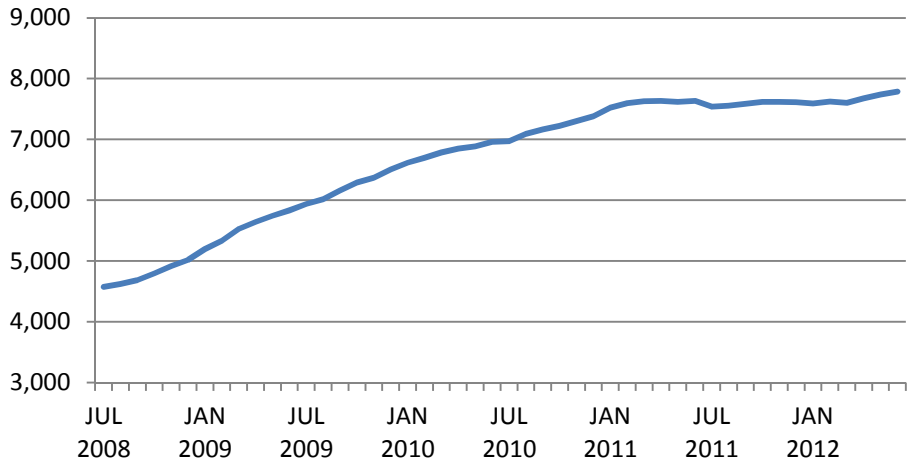
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 24	86.1	0.5	1.2	1.3	0.1	7.6	3.2	15.7	25.6	14.1

DHS

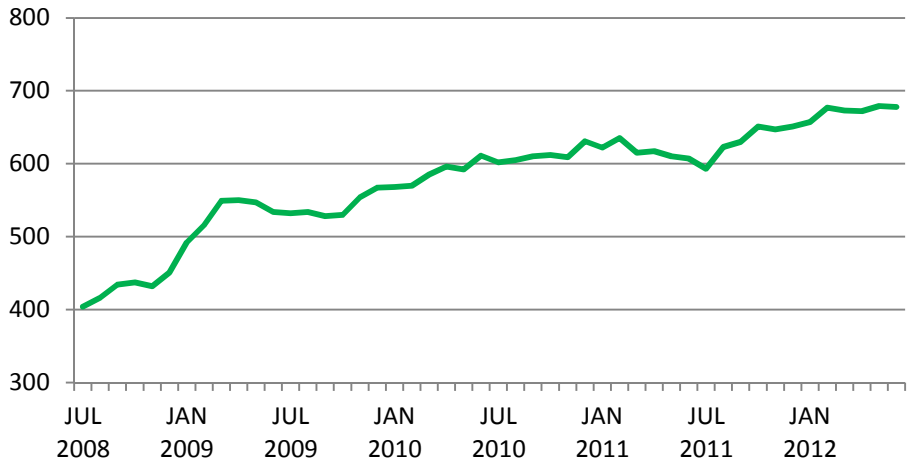
Oregon Health Authority

Caseloads: House District 24

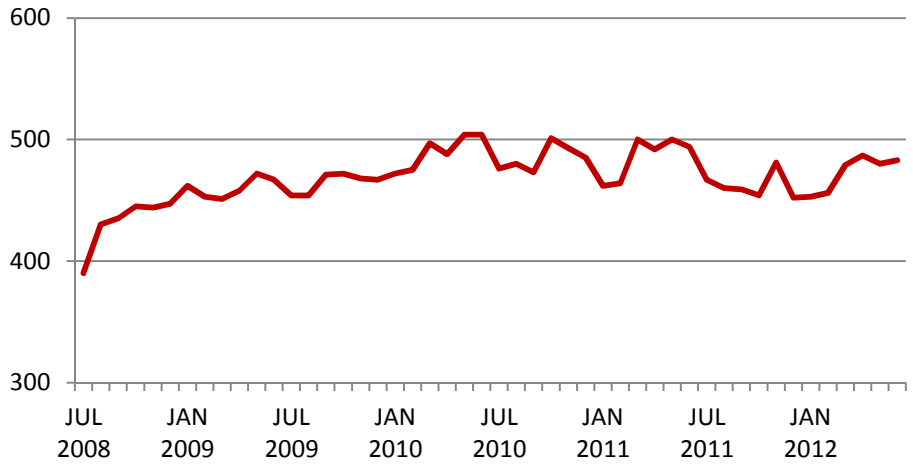
SNAP (Households)



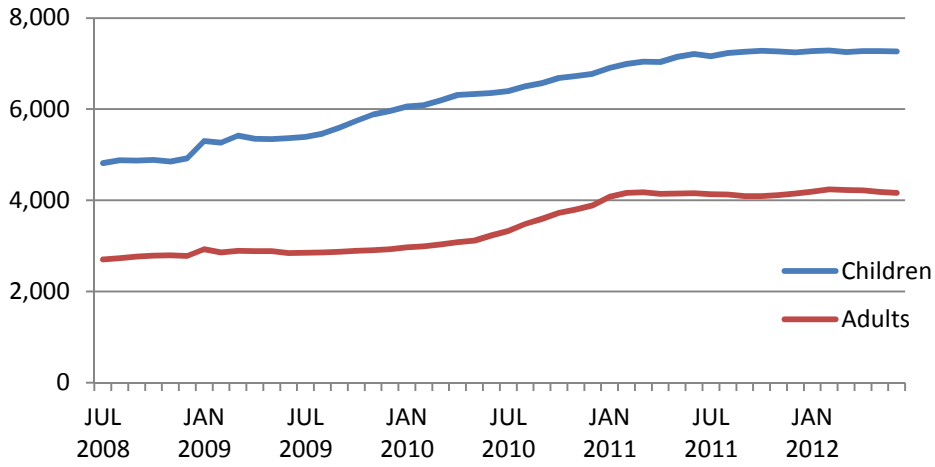
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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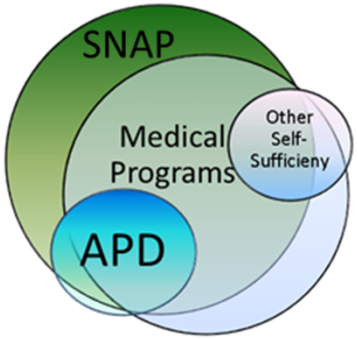
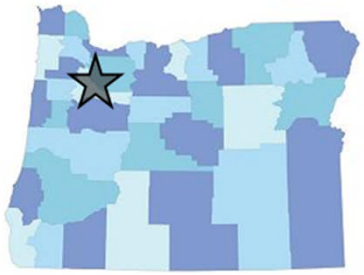


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 25

Representative Kim Thatcher



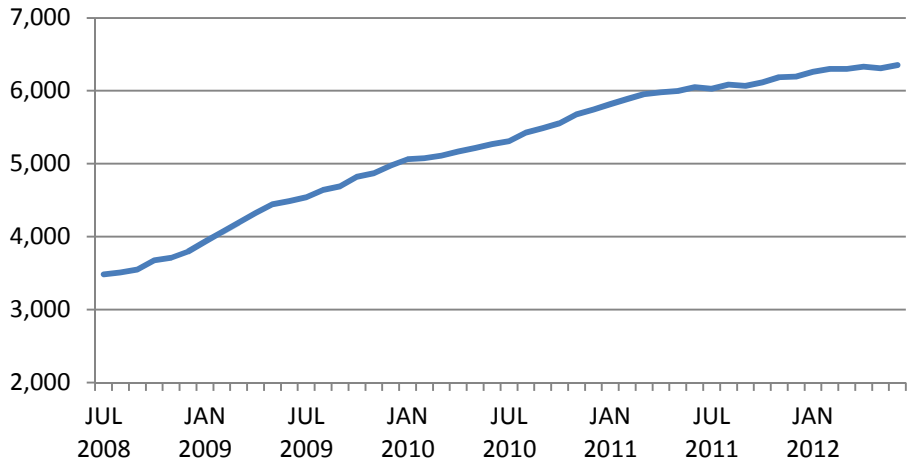
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 25	84.4	0.7	1.1	1.8	0.4	8.0	3.6	16.1	26.2	13.0

DHS

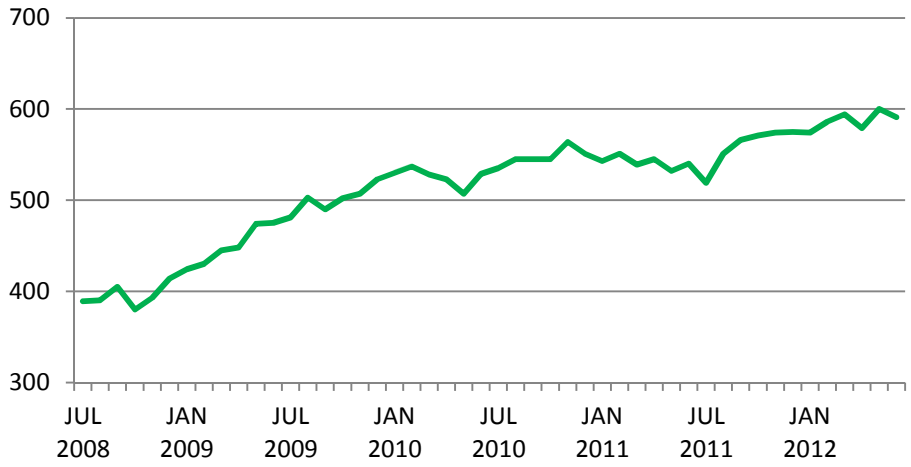
Oregon Health Authority

Caseloads: House District 25

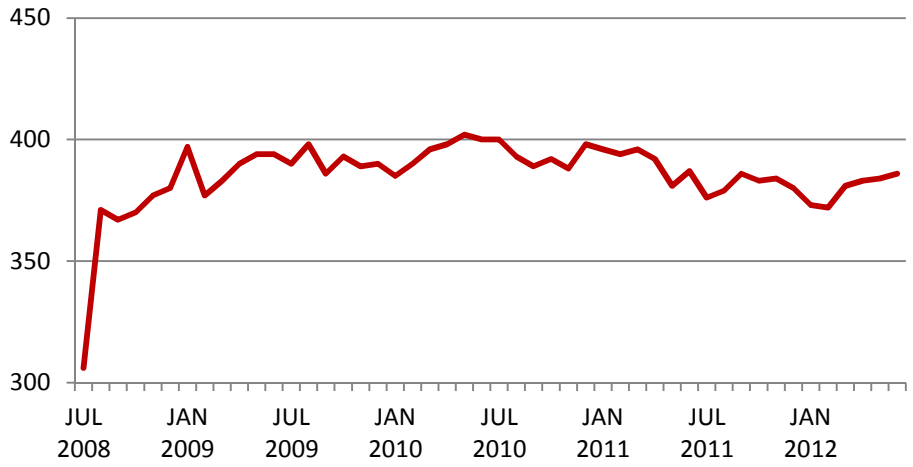
SNAP (Households)



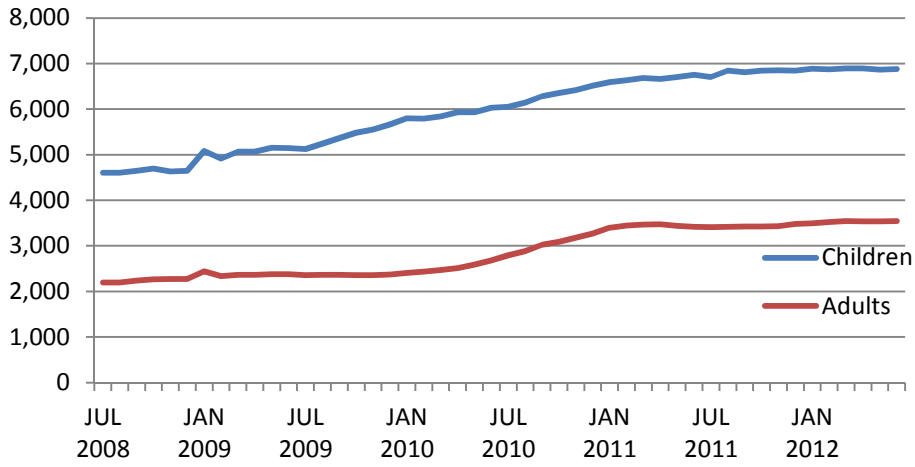
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

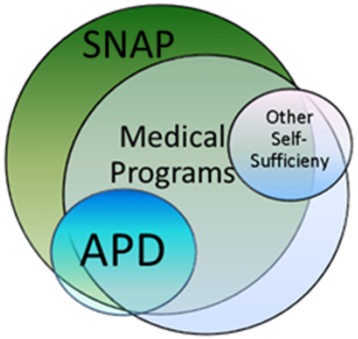


DHS

Oregon Health Authority

DHS & OHA Caseloads

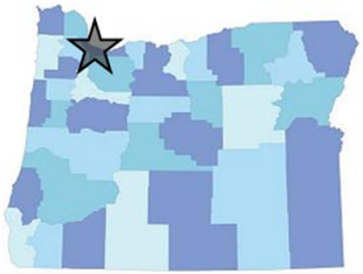
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 26

Representative John Davis



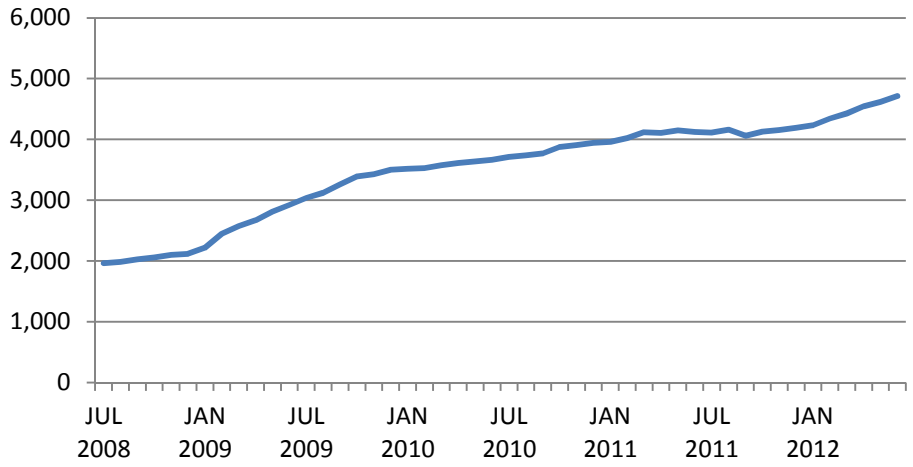
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 26	83.4	1.2	0.7	6.4	0.4	4.3	3.6	10.4	27.2	10.1

DHS

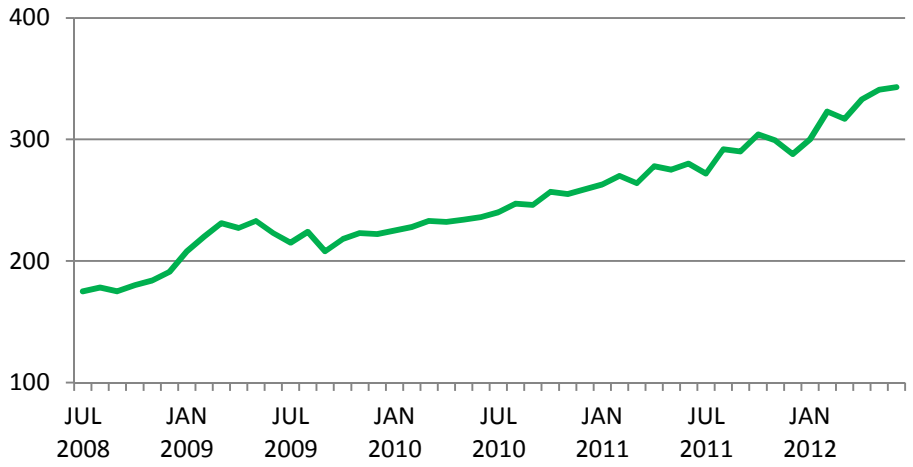
Oregon Health Authority

Caseloads: House District 26

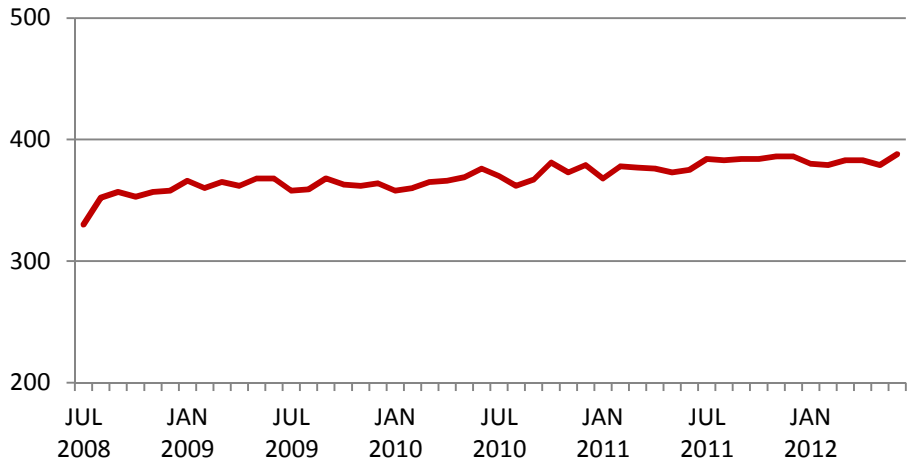
SNAP (Households)



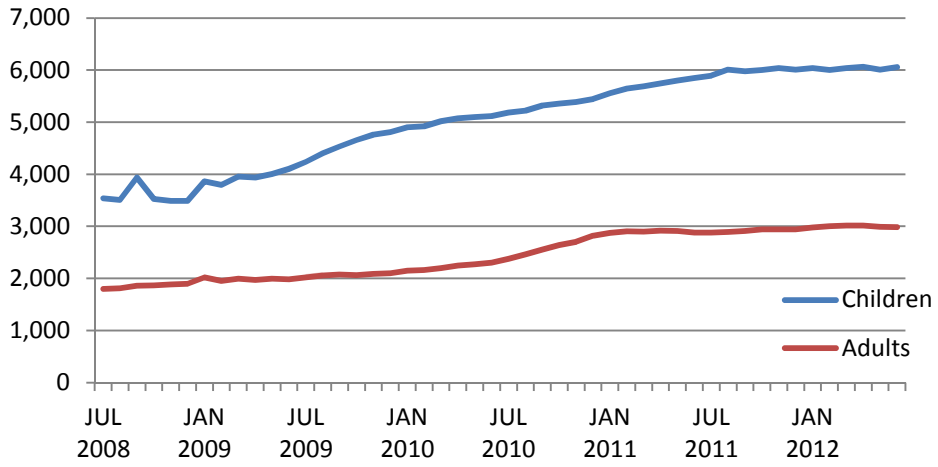
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

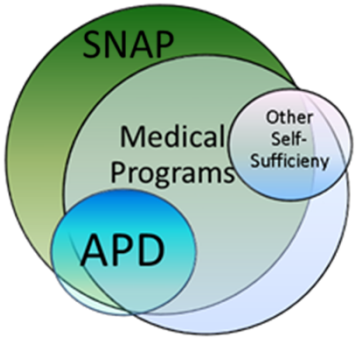


DHS

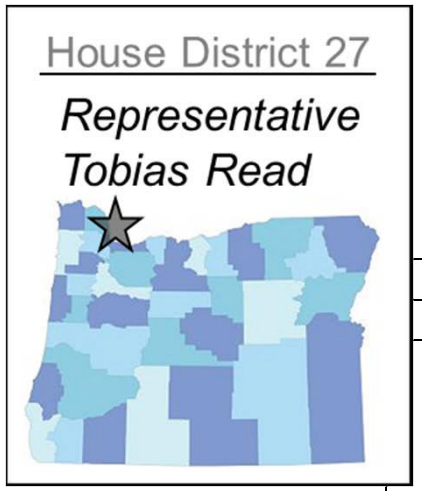
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



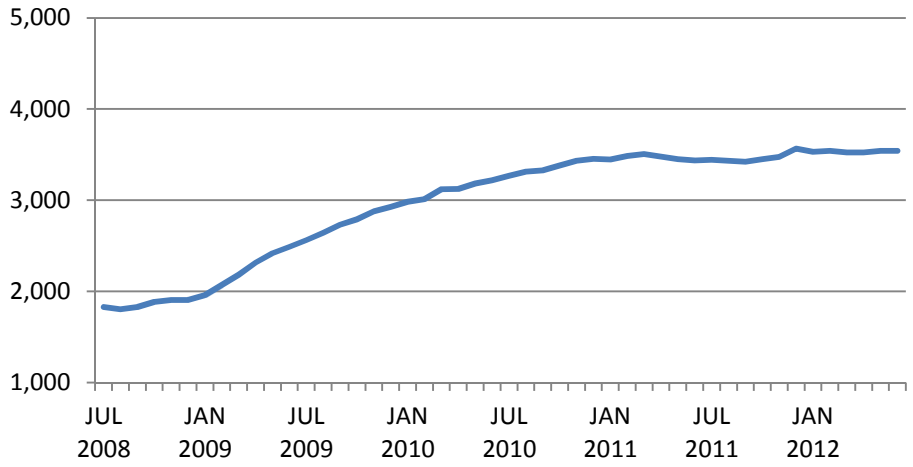
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 27	81.3	1.6	0.5	7.6	0.4	4.3	4.2	9.2	22.7	13.0

DHS

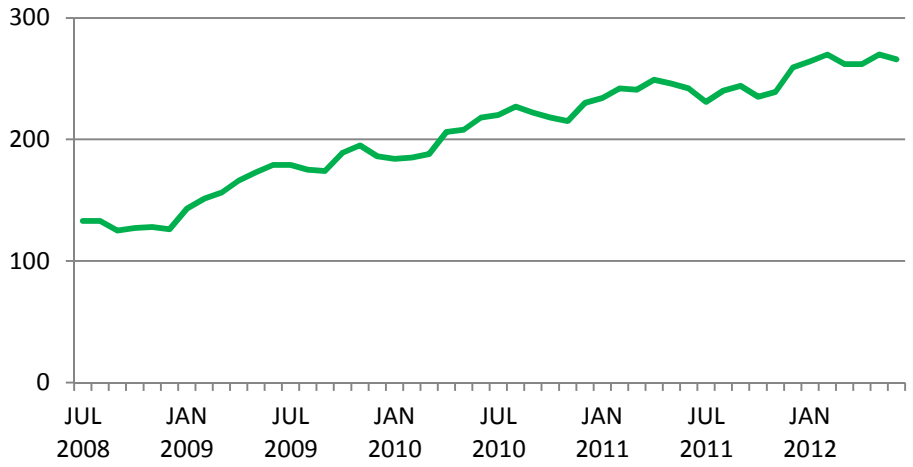
Oregon Health Authority

Caseloads: House District 27

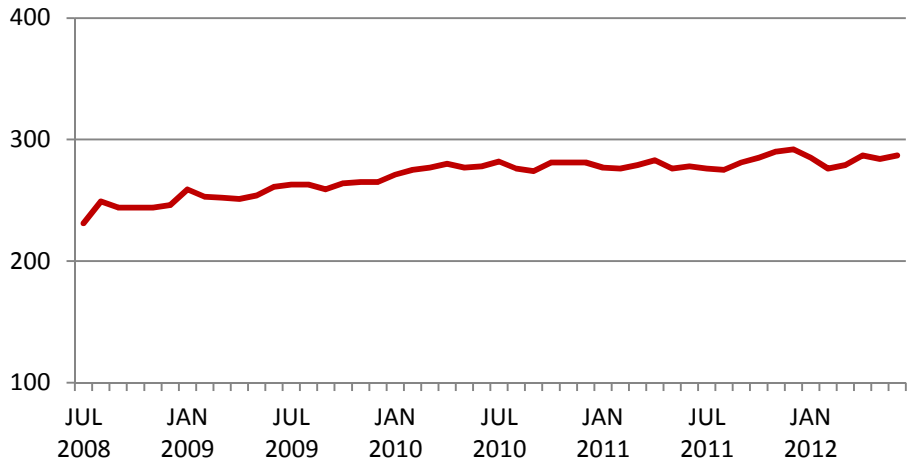
SNAP (Households)



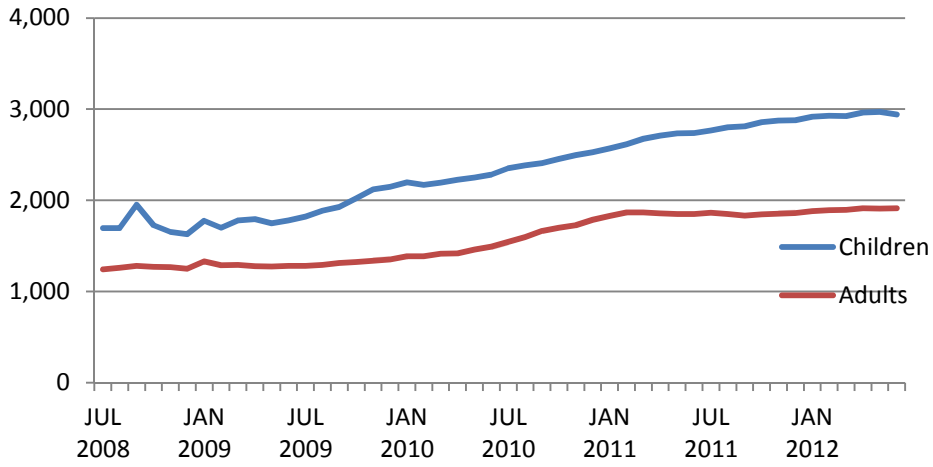
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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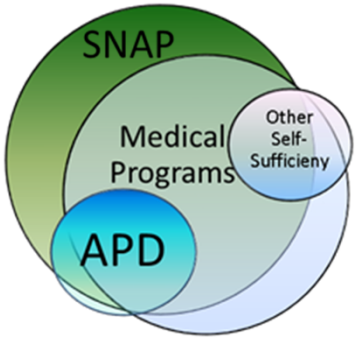
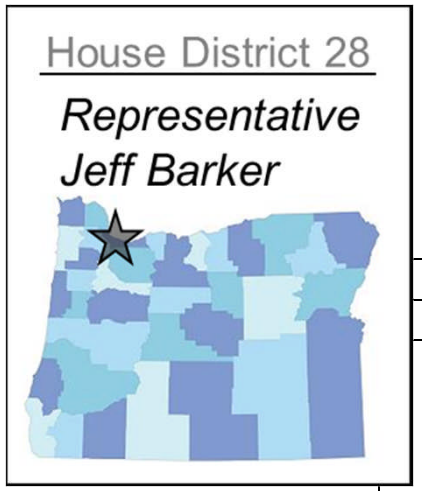


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



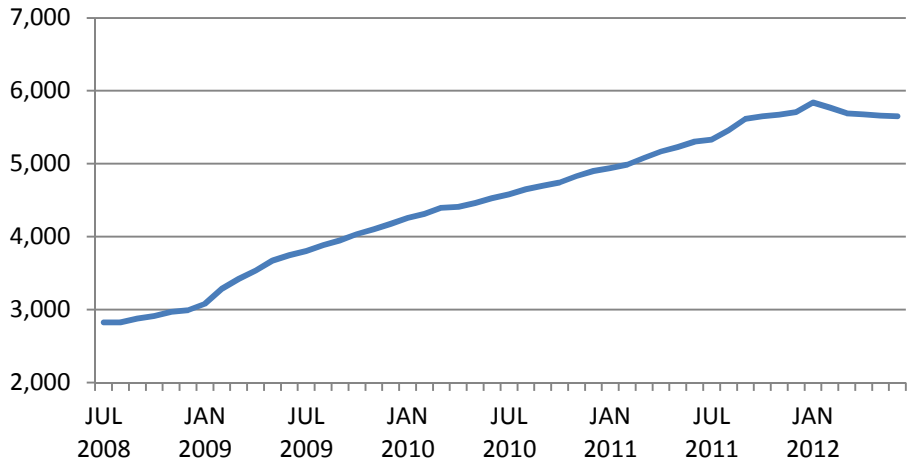
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 28	72.0	2.7	0.9	7.5	0.4	11.7	4.7	21.9	26.3	9.7

DHS

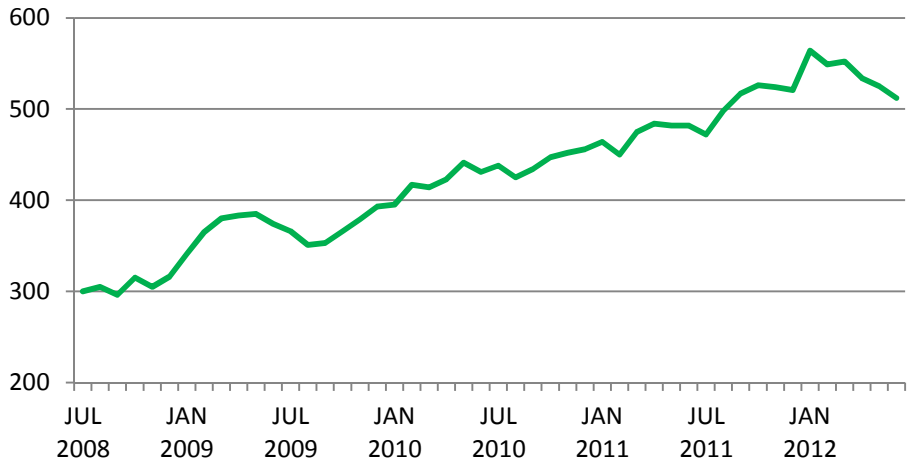
Oregon Health Authority

Caseloads: House District 28

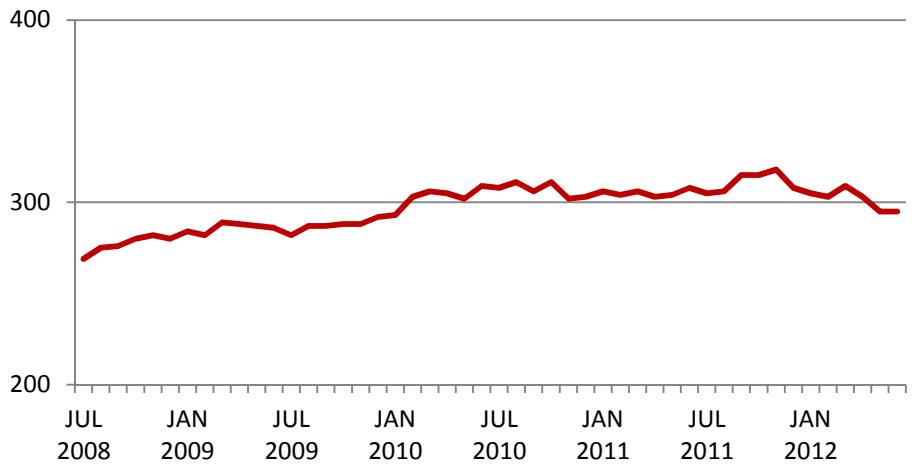
SNAP (Households)



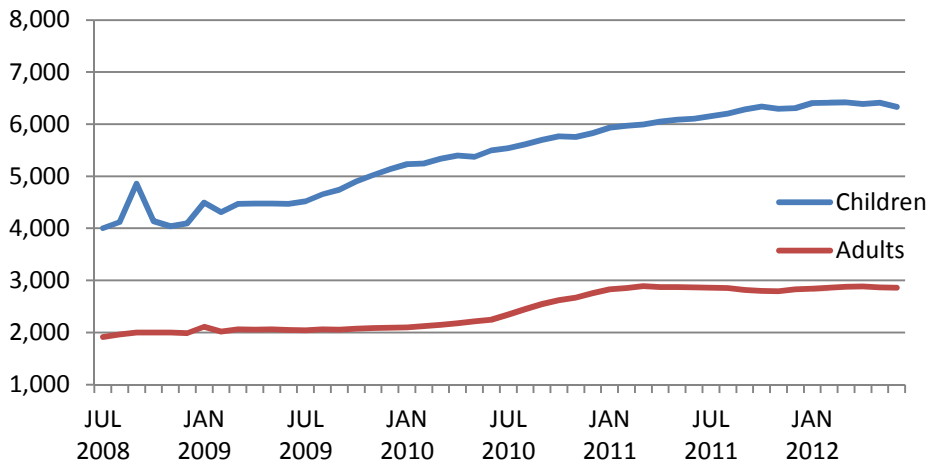
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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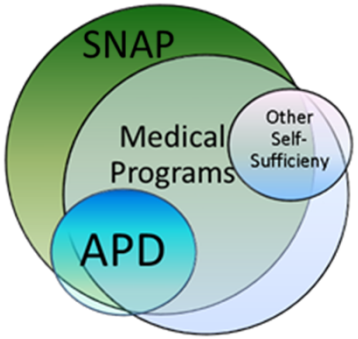

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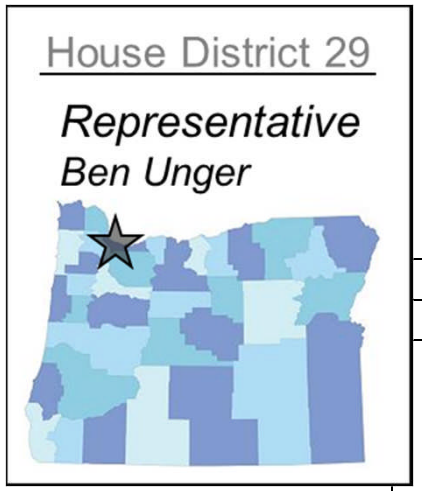


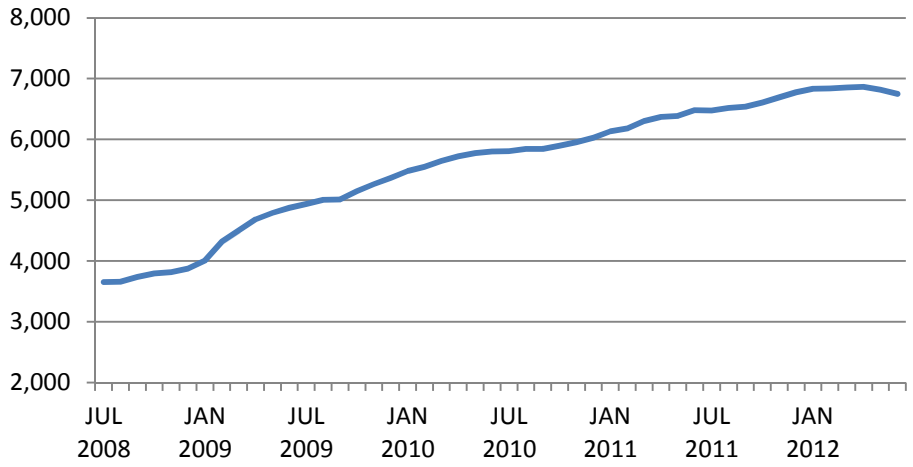
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 29	72.5	1.1	1.4	2.6	0.3	17.9	4.2	35.9	28.6	9.3

DHS

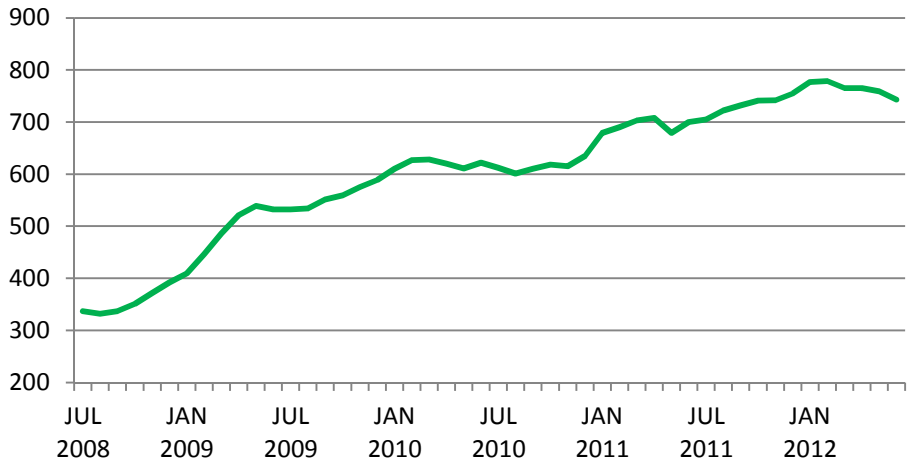
Oregon Health Authority

Caseloads: House District 29

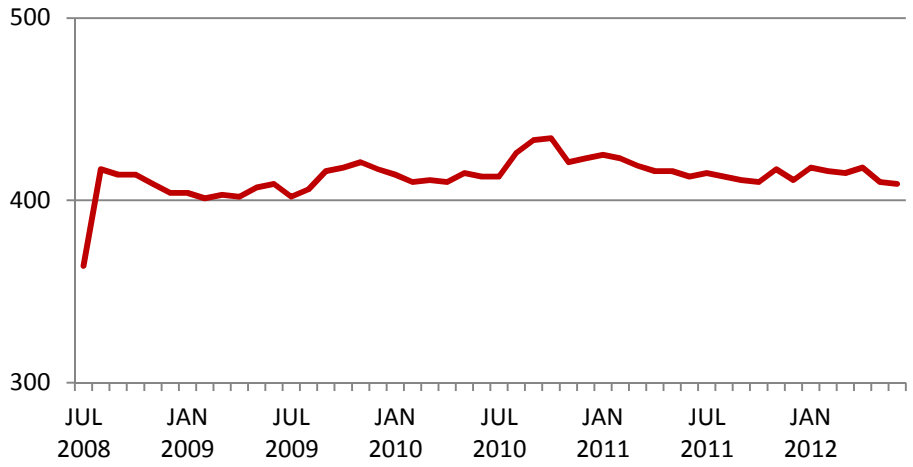
SNAP (Households)



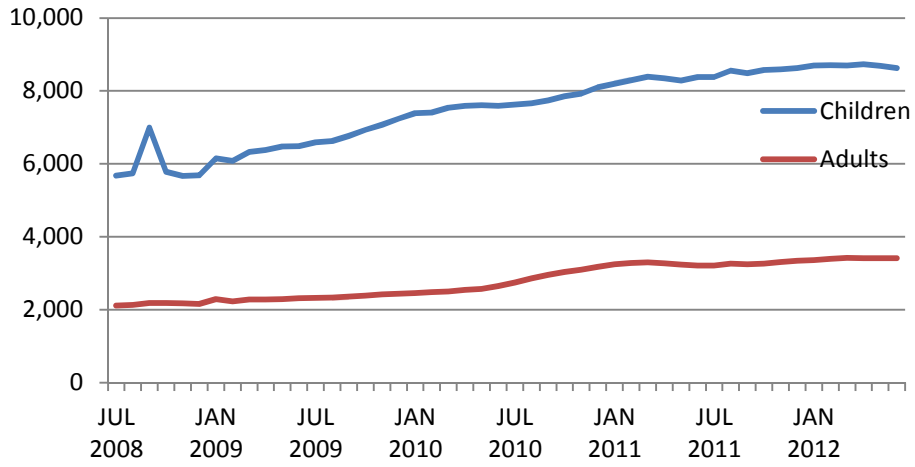
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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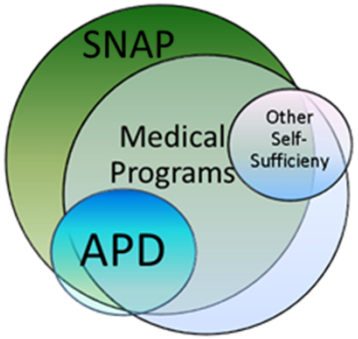

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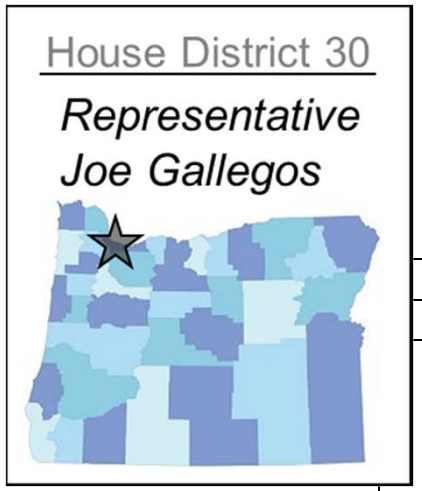


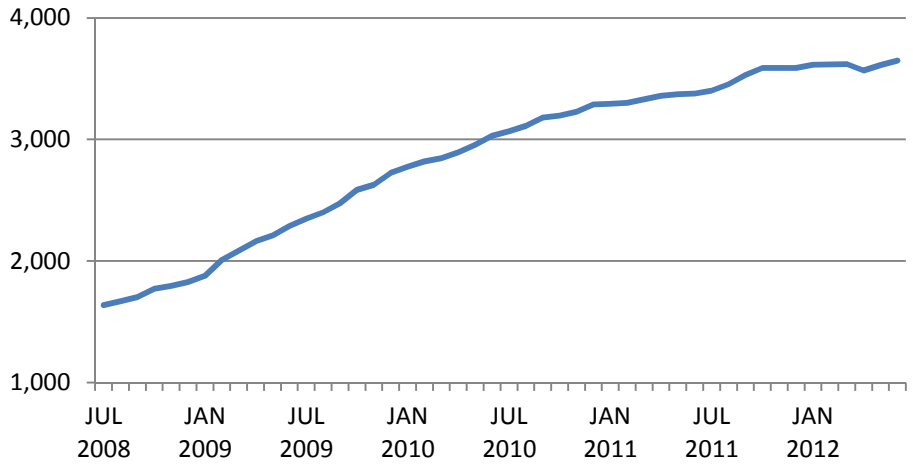
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 30	76.2	2.2	0.7	10.5	0.4	5.3	4.6	12.9	25.2	8.7

DHS

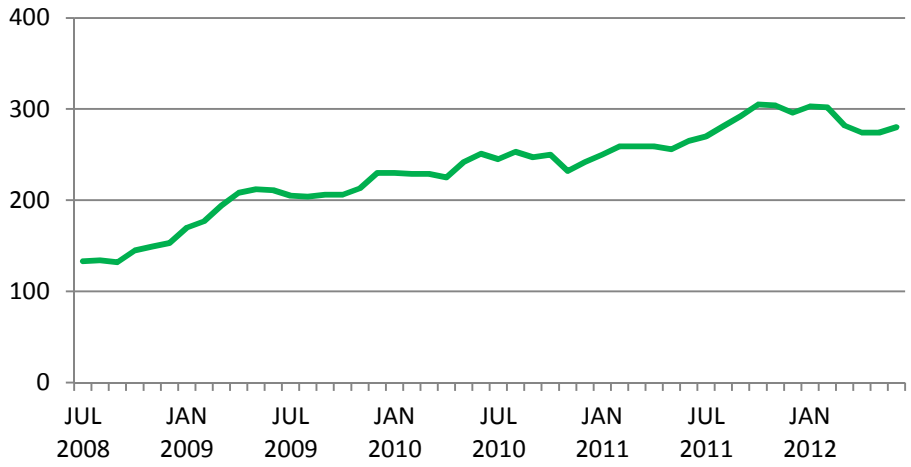
Oregon Health Authority

Caseloads: House District 30

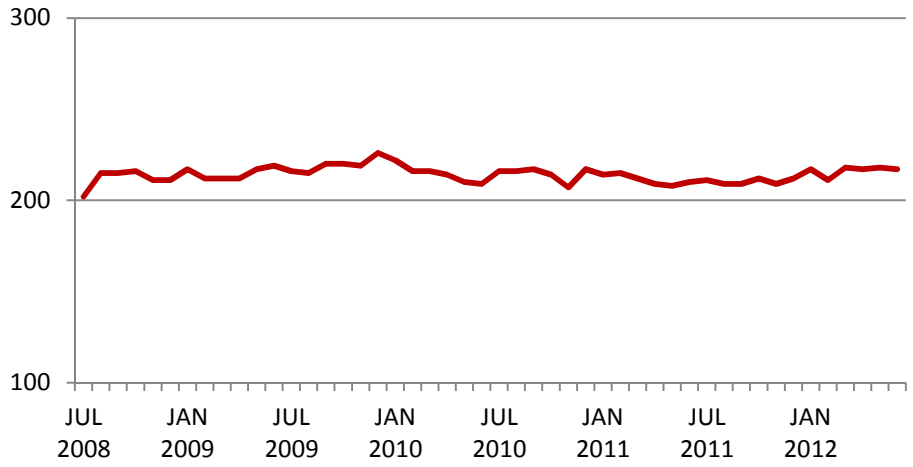
SNAP (Households)



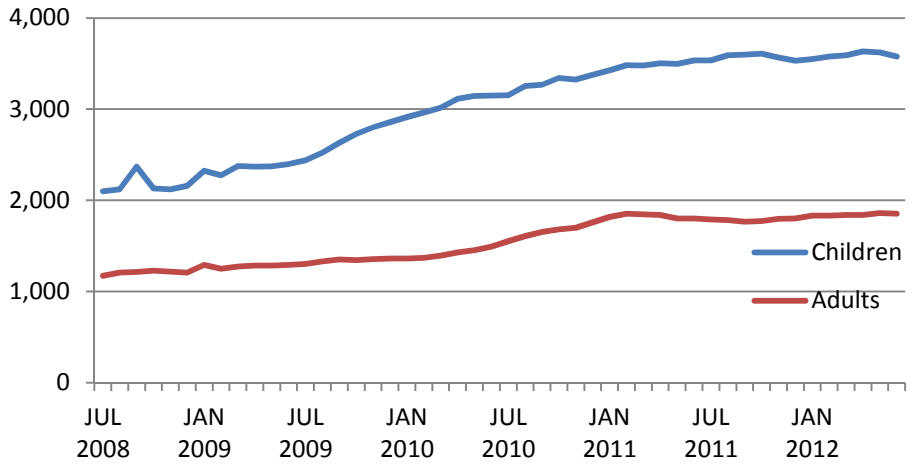
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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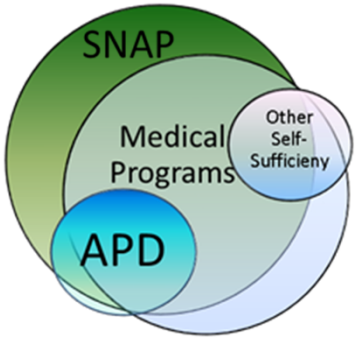
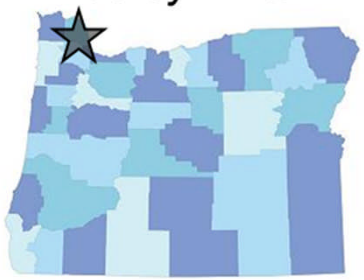


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 31

Representative Bradley Witt



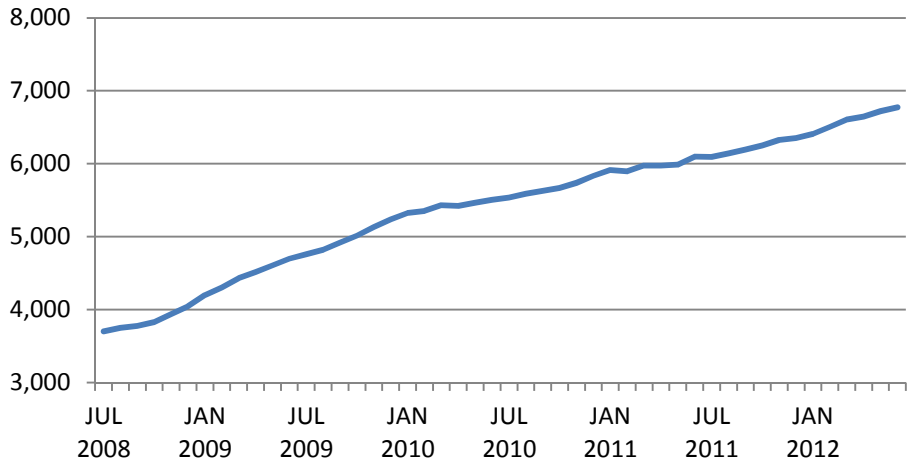
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 31	91.9	0.5	1.3	1.1	0.2	1.7	3.4	5.1	22.9	14.5

DHS

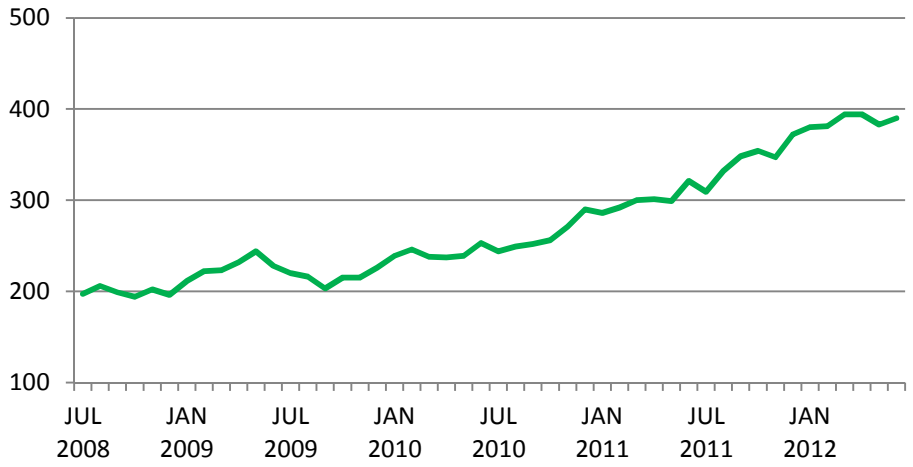
Oregon Health Authority

Caseloads: House District 31

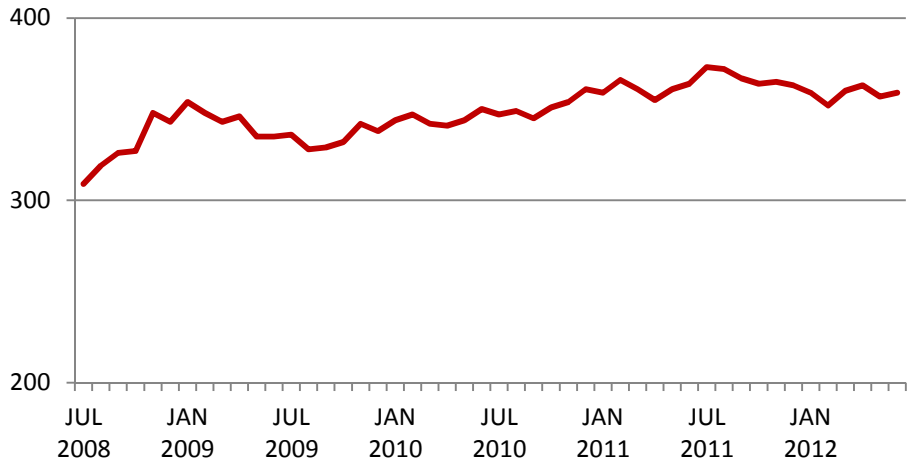
SNAP (Households)



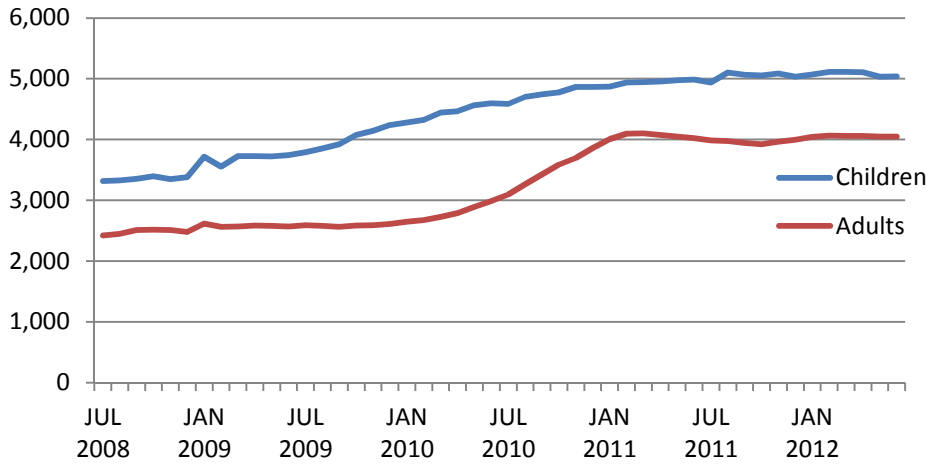
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

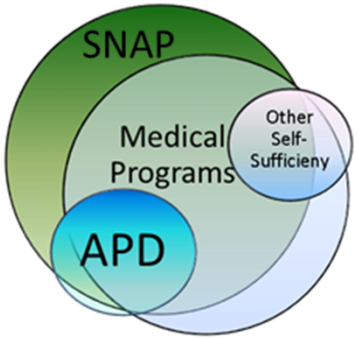


DHS

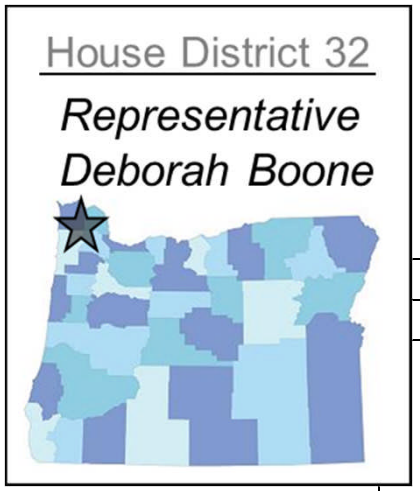
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



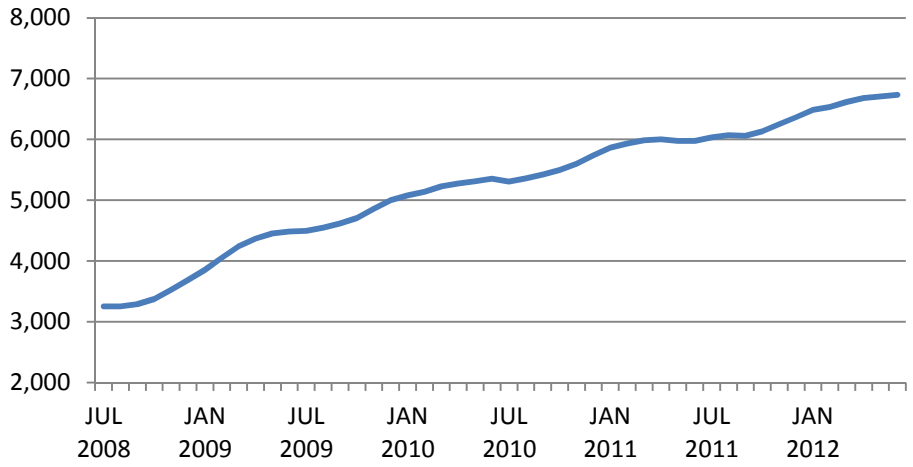
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 32	92.0	0.4	0.9	1.0	0.2	3.1	2.5	7.6	21.0	17.7

DHS

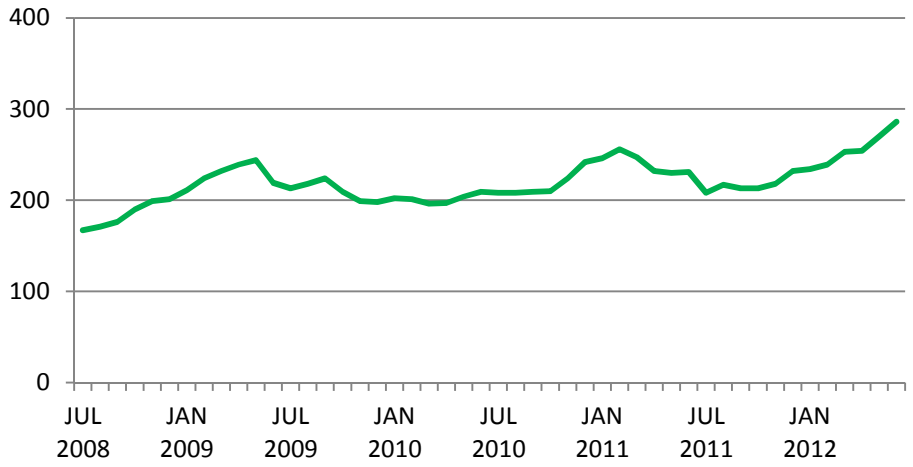
Oregon Health Authority

Caseloads: House District 32

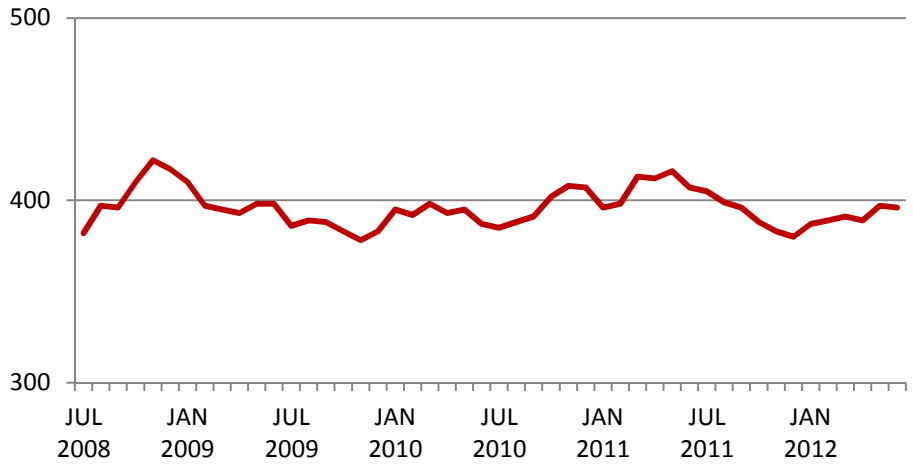
SNAP (Households)



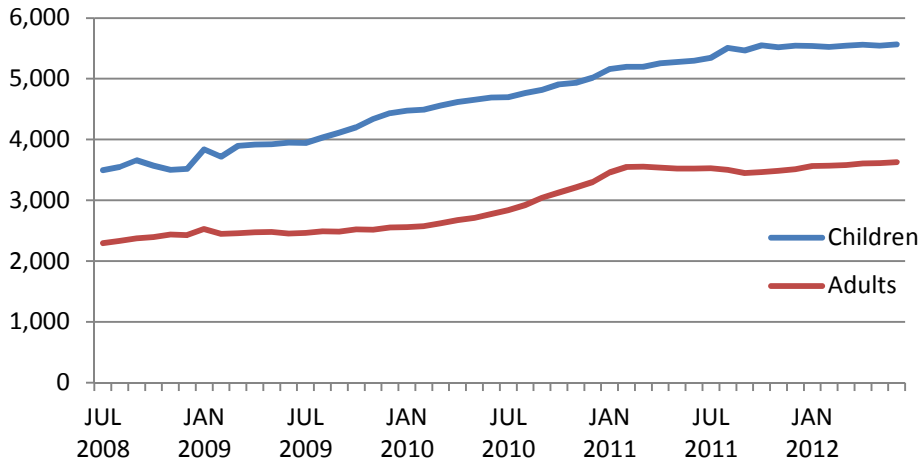
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

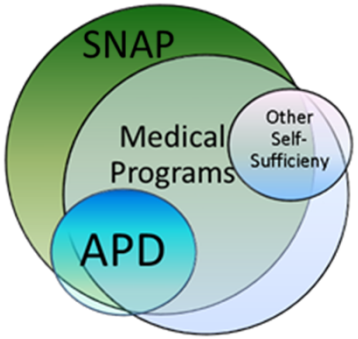


DHS

Oregon Health Authority

DHS & OHA Caseloads

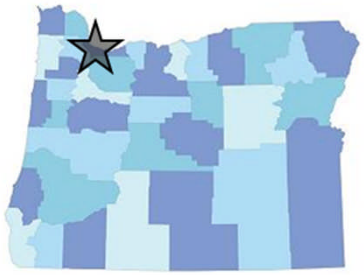
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 33

Representative Mitch Greenlick



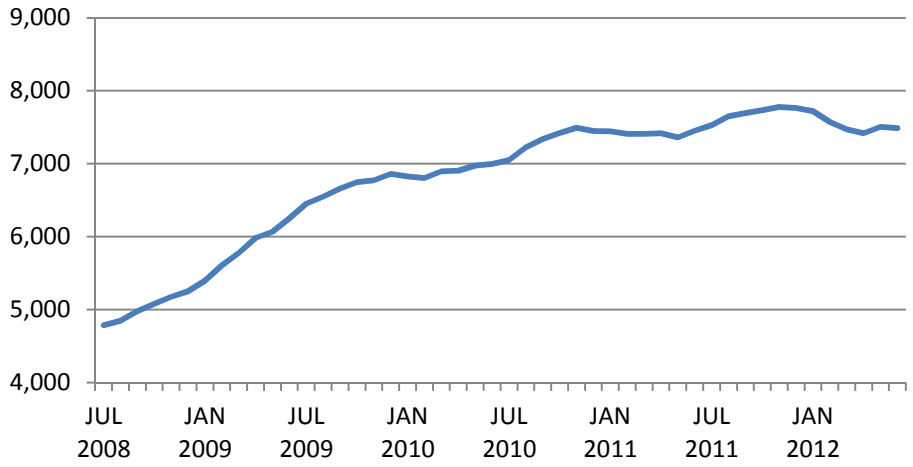
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 33	77.4	1.9	0.6	14.5	0.2	1.5	3.9	4.9	21.3	9.8

DHS

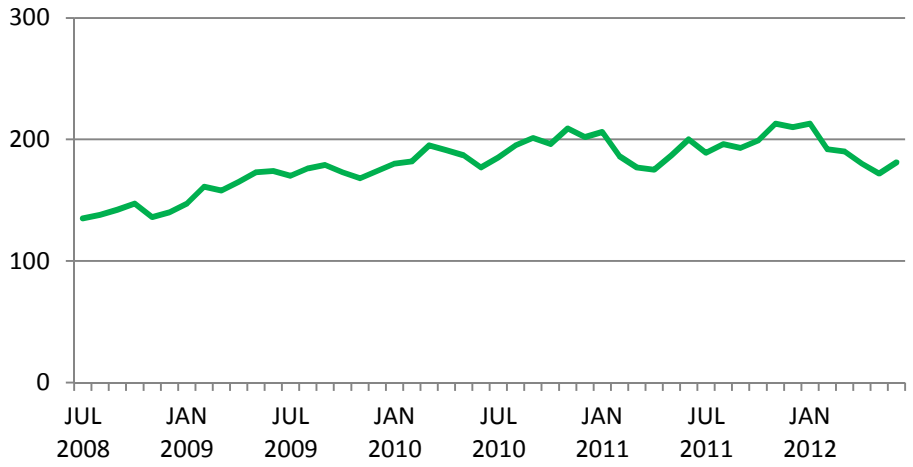
Oregon Health Authority

Caseloads: House District 33

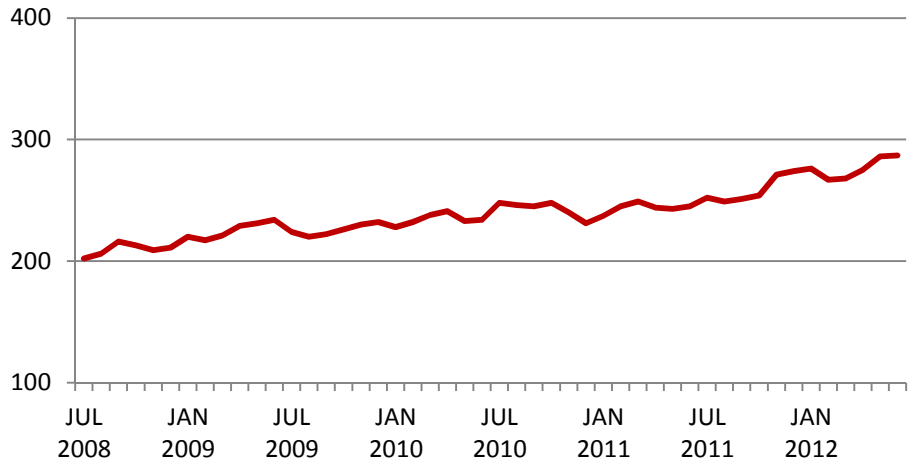
SNAP (Households)



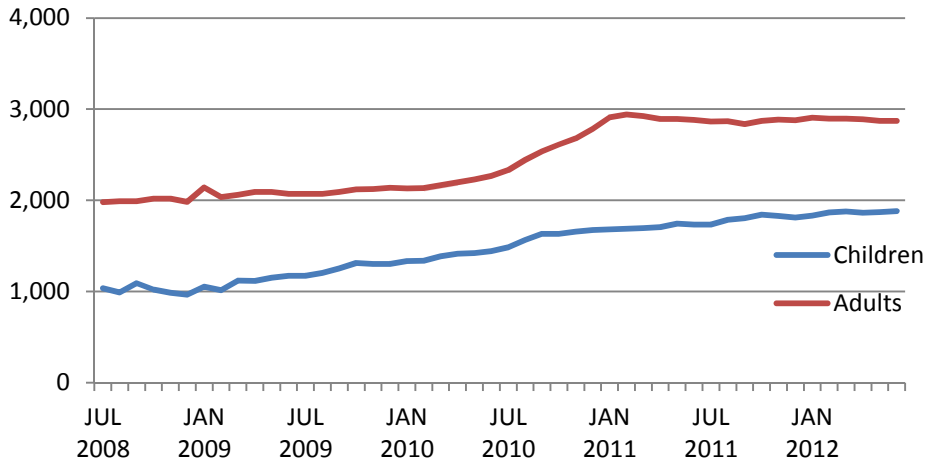
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

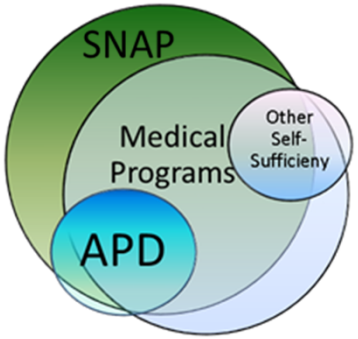


DHS

Oregon Health Authority

DHS & OHA Caseloads

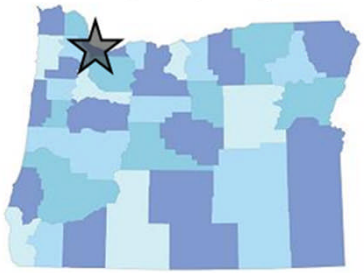
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 34

Representative Chris Harker



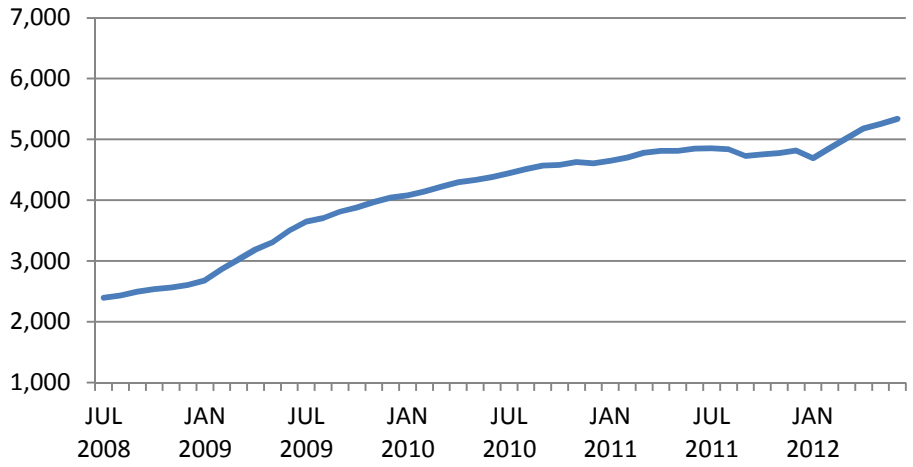
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 34	72.0	2.4	0.7	12.5	0.4	7.2	4.7	14.8	23.4	9.3

DHS

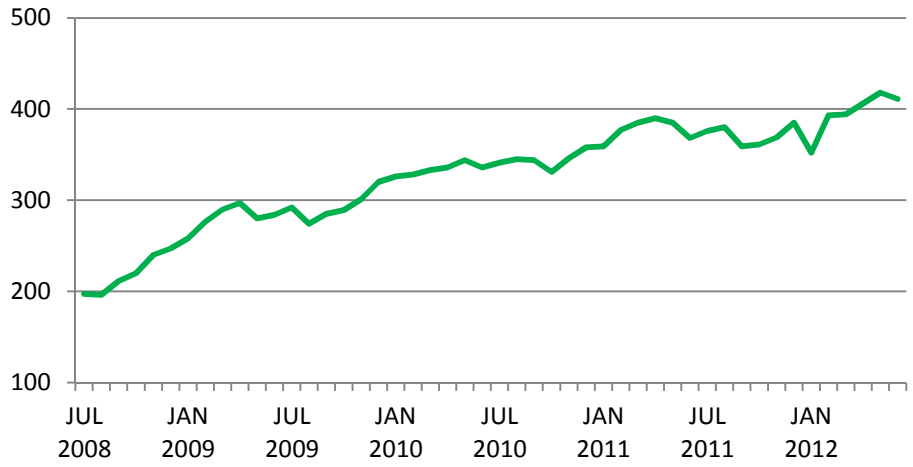
Oregon Health Authority

Caseloads: House District 34

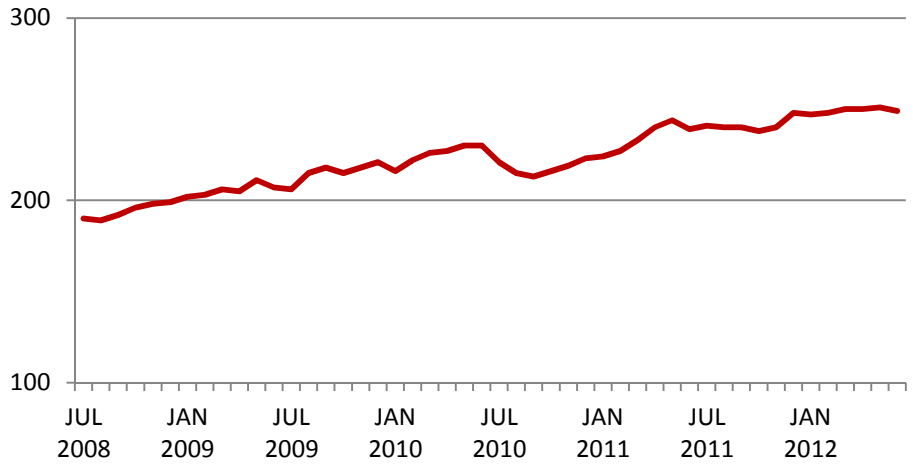
SNAP (Households)



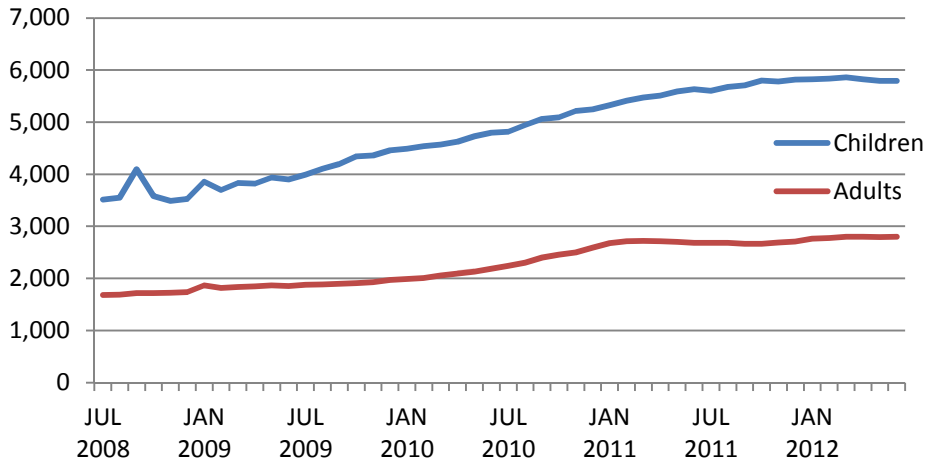
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

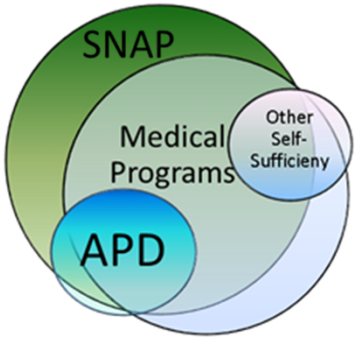


DHS

Oregon Health Authority

DHS & OHA Caseloads

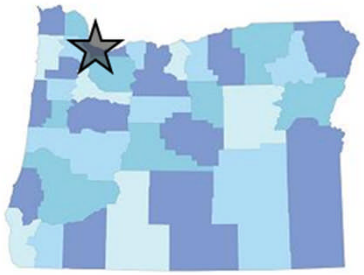
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 35

Representative Margaret Doherty



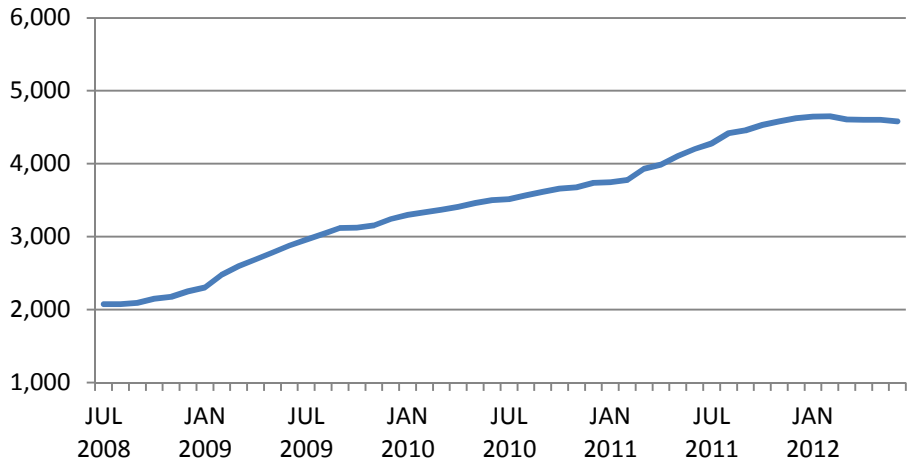
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 35	80.4	2.3	0.7	6.5	0.8	5.1	4.1	11.5	22.8	12.9

DHS

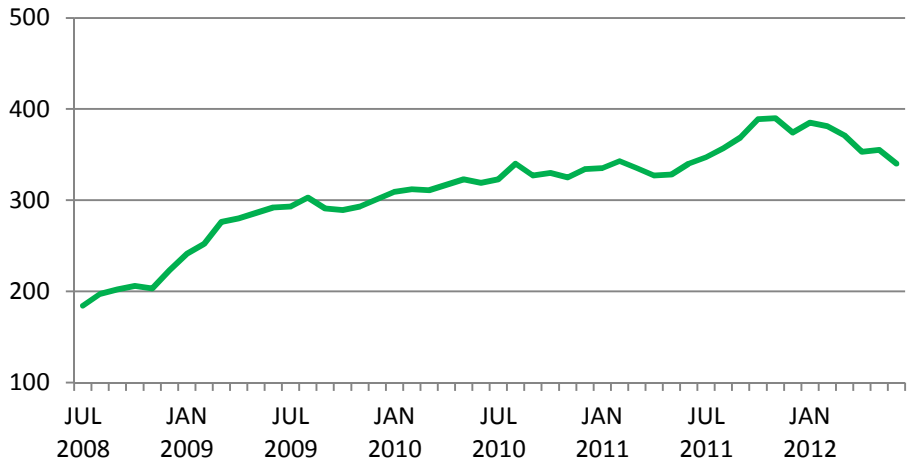
Oregon Health Authority

Caseloads: House District 35

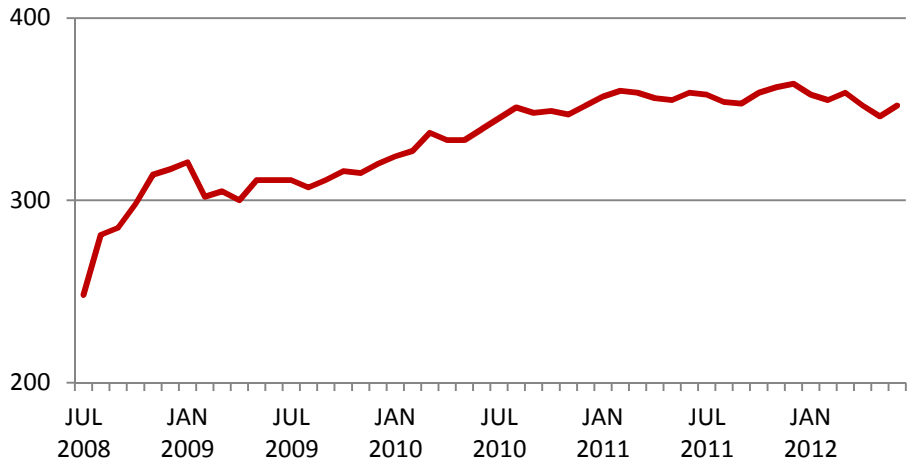
SNAP (Households)



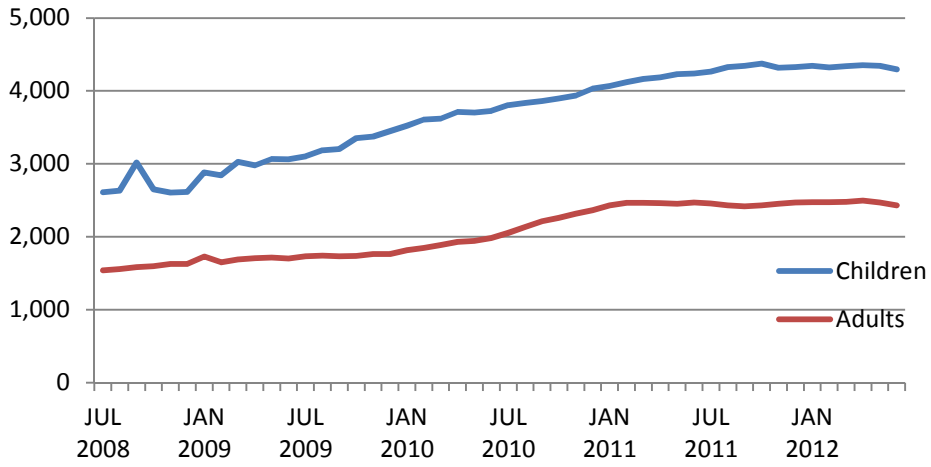
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

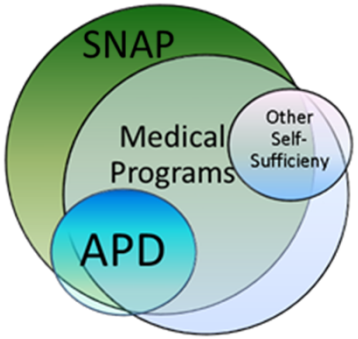


DHS

Oregon Health Authority

DHS & OHA Caseloads

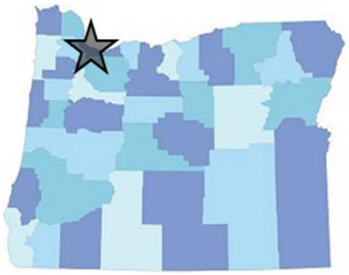
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 36

Representative Jennifer Williamson



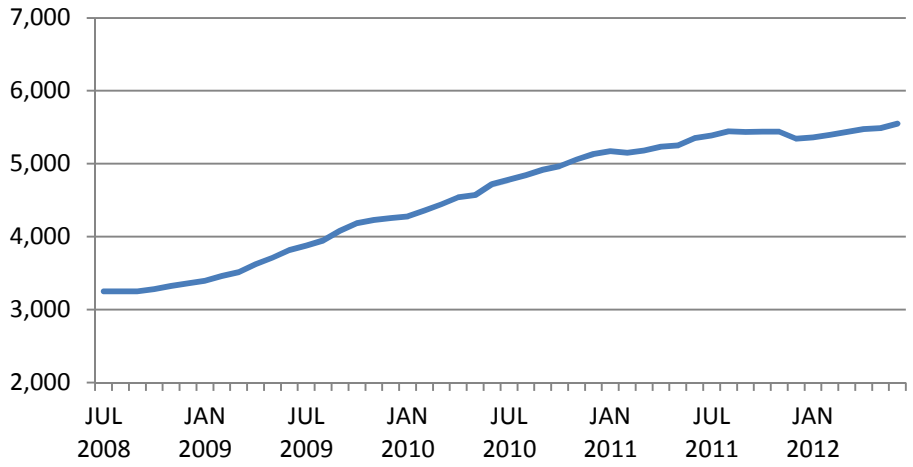
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 36	85.8	2.2	0.7	5.8	0.2	1.2	4.1	4.8	13.0	12.8

DHS

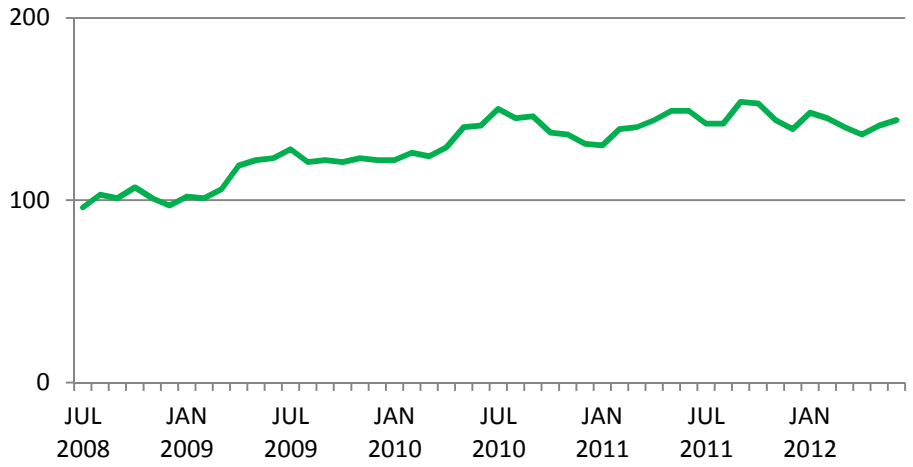
Oregon Health Authority

Caseloads: House District 36

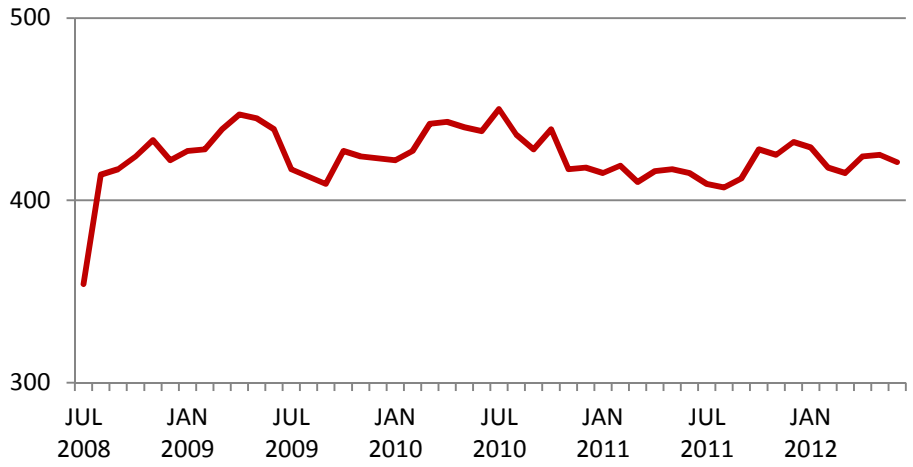
SNAP (Households)



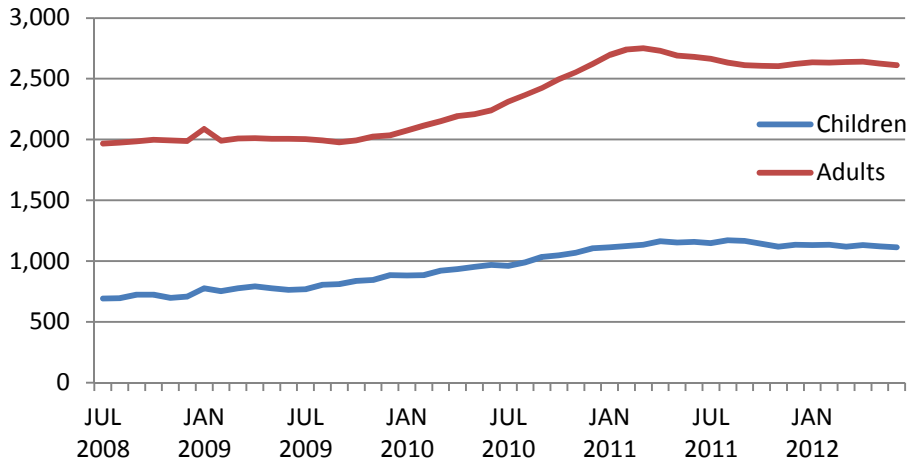
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

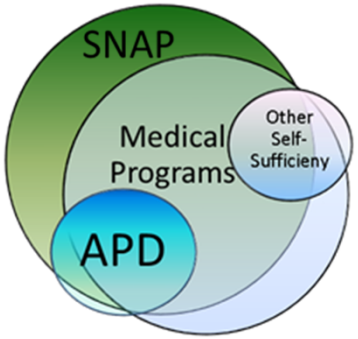


DHS

Oregon Health Authority

DHS & OHA Caseloads

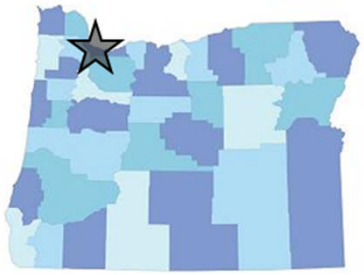
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 37

Representative Julie Parrish



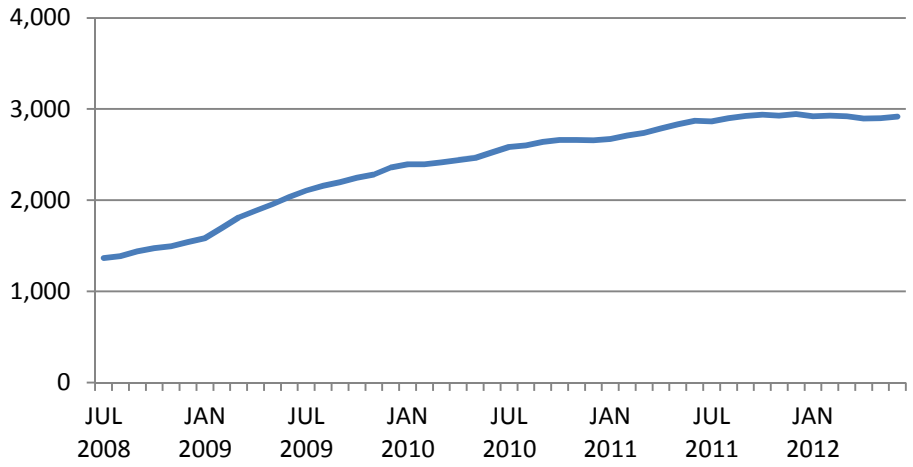
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 37	86.0	1.0	0.5	3.7	0.5	4.7	3.6	10.2	25.9	10.2

DHS

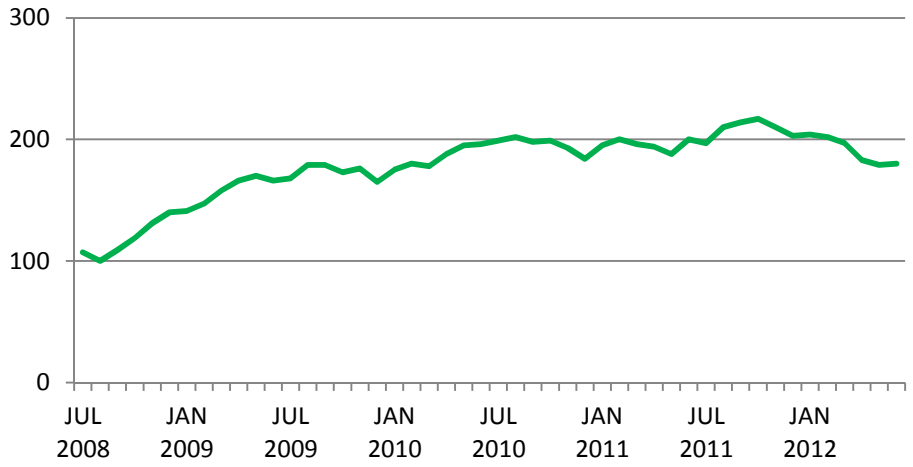
Oregon Health Authority

Caseloads: House District 37

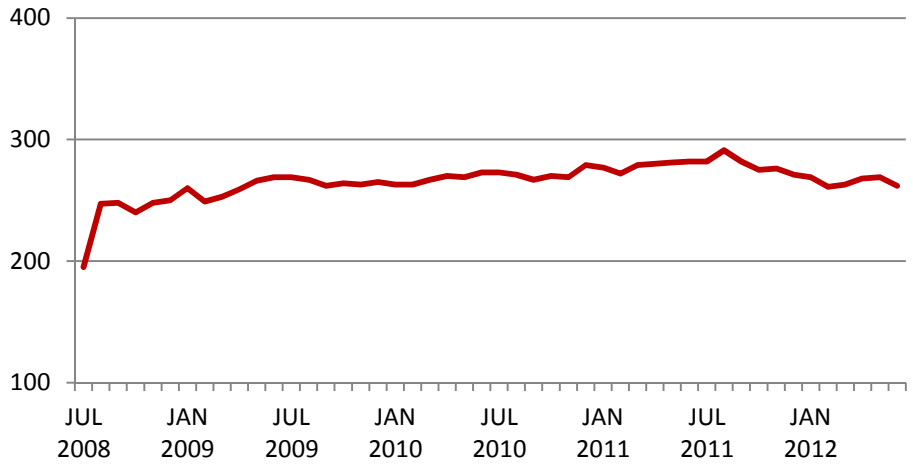
SNAP (Households)



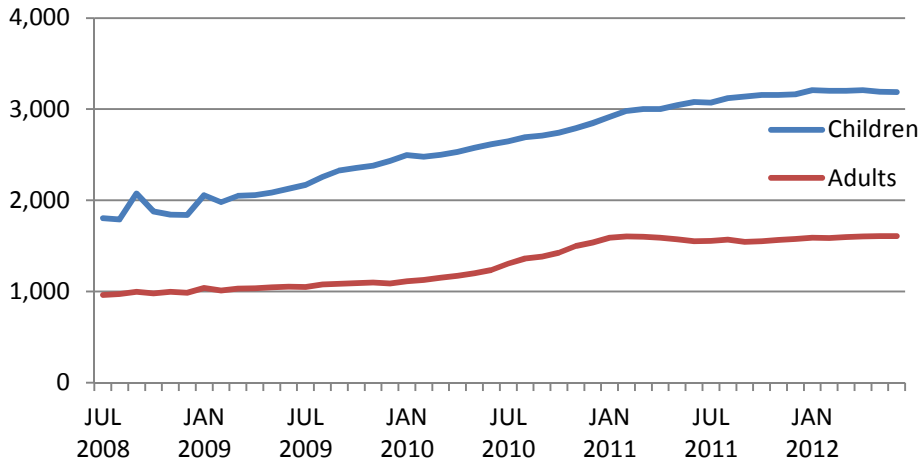
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

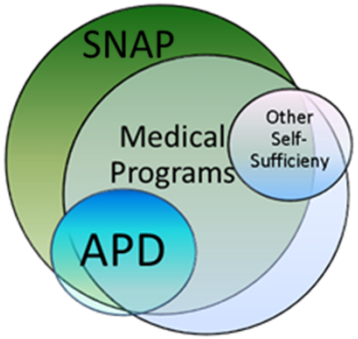


DHS

Oregon Health Authority

DHS & OHA Caseloads

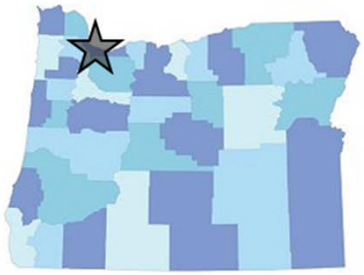
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 38

Representative Chris Garrett



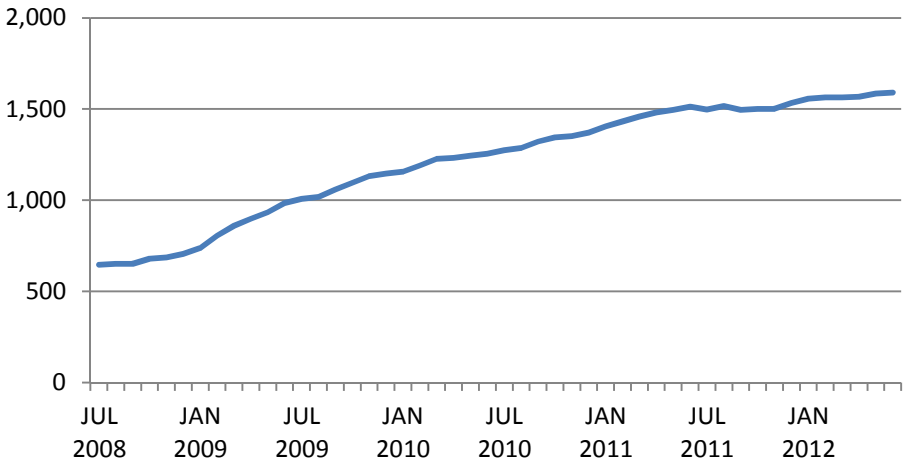
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 38	89.1	0.9	0.4	5.2	0.2	0.9	3.2	3.9	21.2	14.2

DHS

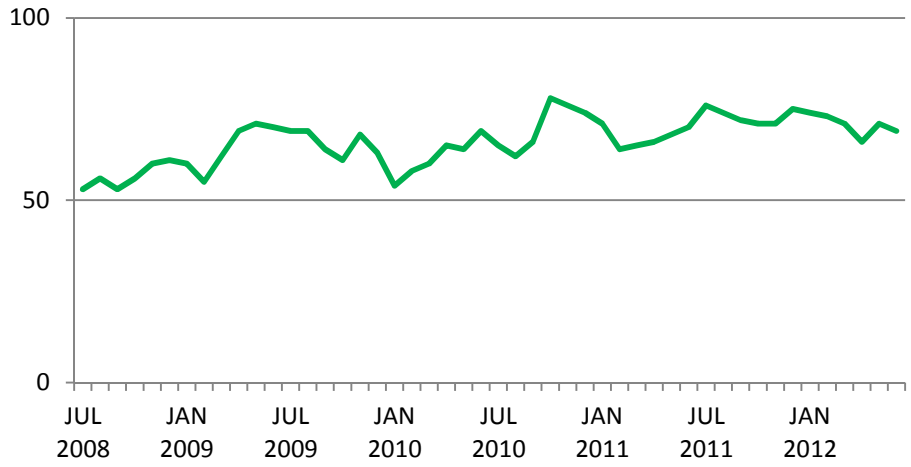
Oregon Health Authority

Caseloads: House District 38

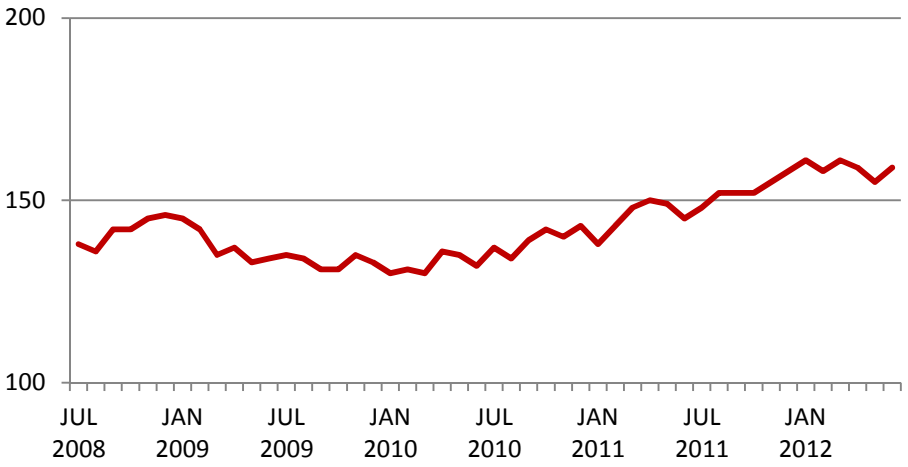
SNAP (Households)



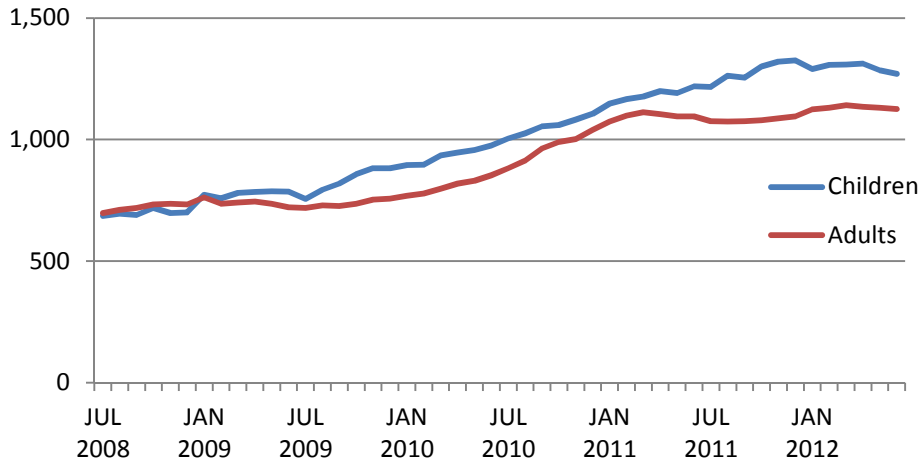
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

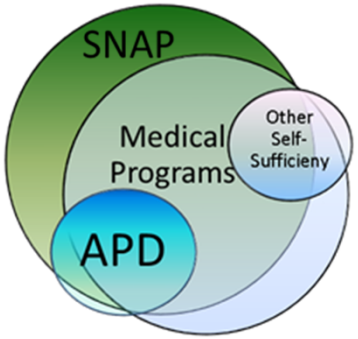


DHS

Oregon Health Authority

DHS & OHA Caseloads

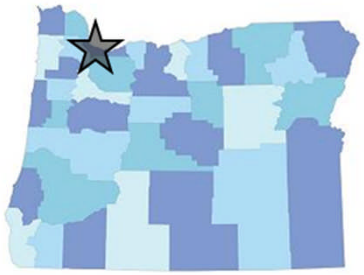
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 39

Representative Bill Kennemer



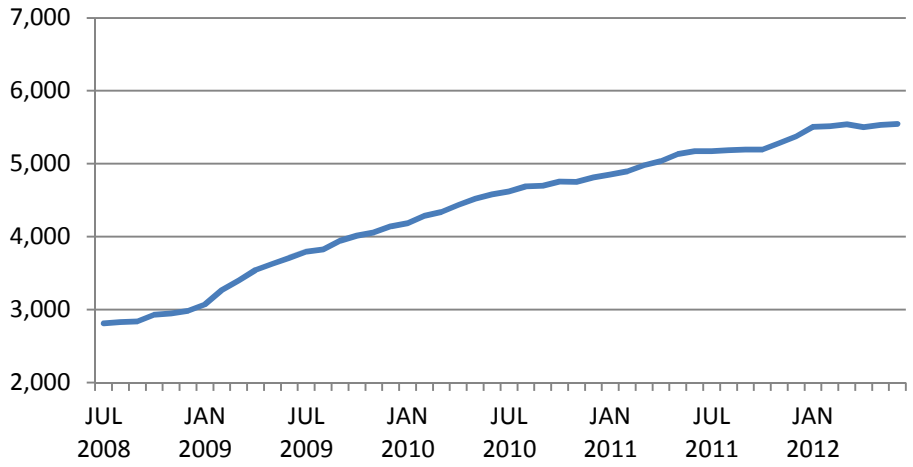
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 39	89.4	0.5	1.0	1.4	0.2	4.7	2.9	9.9	25.1	13.0

DHS

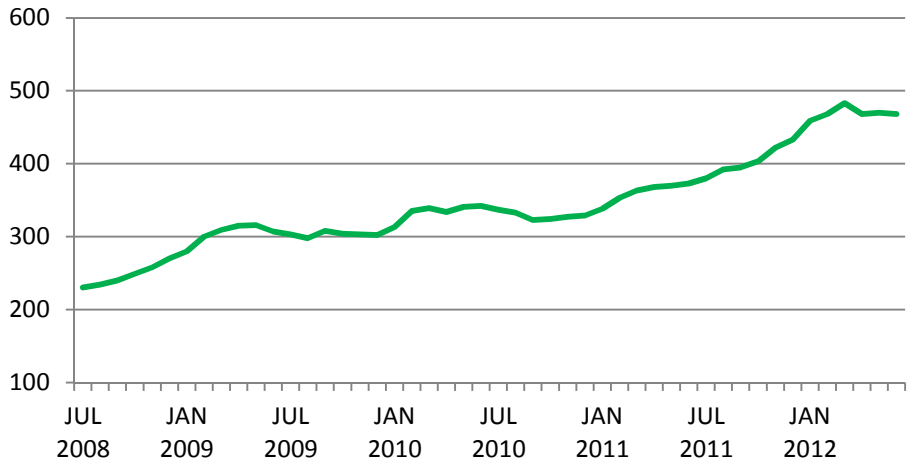
Oregon Health Authority

Caseloads: House District 39

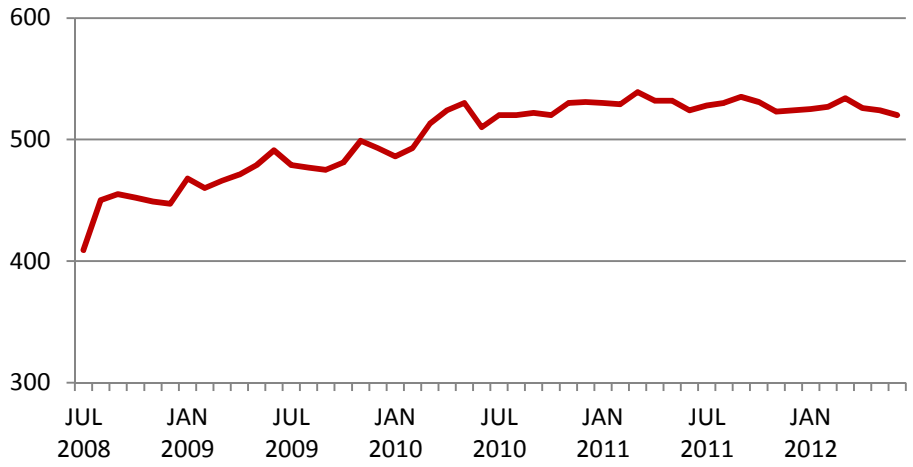
SNAP (Households)



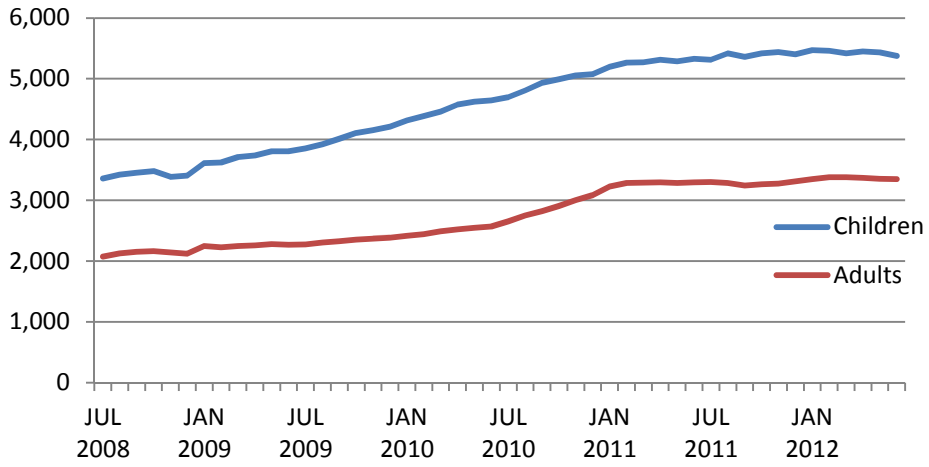
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

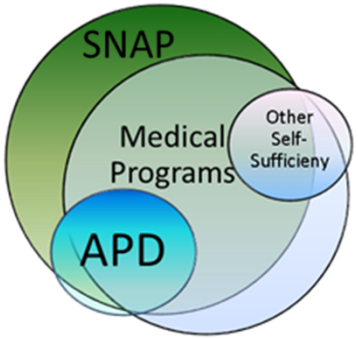


DHS

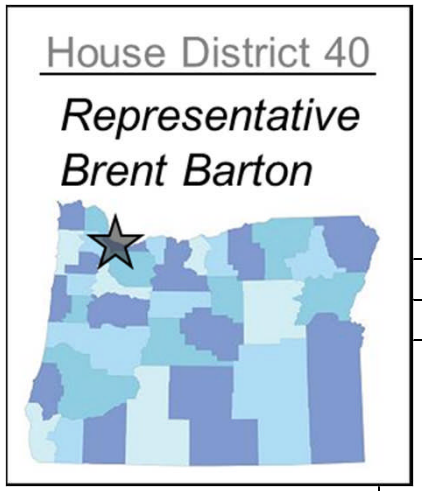
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



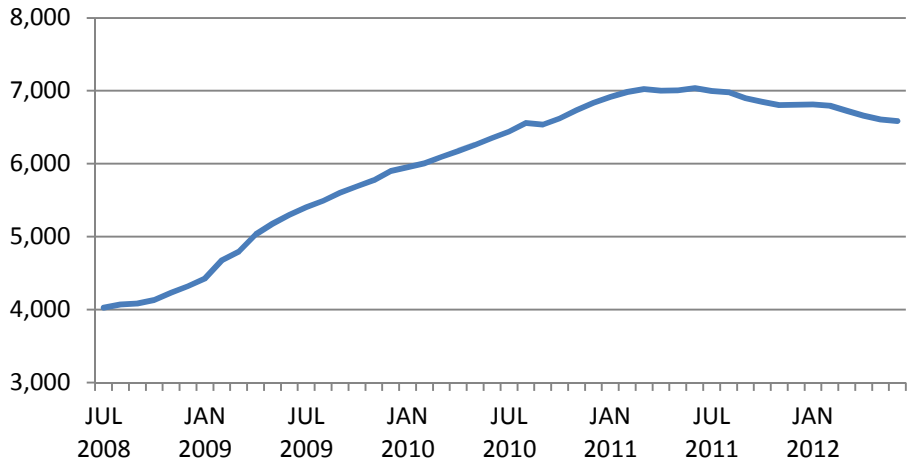
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 40	87.5	1.2	1.0	2.3	0.3	4.0	3.8	9.8	21.9	16.0

DHS

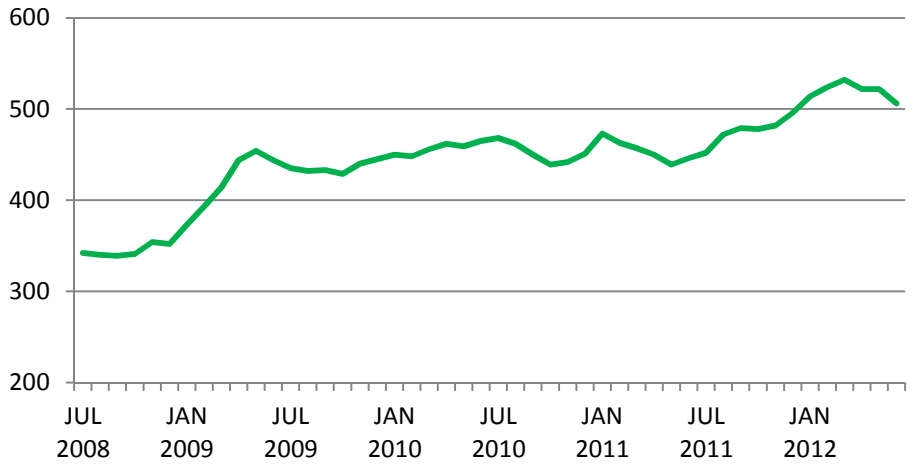
Oregon Health Authority

Caseloads: House District 40

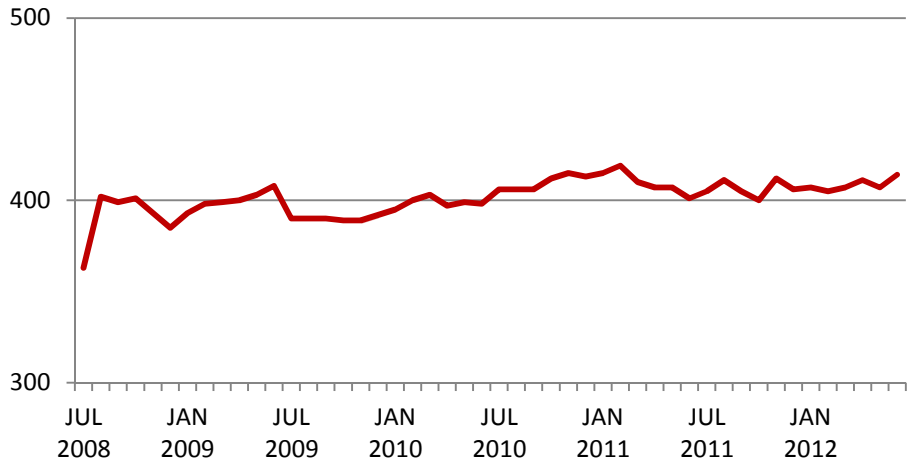
SNAP (Households)



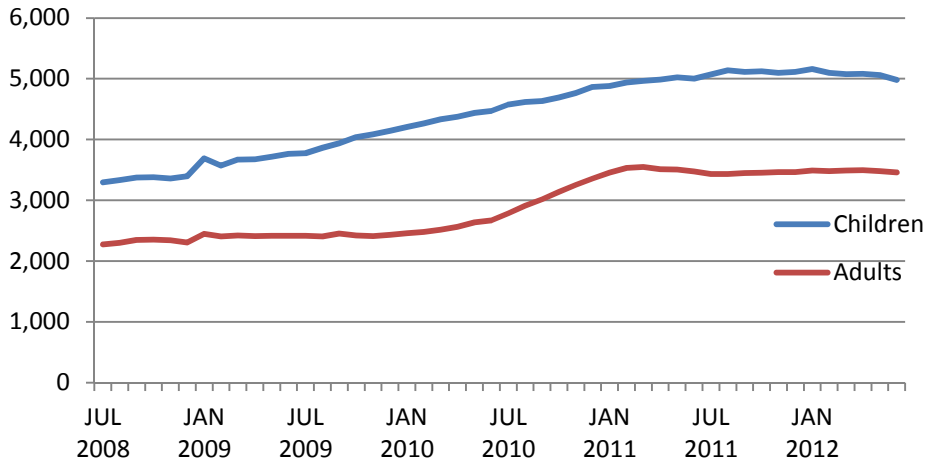
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

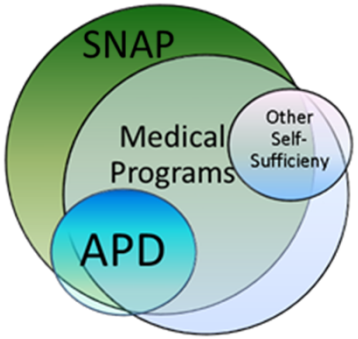


DHS

Oregon Health Authority

DHS & OHA Caseloads

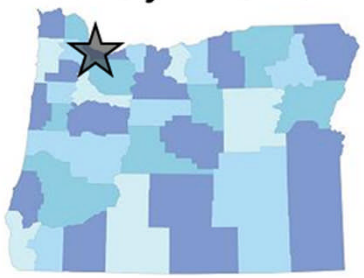
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 41

Representative Carolyn Tomei



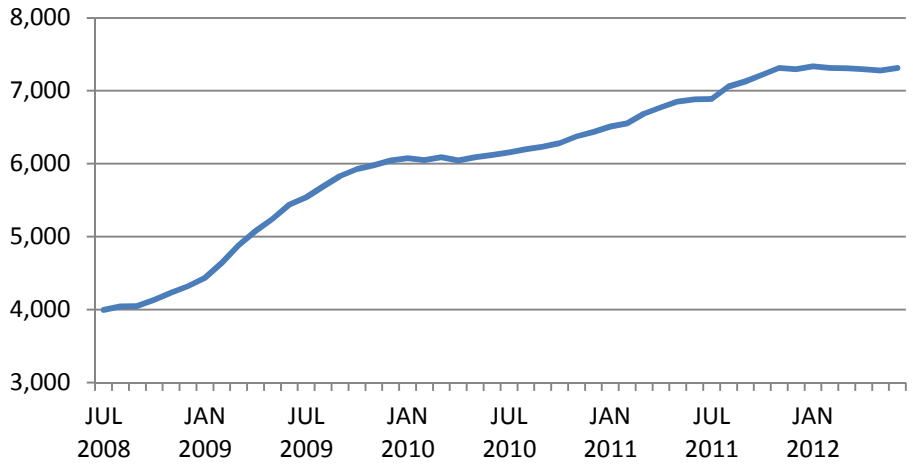
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 41	84.9	1.7	1.1	5.1	0.2	3.0	4.1	7.7	20.5	11.5

DHS

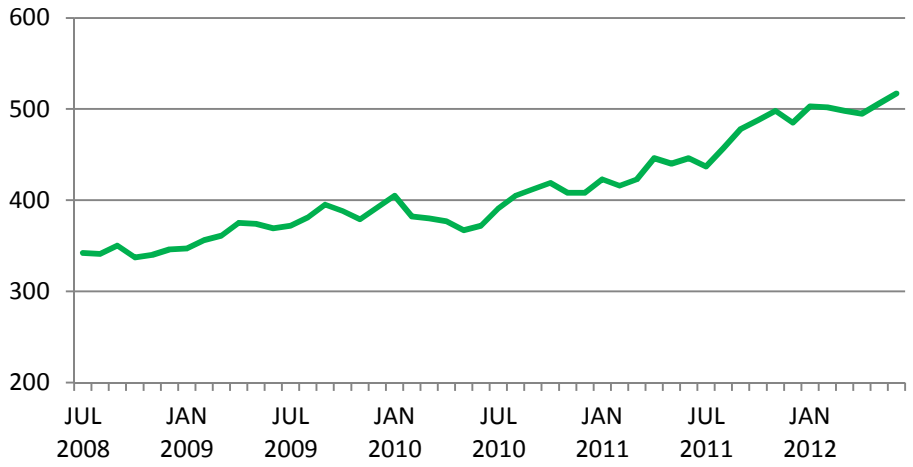
Oregon Health Authority

Caseloads: House District 41

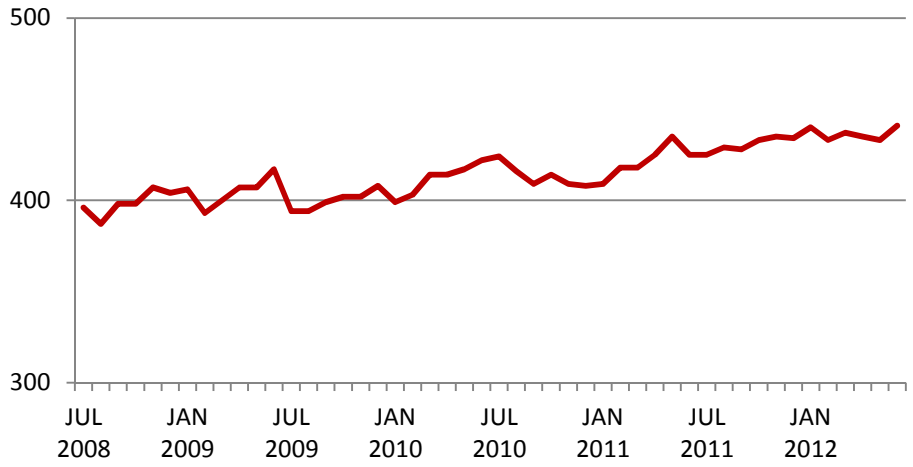
SNAP (Households)



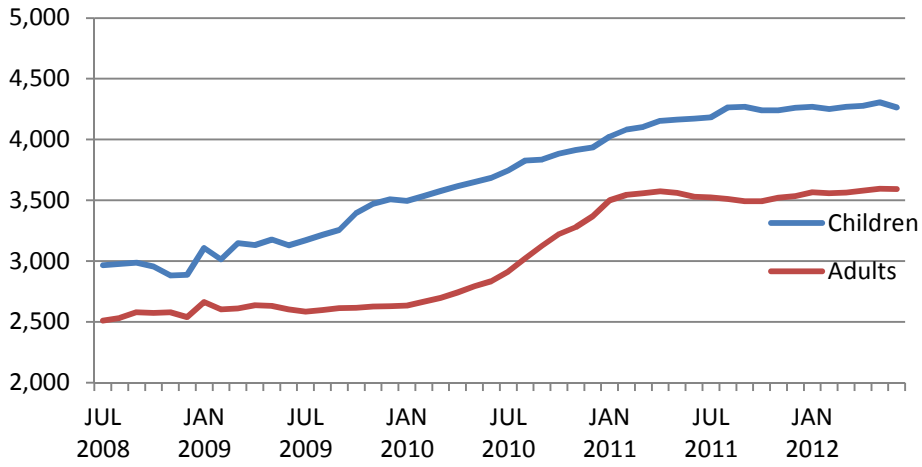
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

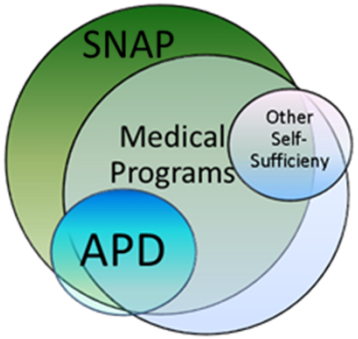


DHS

Oregon Health Authority

DHS & OHA Caseloads

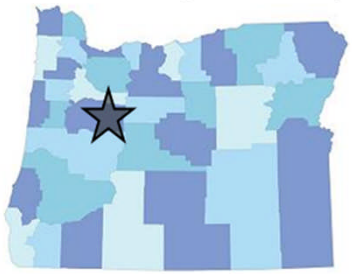
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 42

Representative Jules Kopel Bailey



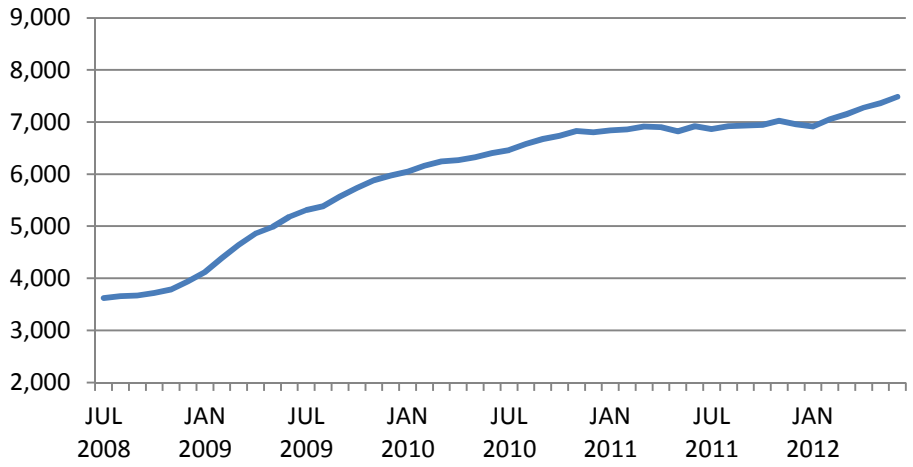
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 42	86.1	2.2	0.8	4.9	0.2	1.6	4.3	5.5	13.0	7.7

DHS

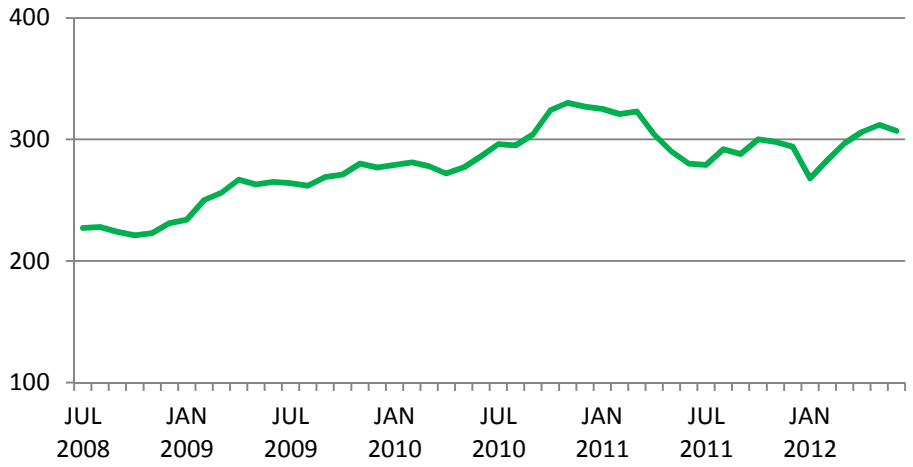
Oregon Health Authority

Caseloads: House District 42

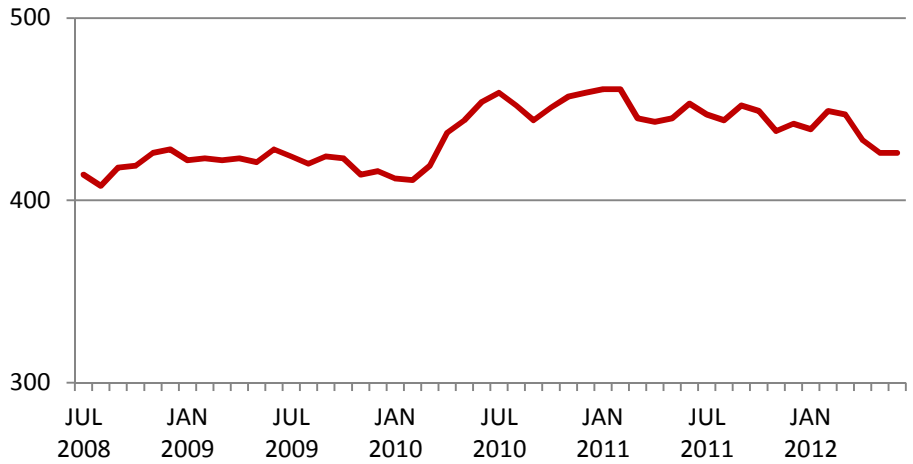
SNAP (Households)



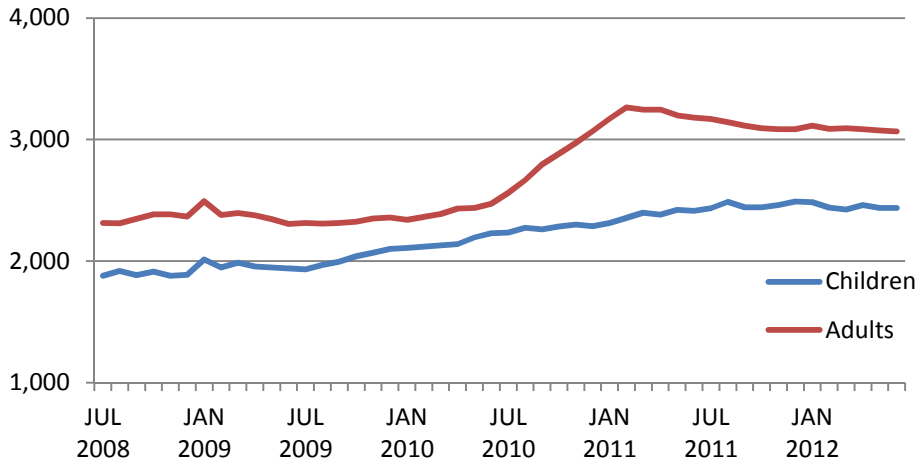
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

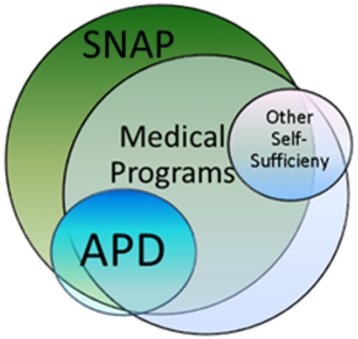


DHS

Oregon Health Authority

DHS & OHA Caseloads

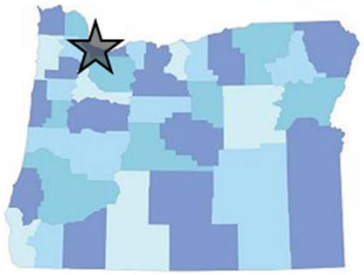
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 43

Representative Lew Frederick



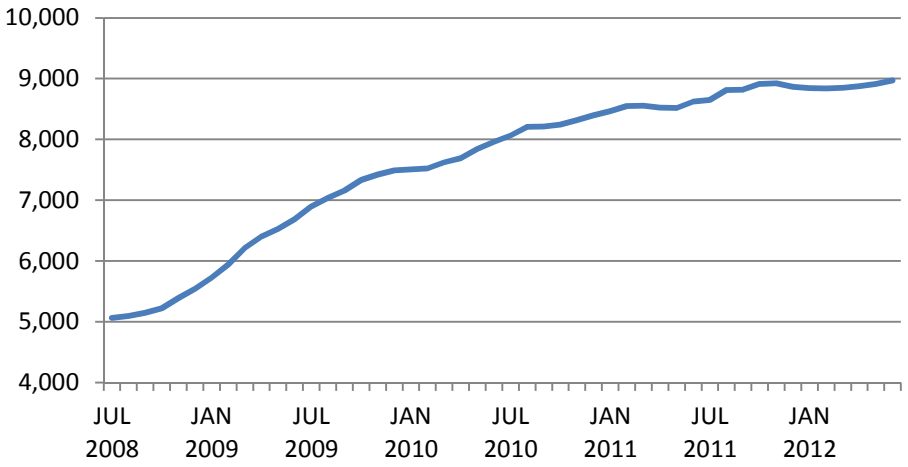
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 43	68.9	18.5	1.0	2.7	0.4	3.3	5.3	8.2	17.0	8.9

DHS

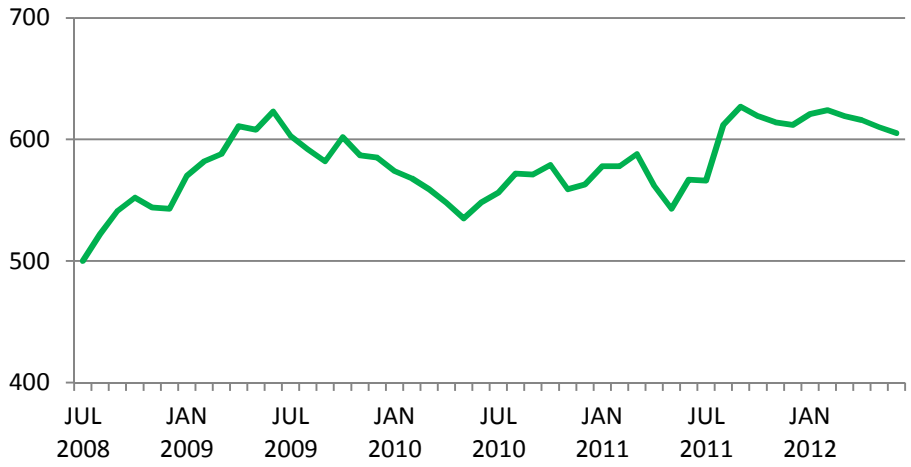
Oregon Health Authority

Caseloads: House District 43

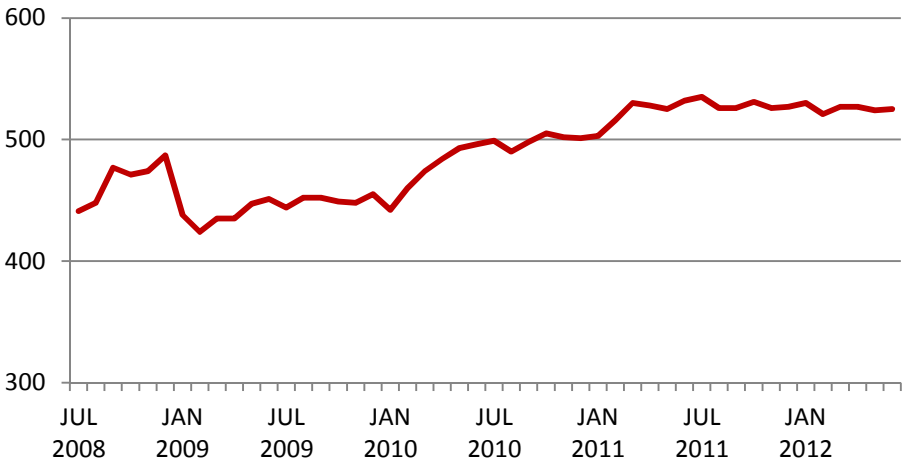
SNAP (Households)



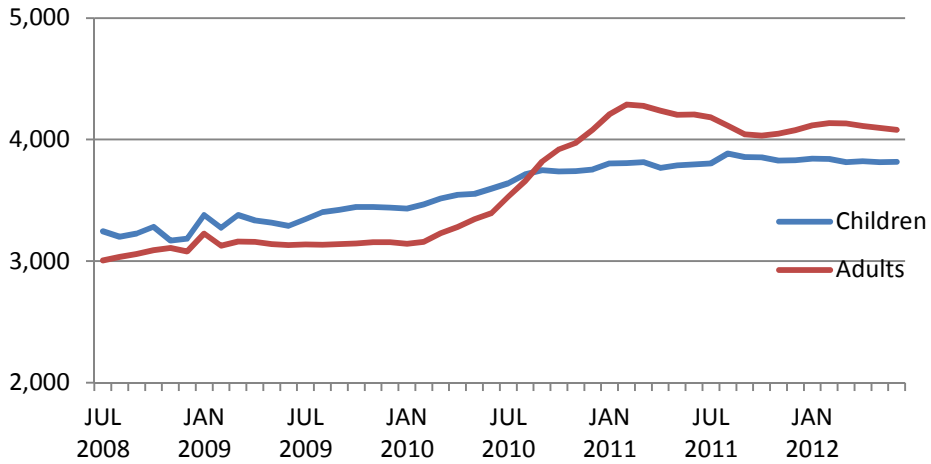
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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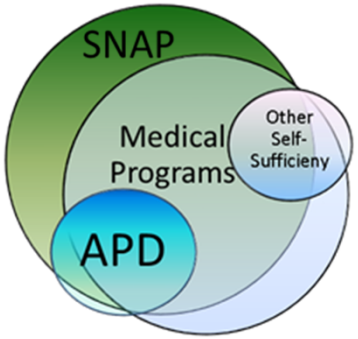
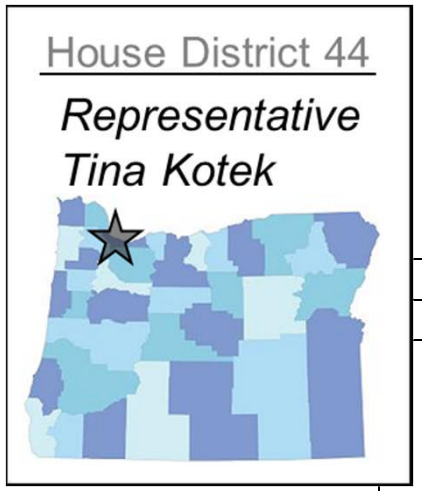


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



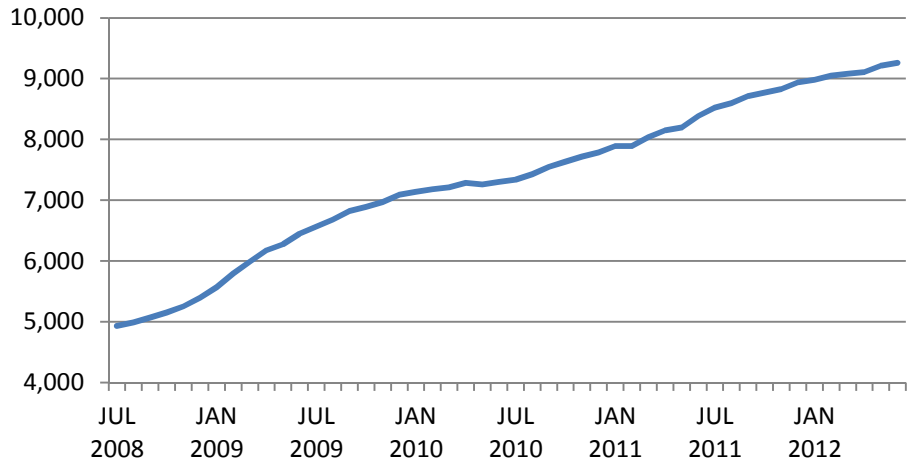
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 44	68.9	10.5	1.7	4.0	1.1	7.6	6.2	14.7	20.8	8.5

DHS

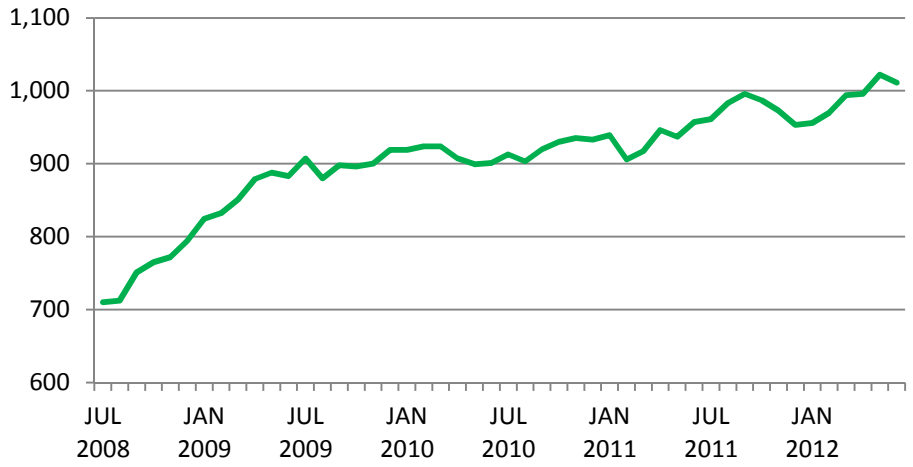
Oregon Health Authority

Caseloads: House District 44

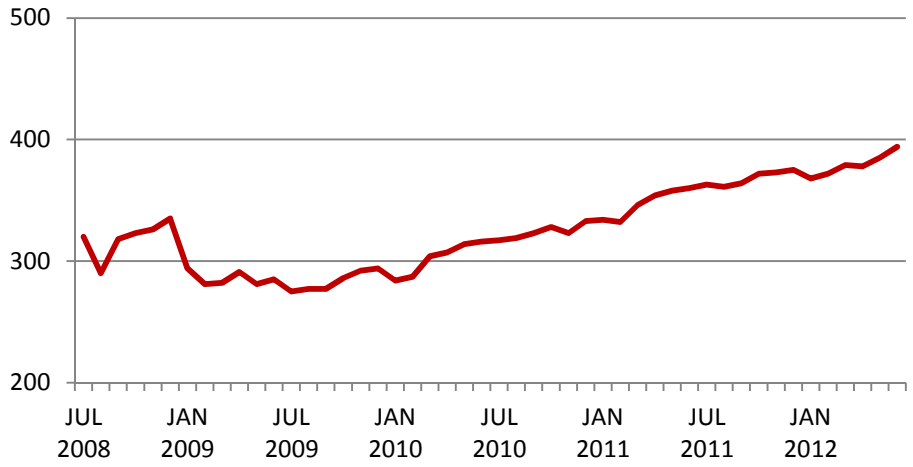
SNAP (Households)



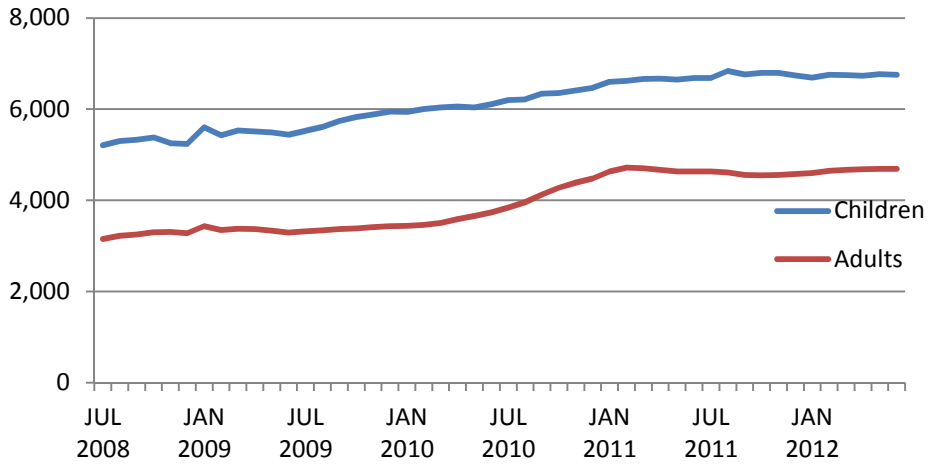
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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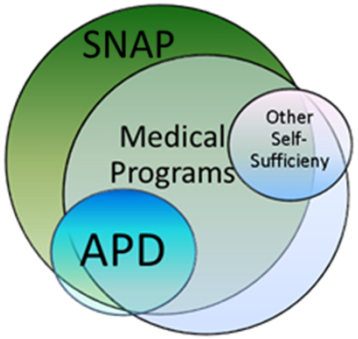

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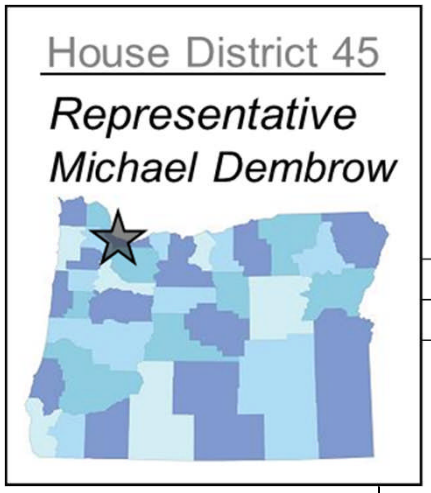


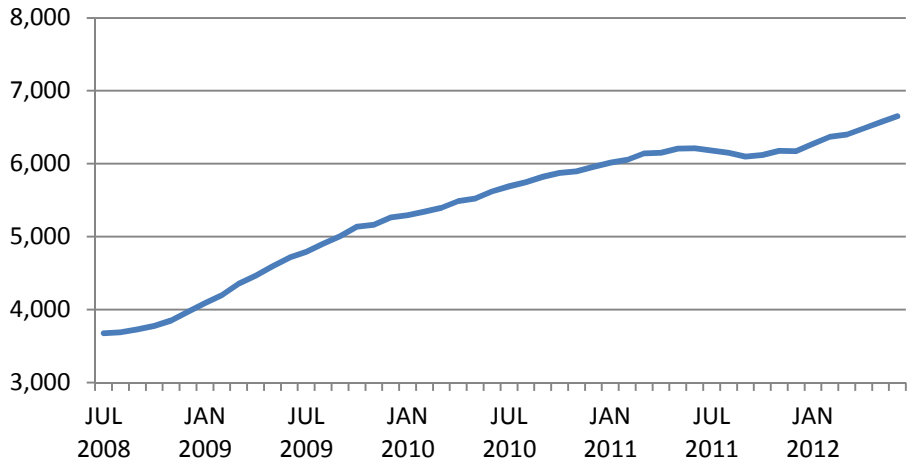
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 45	75.7	6.5	0.9	7.2	0.6	4.6	4.4	9.3	21.3	10.3

DHS

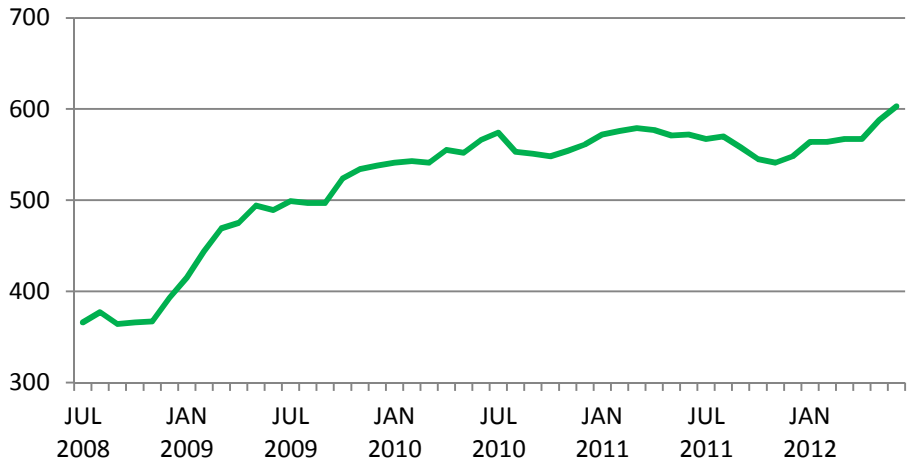
Oregon Health Authority

Caseloads: House District 45

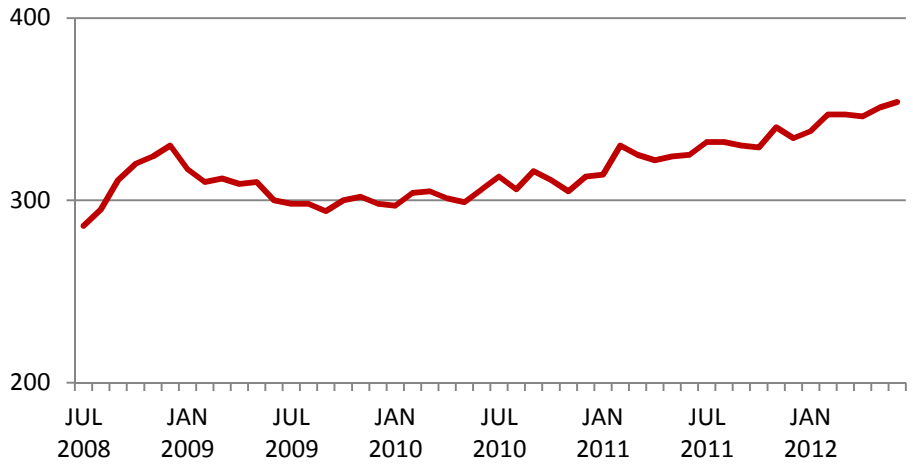
SNAP (Households)



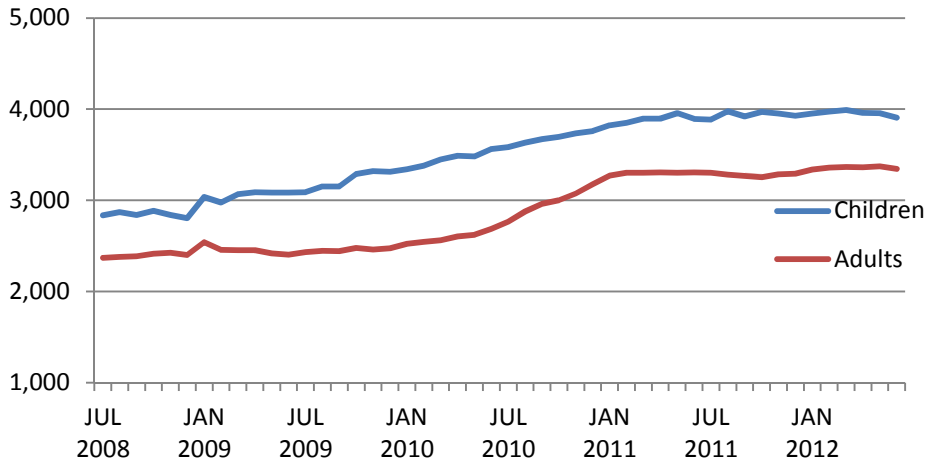
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

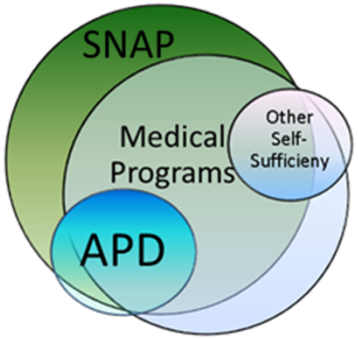


DHS

Oregon Health Authority

DHS & OHA Caseloads

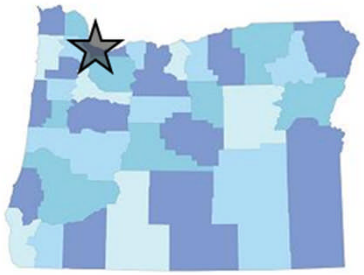
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 46

Representative Alissa Keny-Guyer



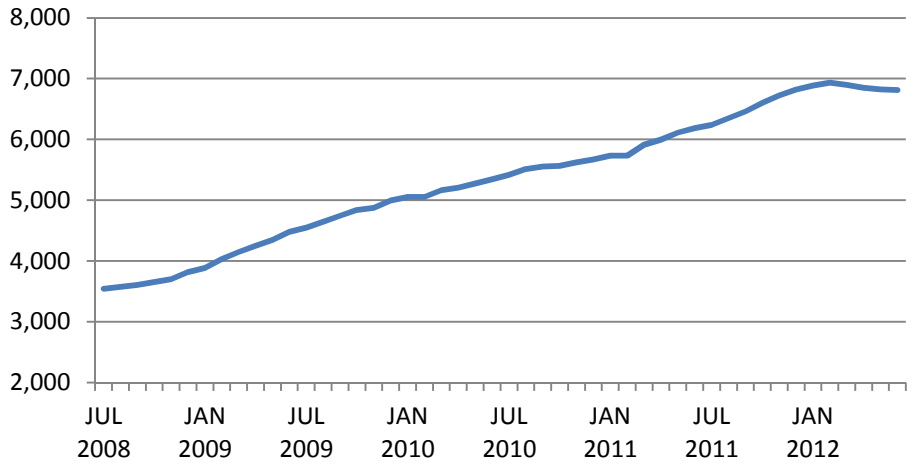
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 46	75.2	4.0	1.1	11.1	0.6	3.3	4.7	7.6	19.2	10.8

DHS

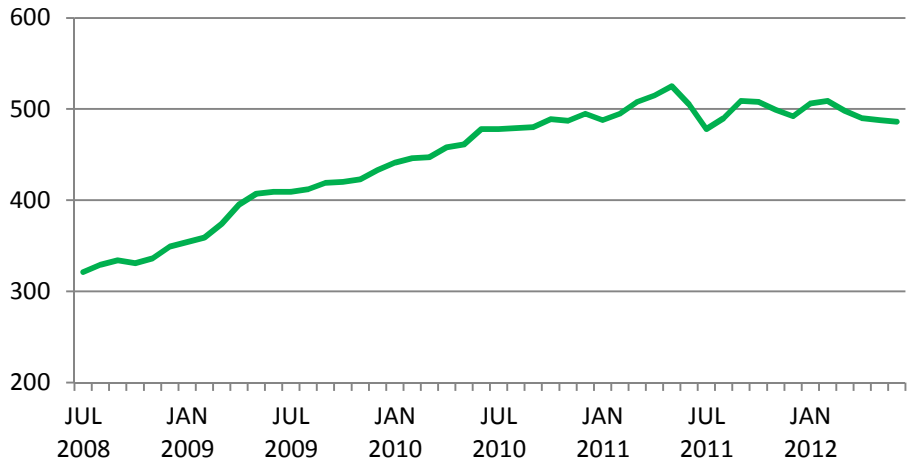
Oregon Health Authority

Caseloads: House District 46

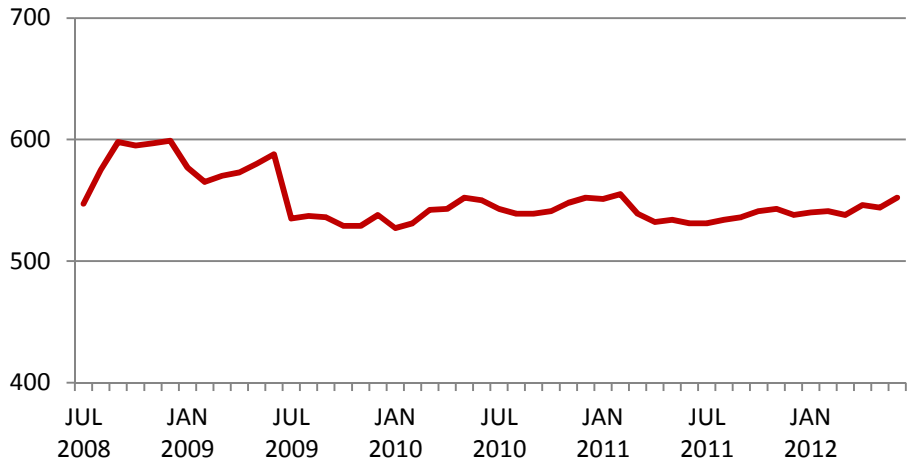
SNAP (Households)



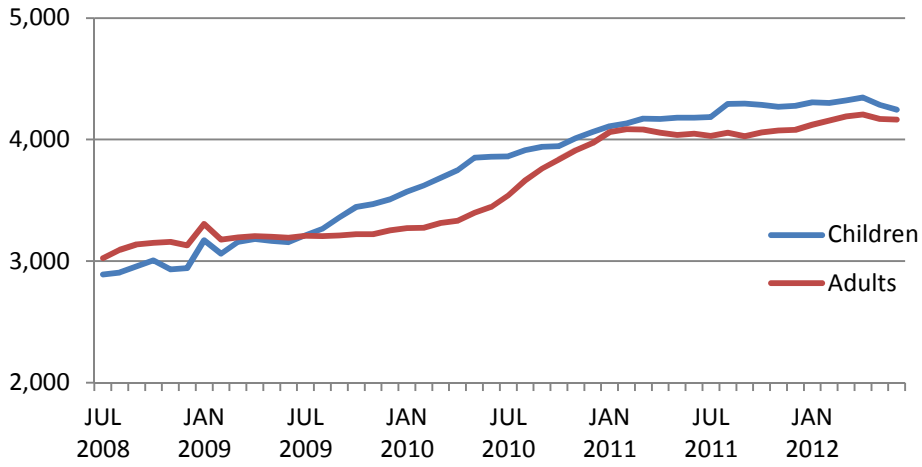
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

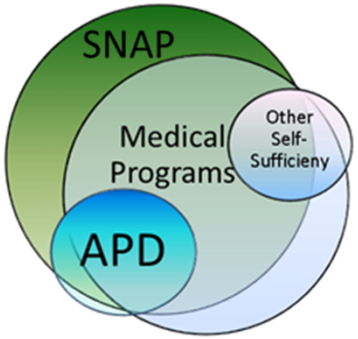


DHS

Oregon Health Authority

DHS & OHA Caseloads

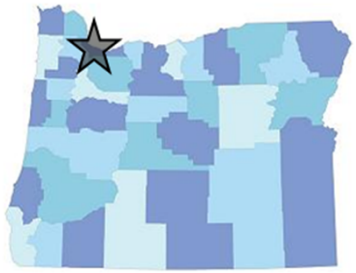
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 47

Representative Jessica Vega Pederson



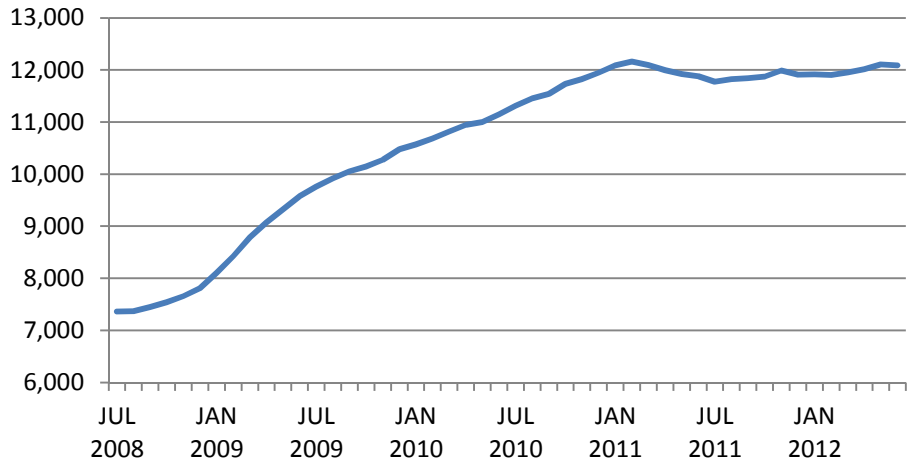
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 47	68.4	7.4	1.2	9.8	0.8	7.7	4.7	14.9	23.8	15.0

DHS

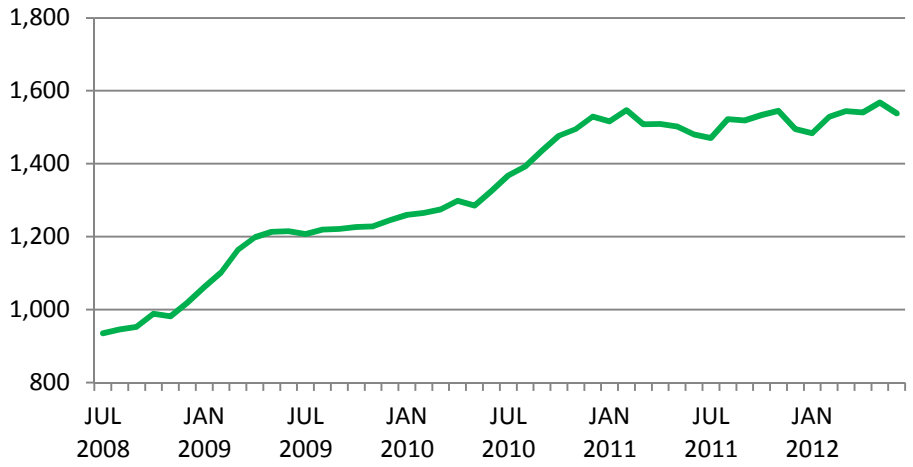
Oregon Health Authority

Caseloads: House District 47

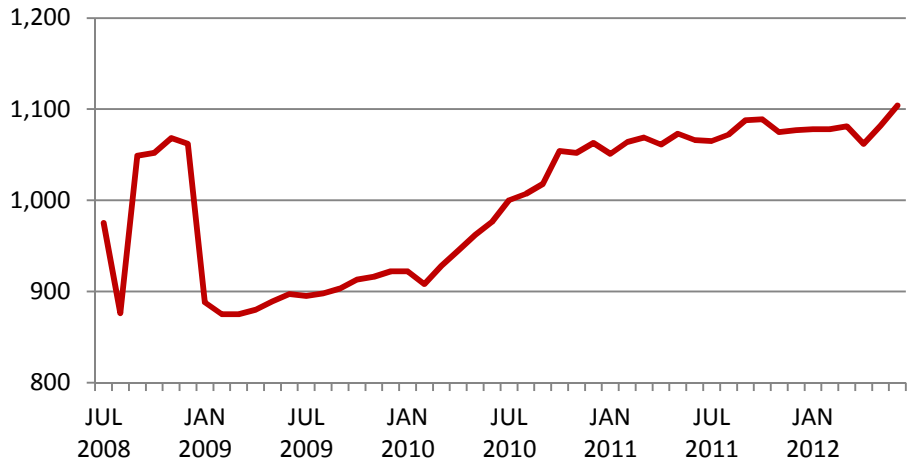
SNAP (Households)



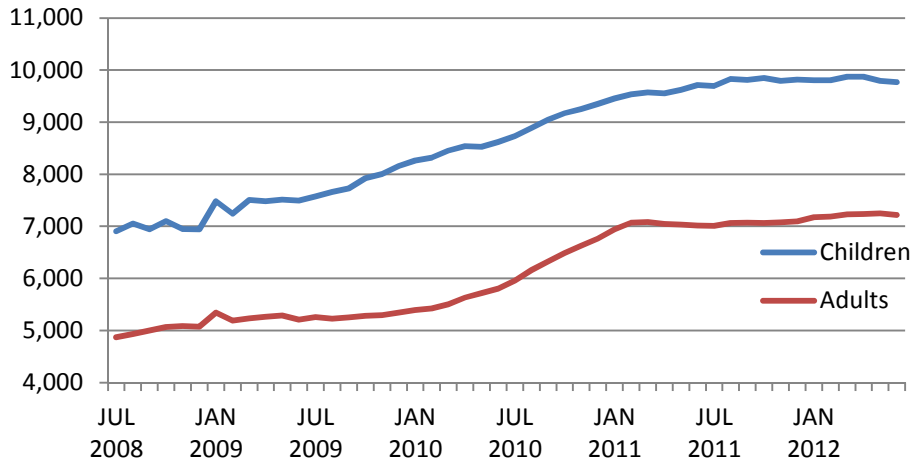
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

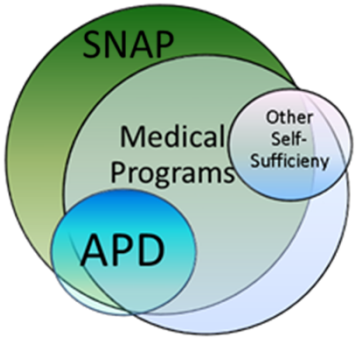


DHS

Oregon Health Authority

DHS & OHA Caseloads

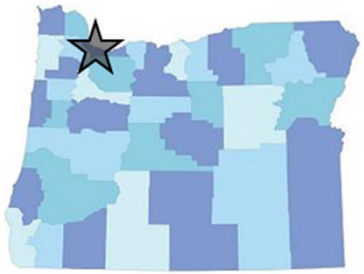
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 48

Representative Jeff Reardon



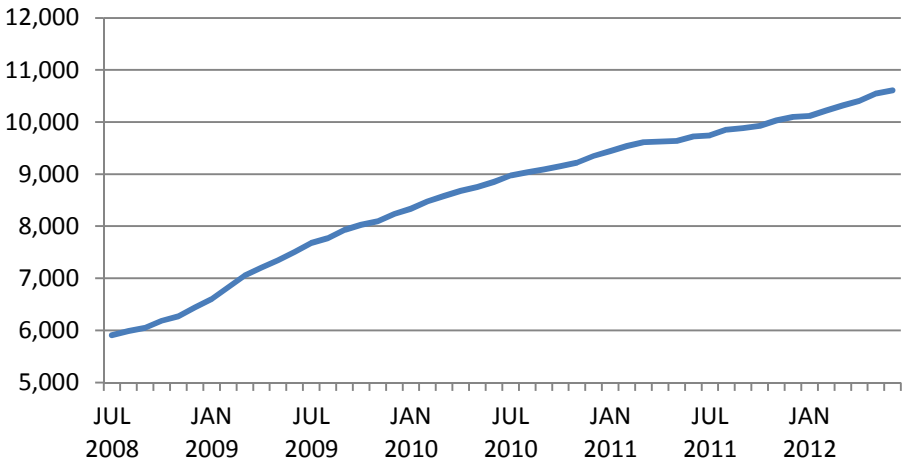
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 48	69.6	4.3	1.0	13.6	0.7	6.2	4.6	12.3	28.0	9.4

DHS

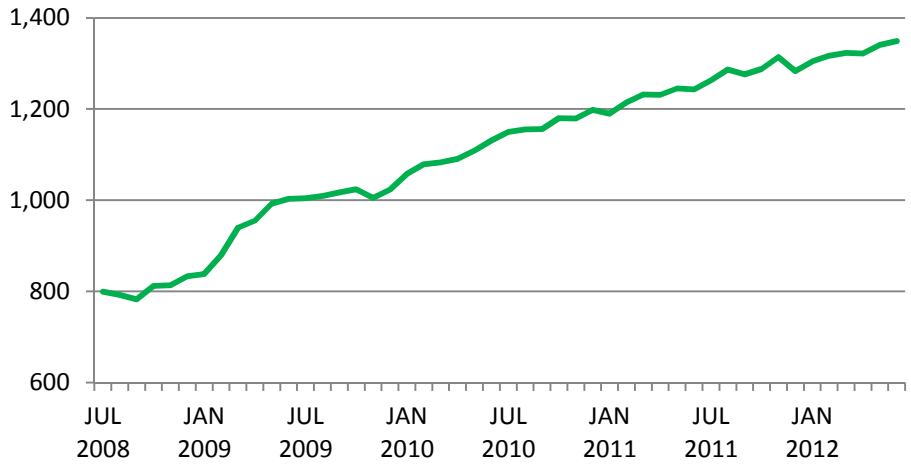
Oregon Health Authority

Caseloads: House District 48

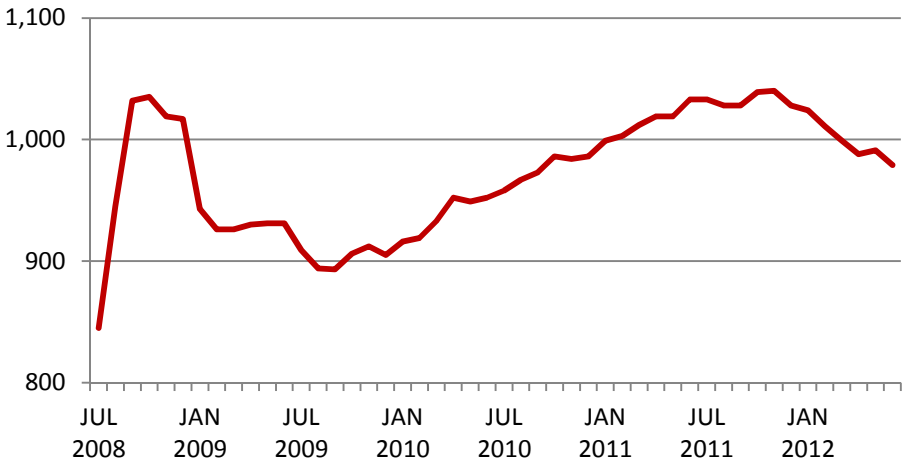
SNAP (Households)



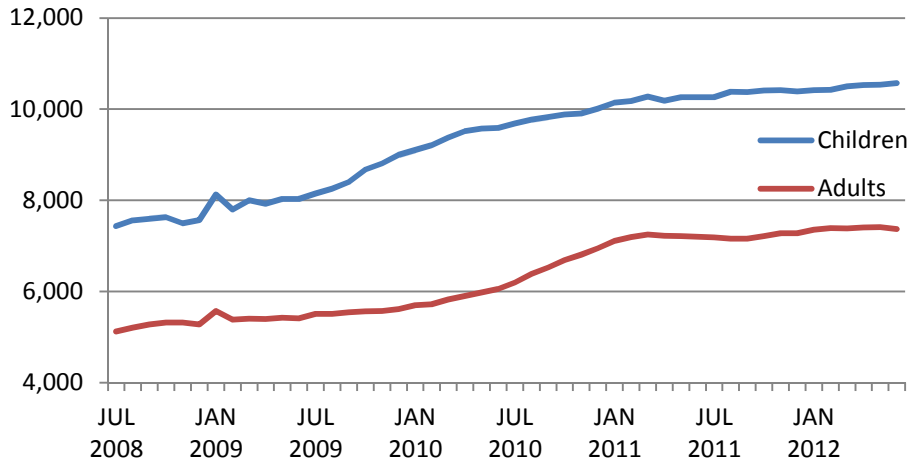
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

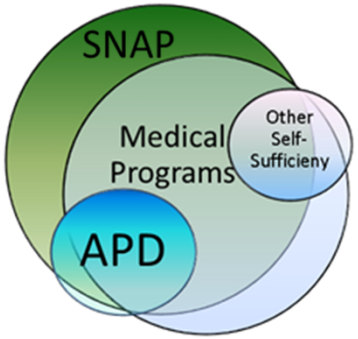


DHS

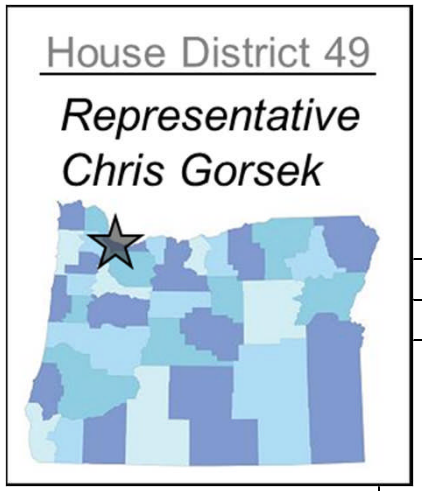
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



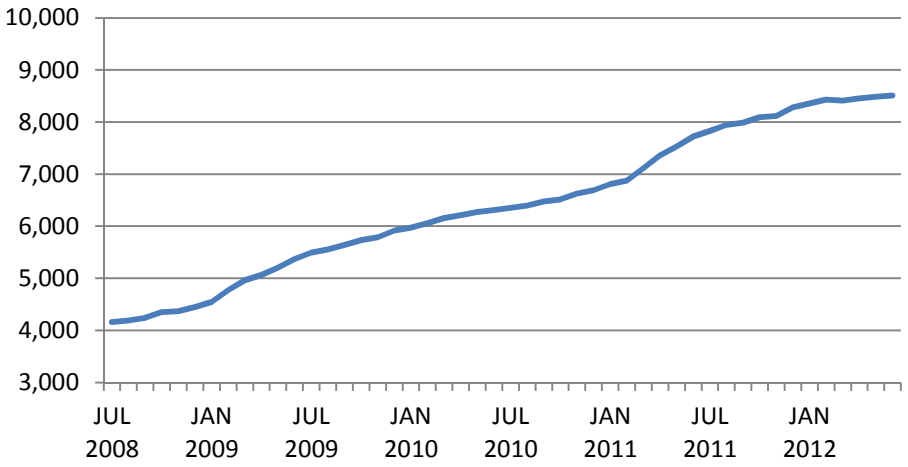
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 49	72.9	4.3	1.4	4.8	0.8	11.2	4.6	20.3	26.5	9.7

DHS

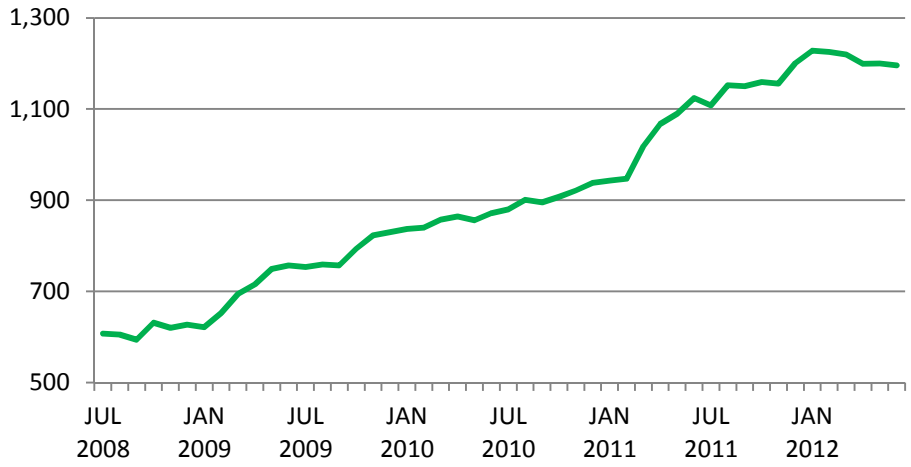
Oregon Health Authority

Caseloads: House District 49

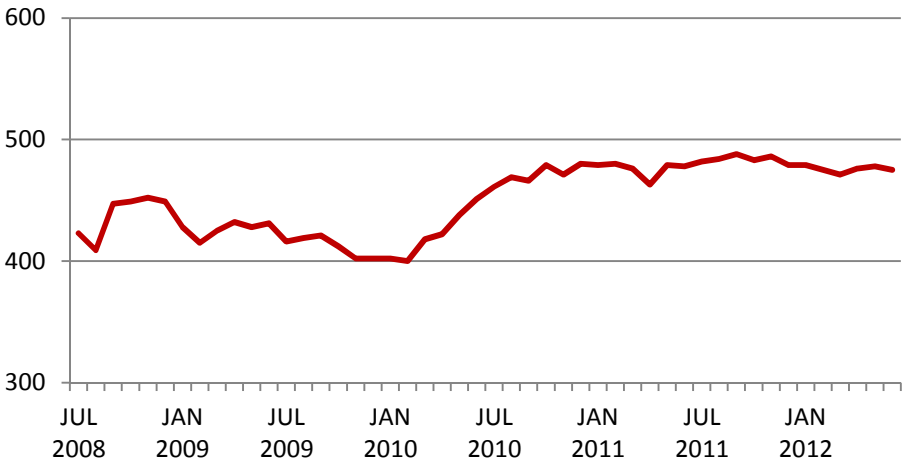
SNAP (Households)



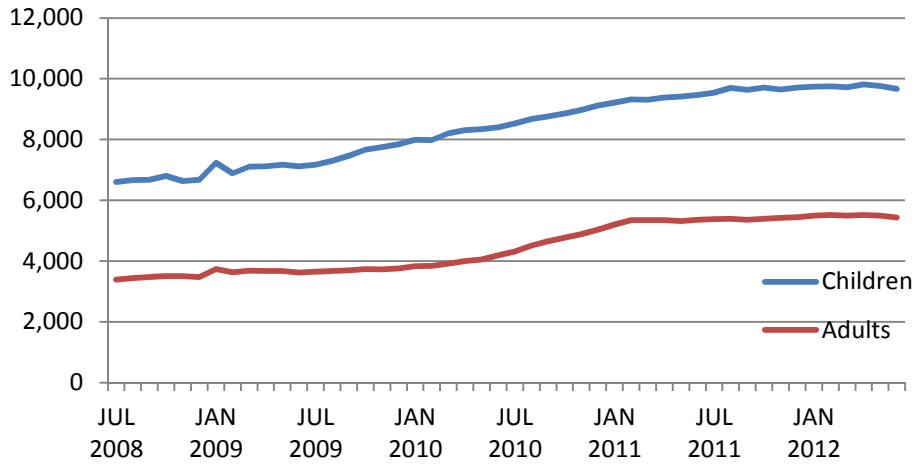
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

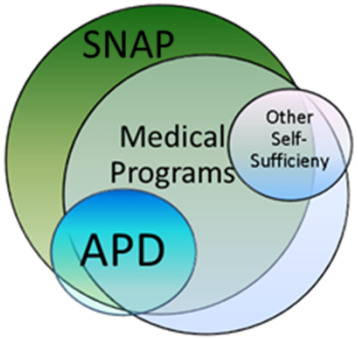


DHS

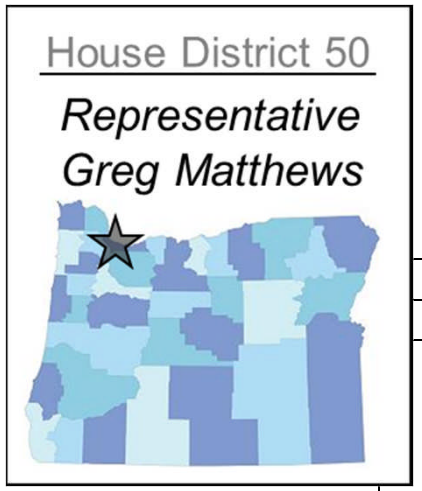
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



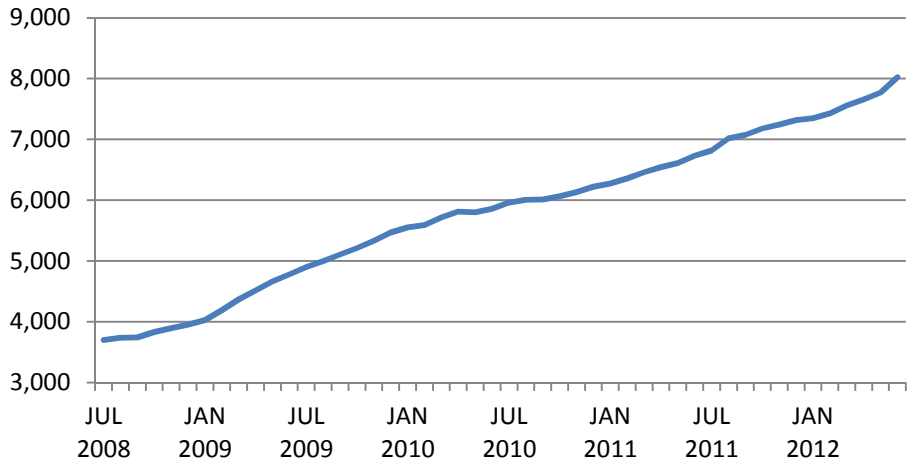
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 50	79.8	2.5	1.2	4.0	0.5	7.8	4.3	16.2	26.5	10.9

DHS

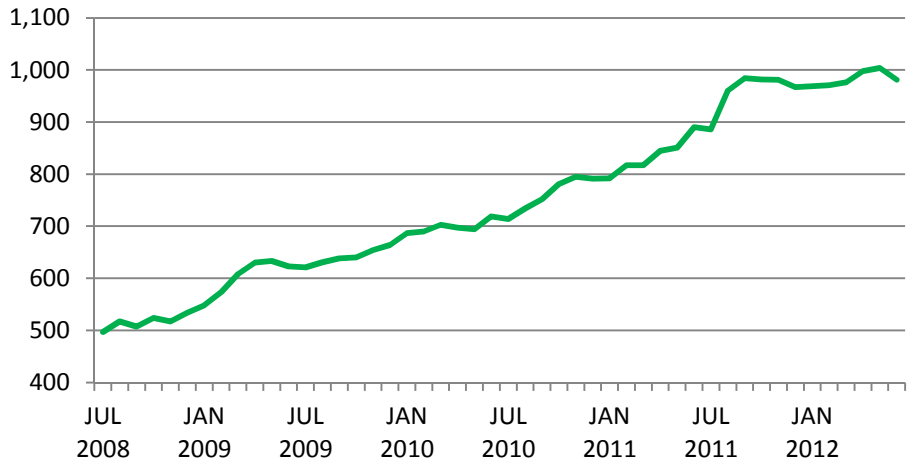
Oregon Health Authority

Caseloads: House District 50

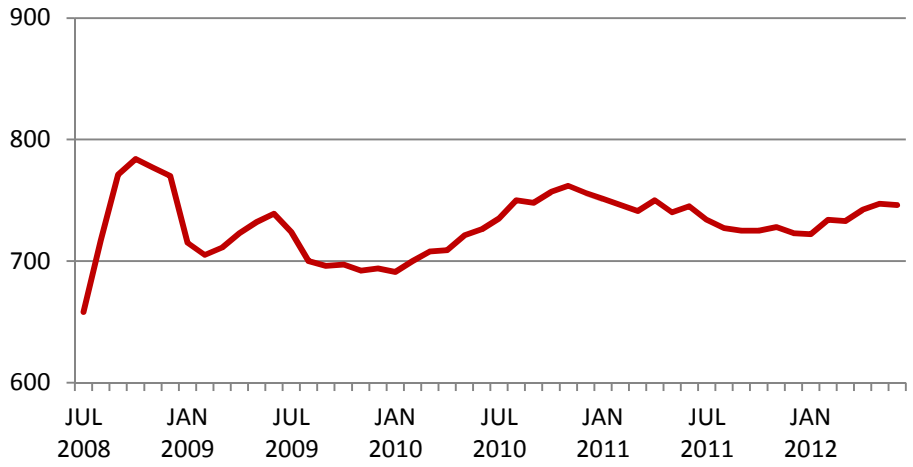
SNAP (Households)



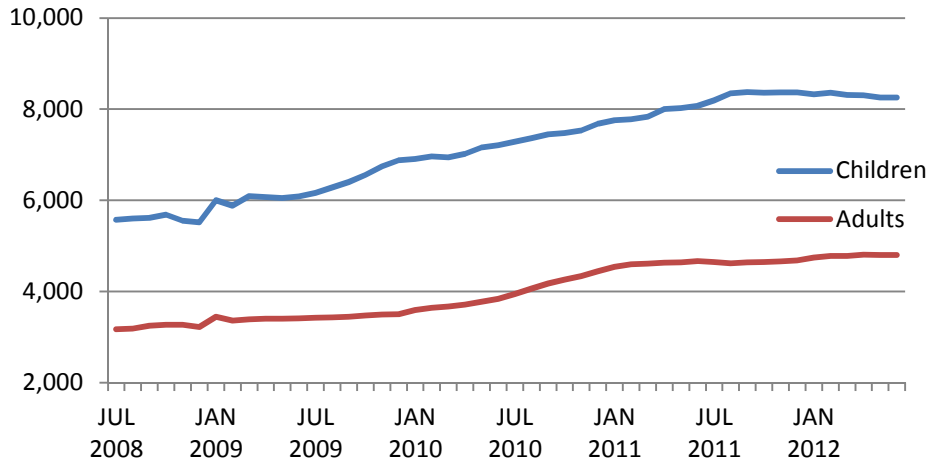
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

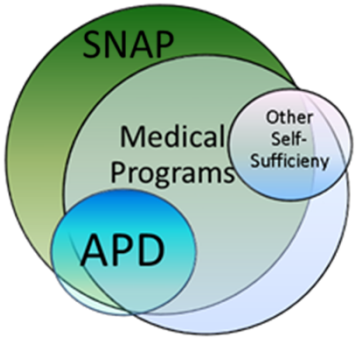


DHS

Oregon Health Authority

DHS & OHA Caseloads

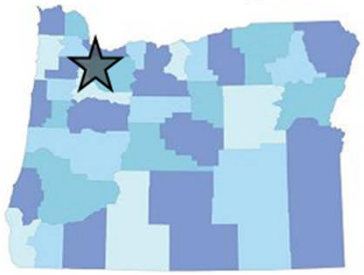
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 51

Representative Shemia Fagan



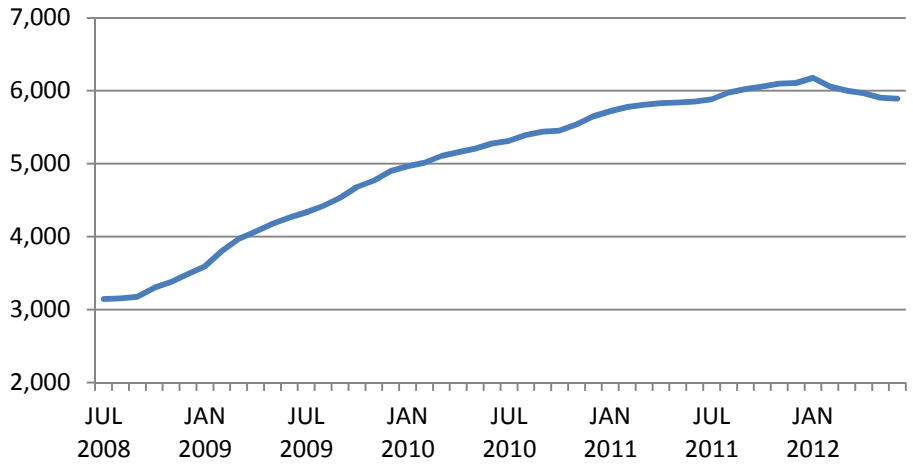
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 51	84.5	1.4	0.9	5.9	0.3	3.7	3.3	8.6	22.8	12.8

DHS

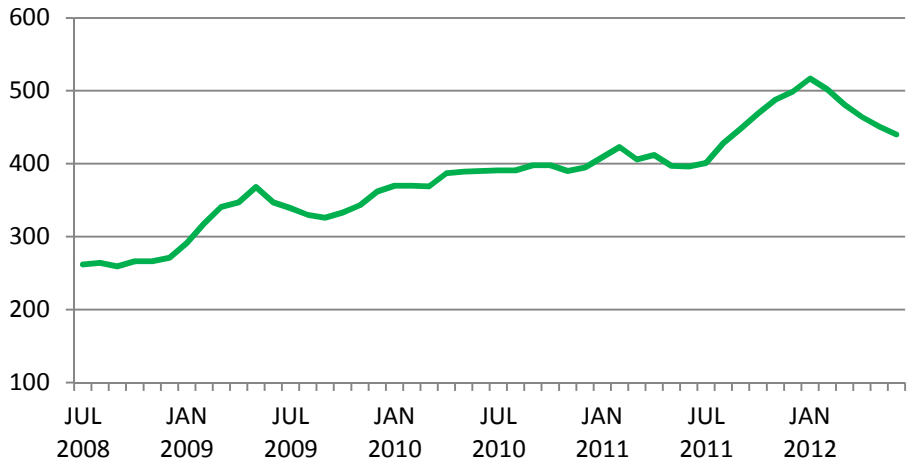
Oregon Health Authority

Caseloads: House District 51

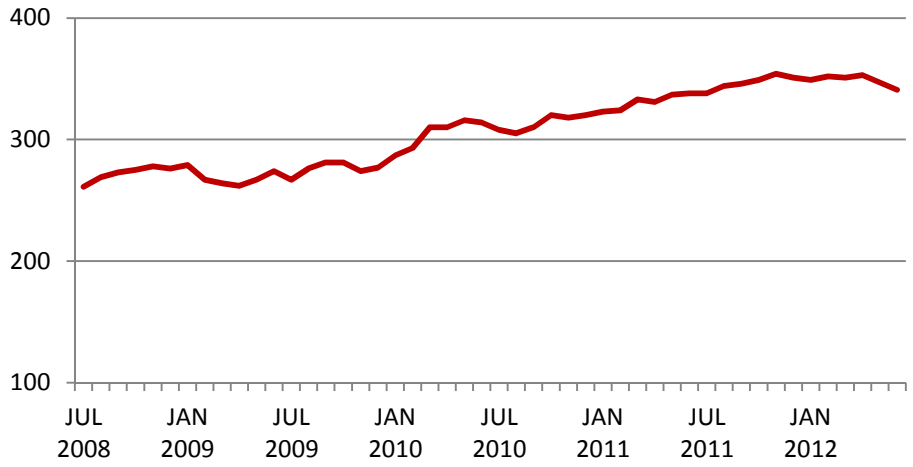
SNAP (Households)



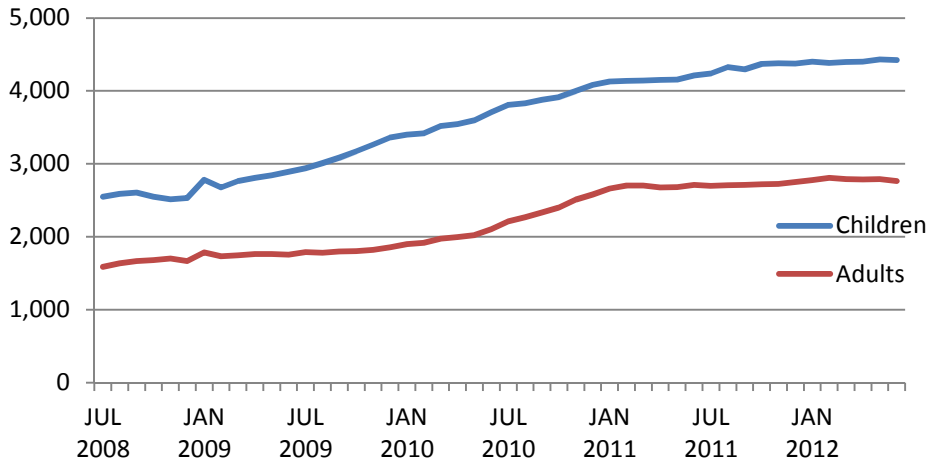
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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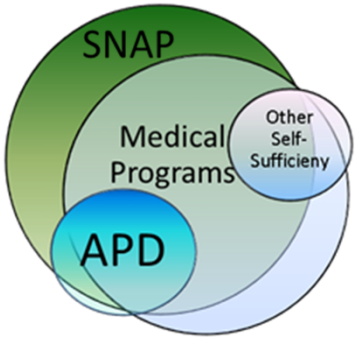
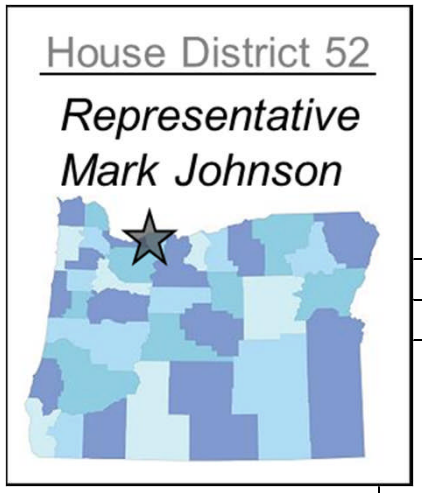


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



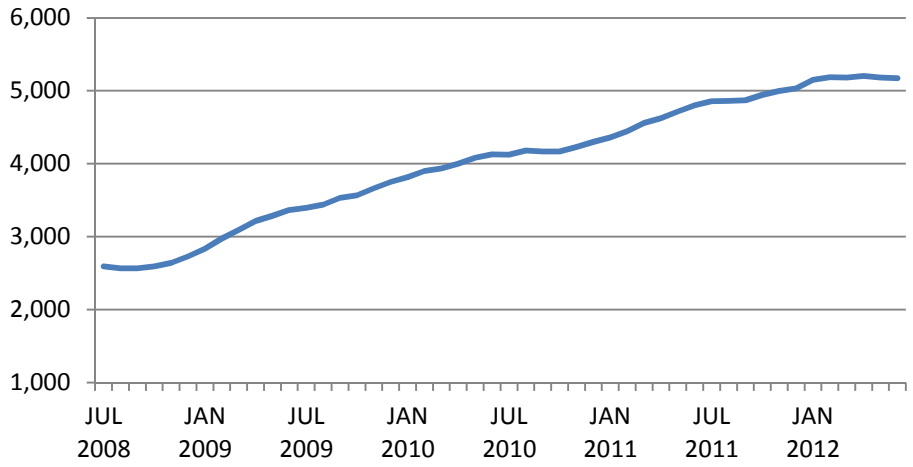
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 52	88.7	0.4	0.9	1.3	0.2	5.6	3.0	14.5	23.8	13.5

DHS

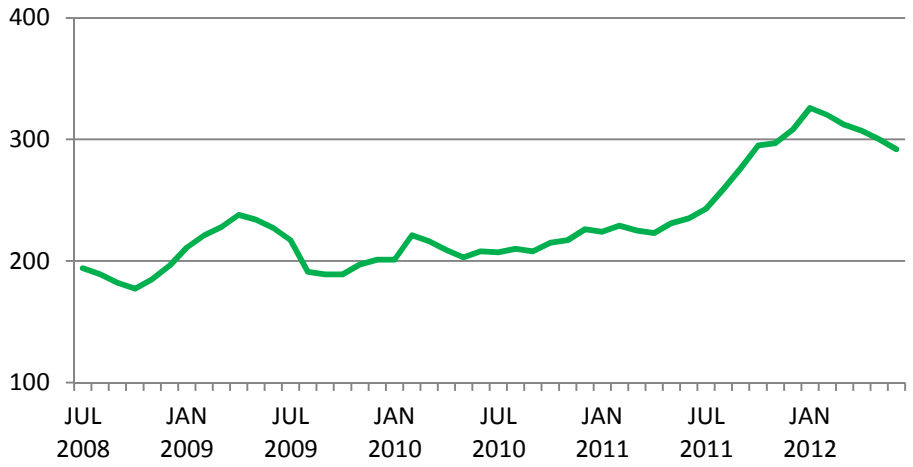
Oregon Health Authority

Caseloads: House District 52

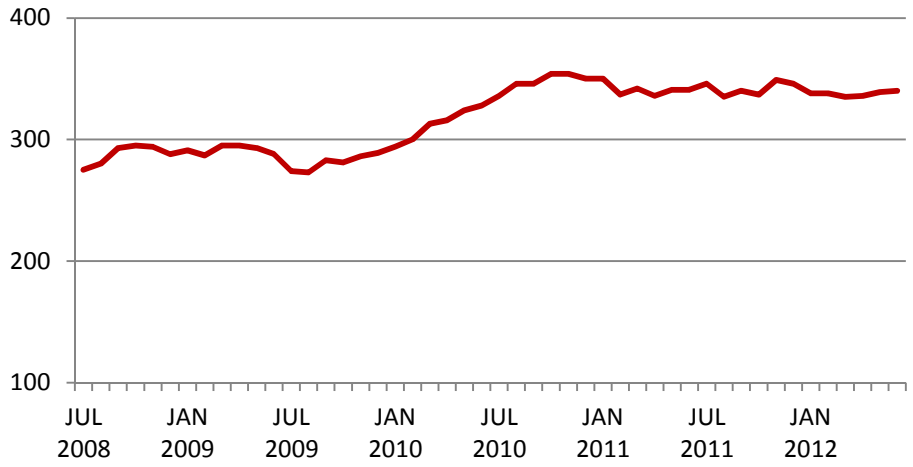
SNAP (Households)



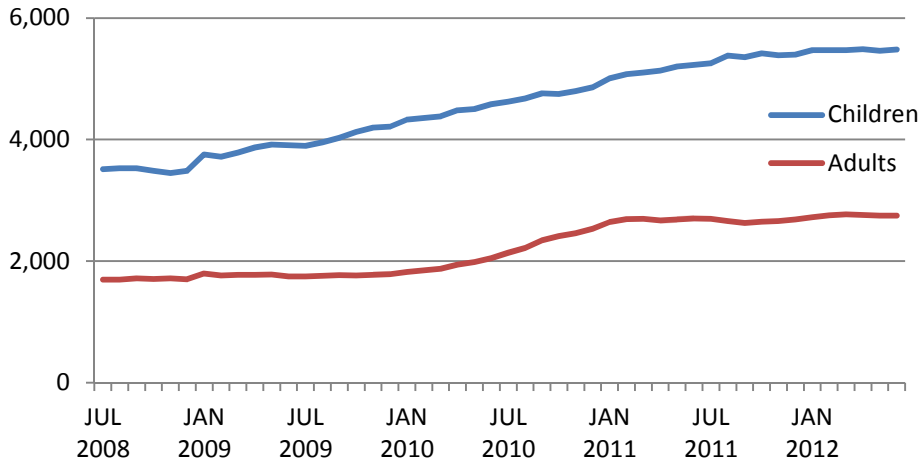
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

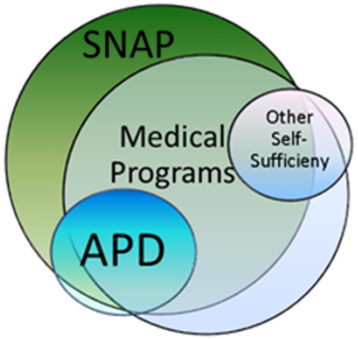


DHS

Oregon Health Authority

DHS & OHA Caseloads

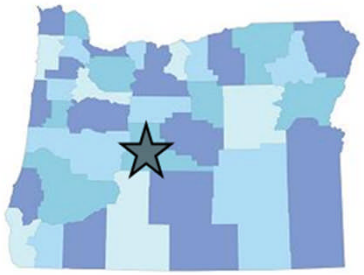
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 53

Representative Gene Whisnant



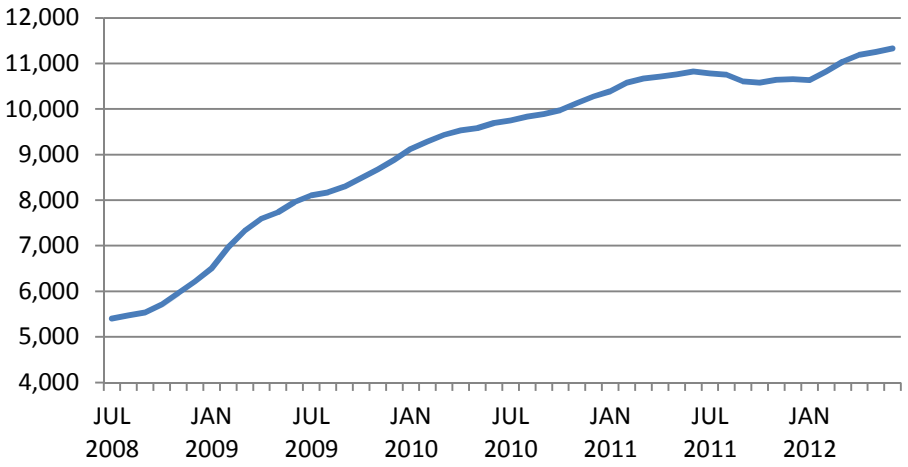
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 53	92.8	0.3	1.0	0.7	0.1	2.6	2.5	6.9	22.3	17.6

DHS

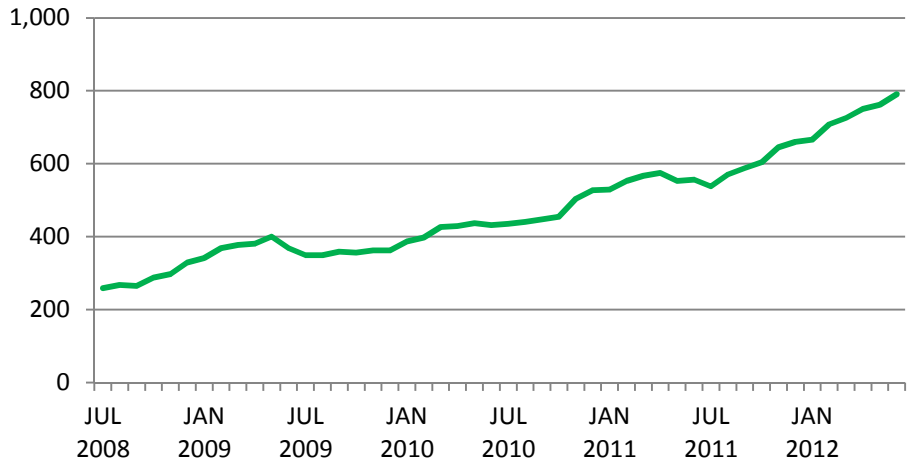
Oregon Health Authority

Caseloads: House District 53

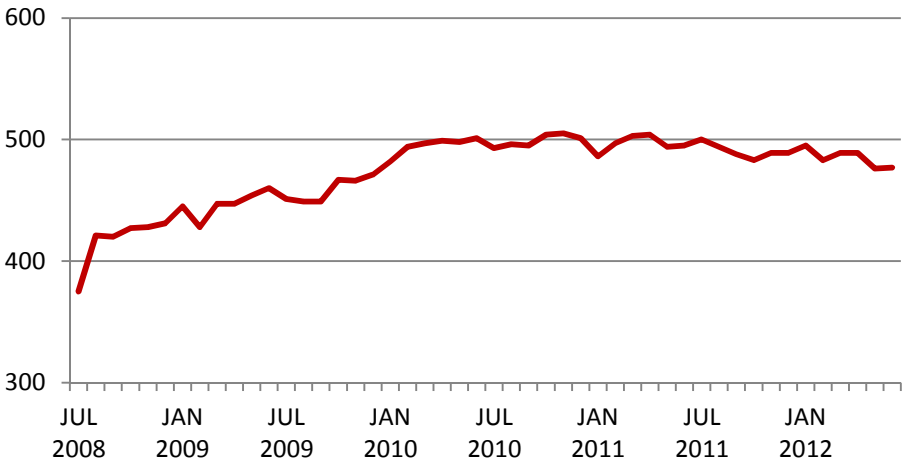
SNAP (Households)



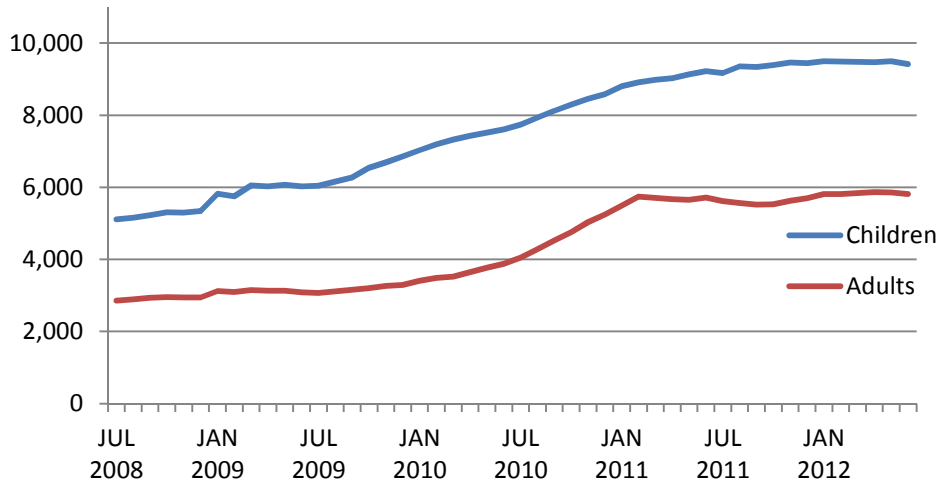
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

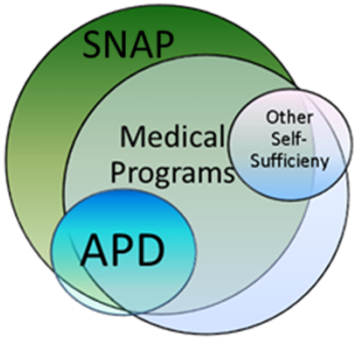


DHS

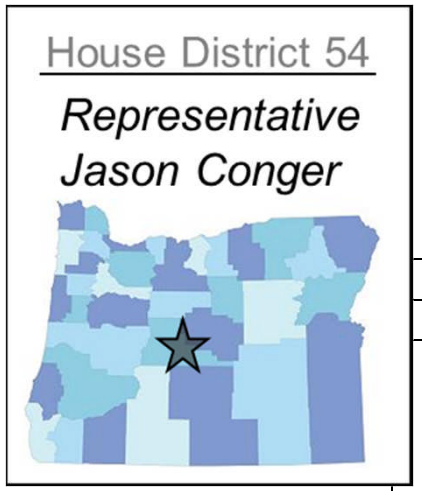
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



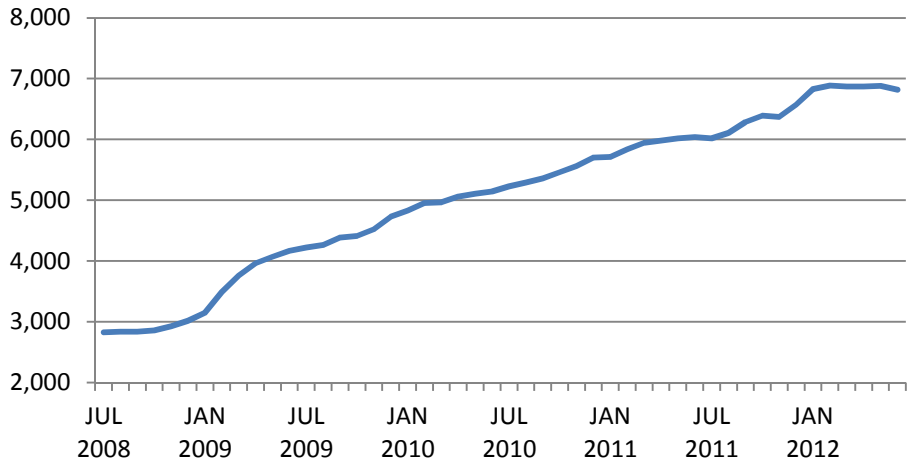
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 54	91.4	0.5	0.9	1.2	0.1	3.3	2.6	8.0	23.7	12.2

DHS

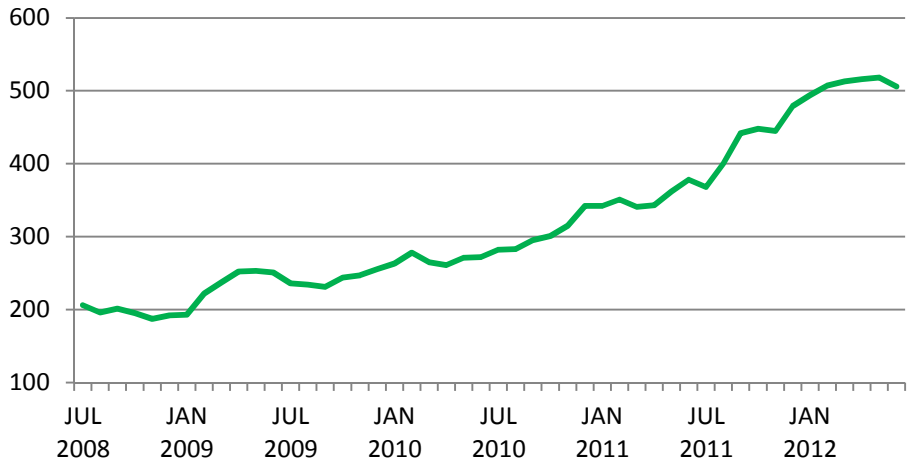
Oregon Health Authority

Caseloads: House District 54

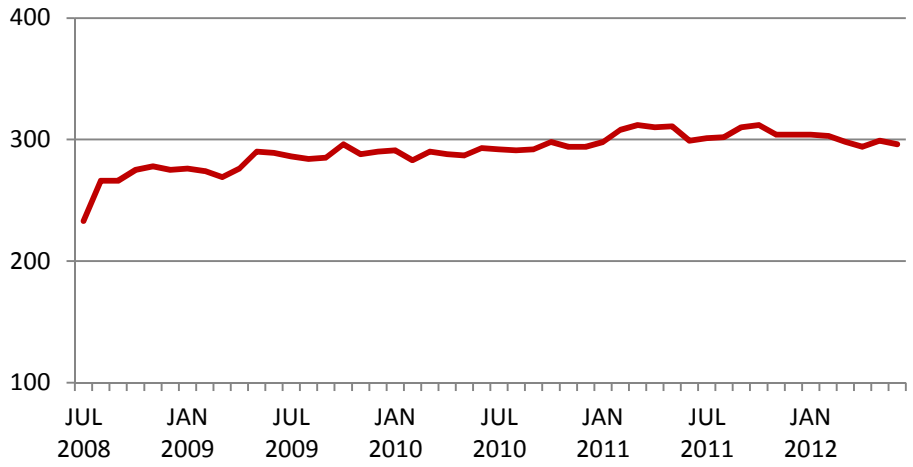
SNAP (Households)



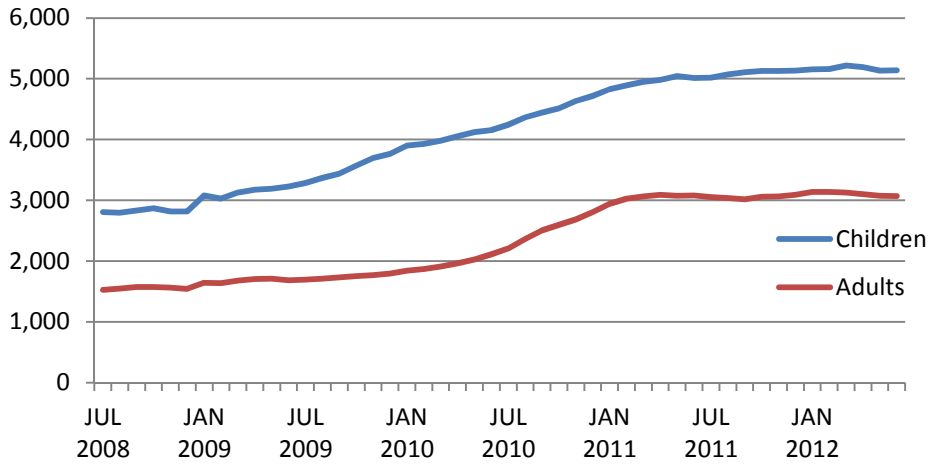
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

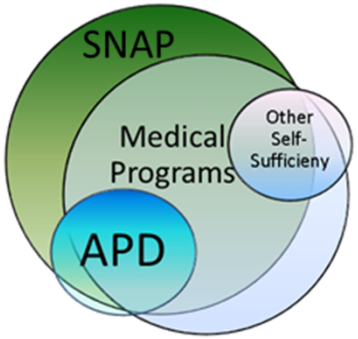


DHS

Oregon Health Authority

DHS & OHA Caseloads

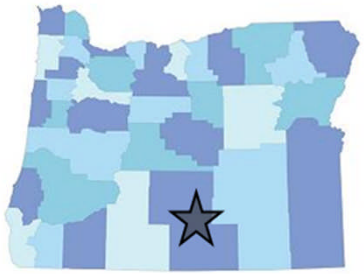
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 55

Representative Mike McLane



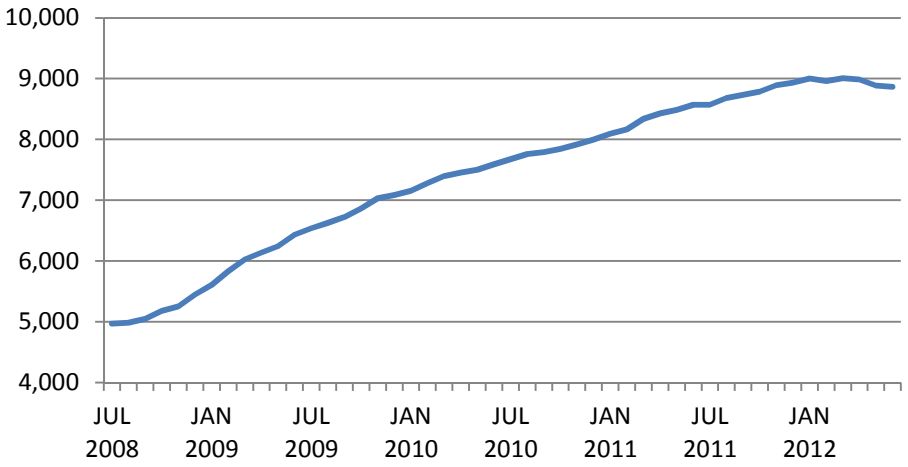
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 55	89.4	0.4	2.4	0.6	0.1	4.2	3.0	9.1	21.9	18.6

DHS

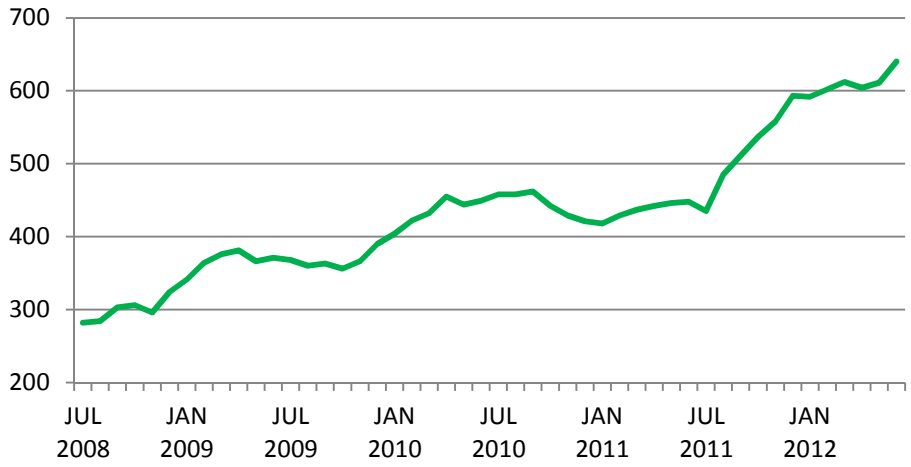
Oregon Health Authority

Caseloads: House District 55

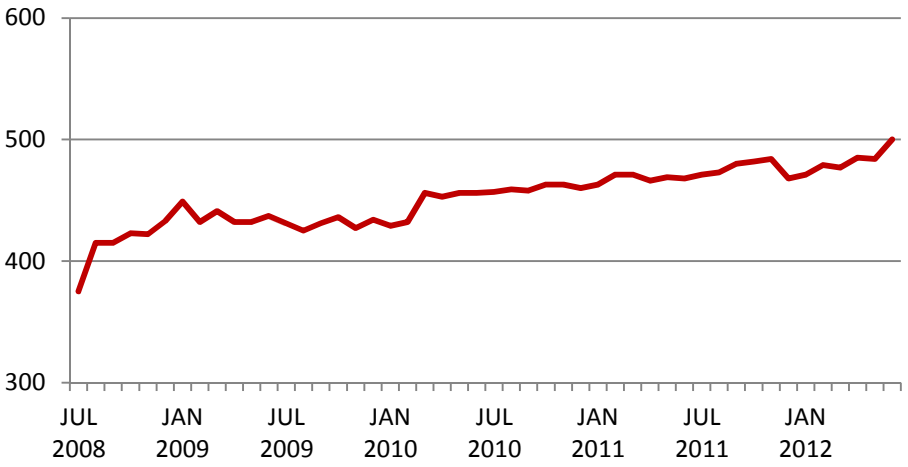
SNAP (Households)



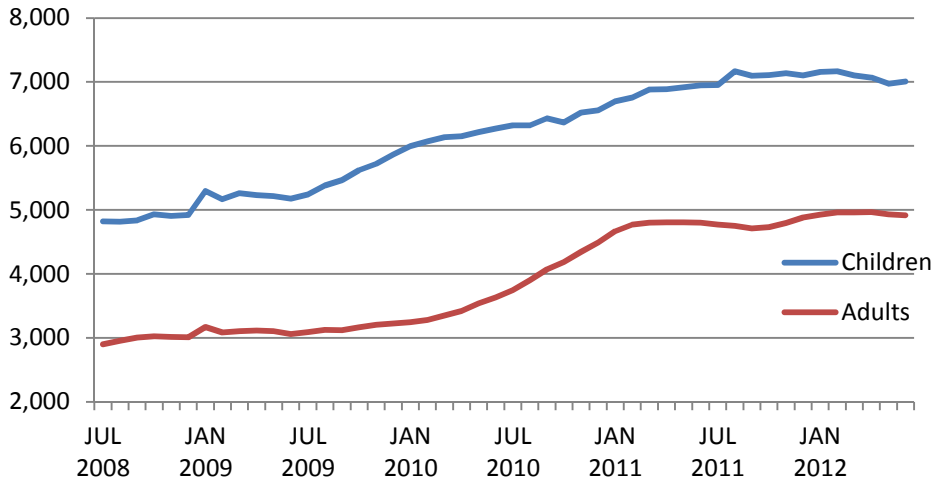
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

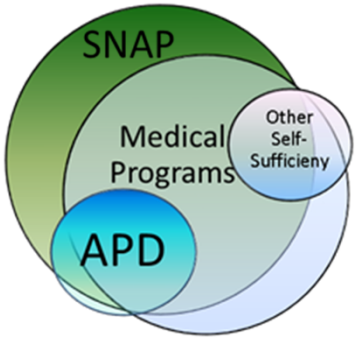


DHS

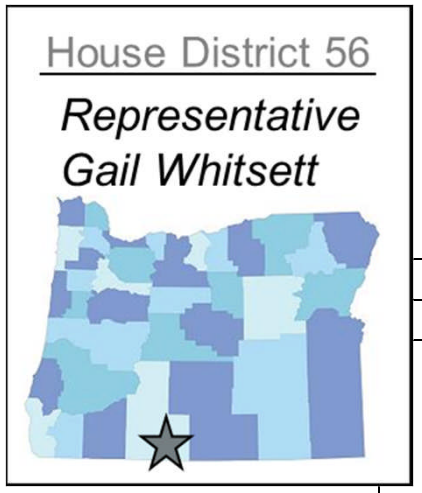
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



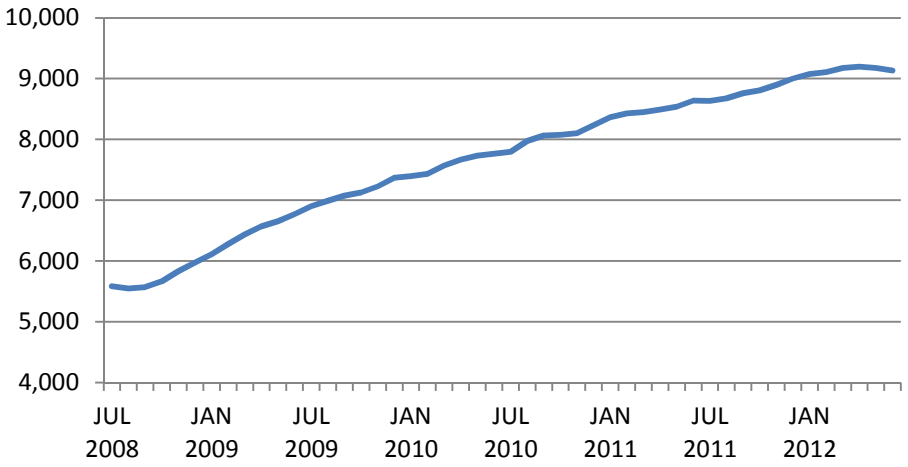
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 56	86.1	0.7	3.4	1.0	0.1	4.5	4.1	11.2	23.1	16.2

DHS

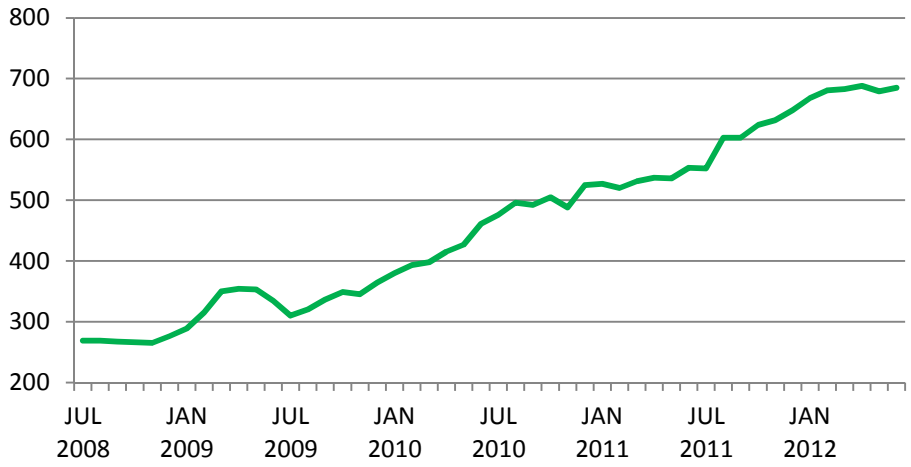
Oregon Health Authority

Caseloads: House District 56

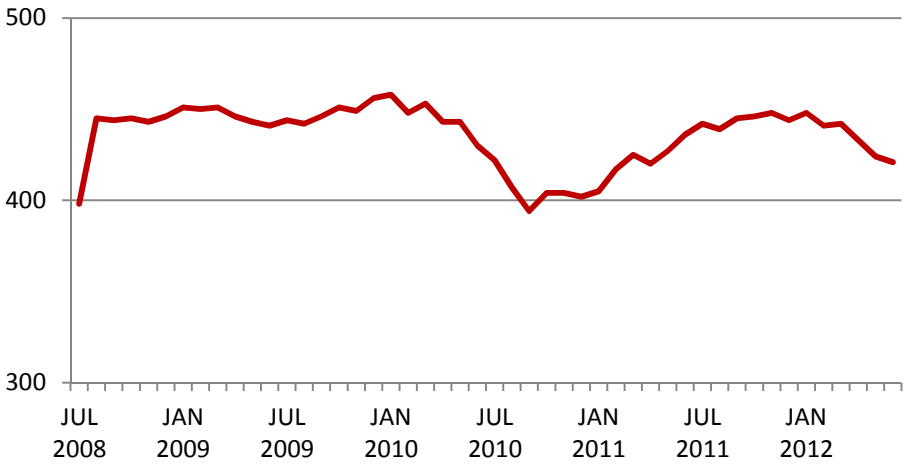
SNAP (Households)



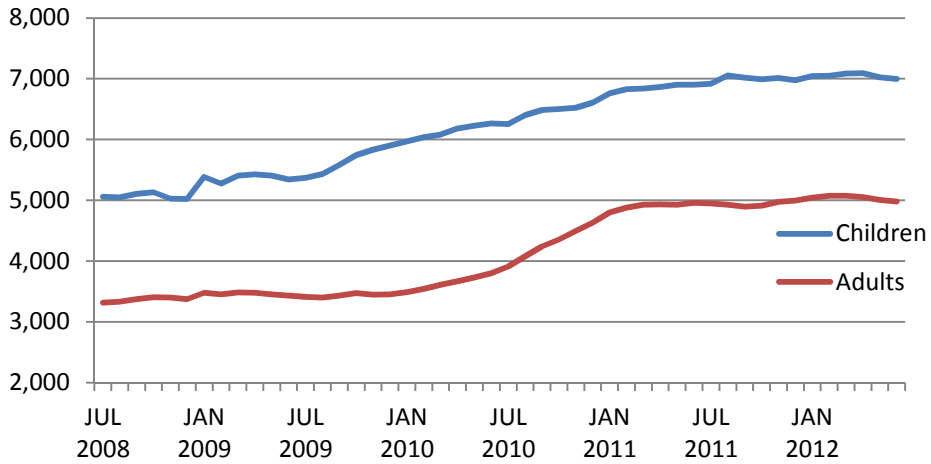
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

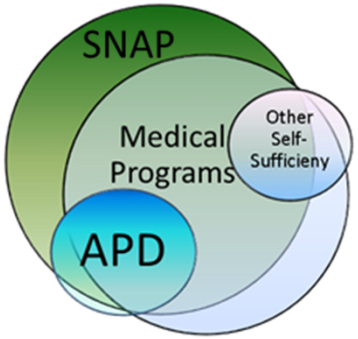


DHS

Oregon Health Authority

DHS & OHA Caseloads

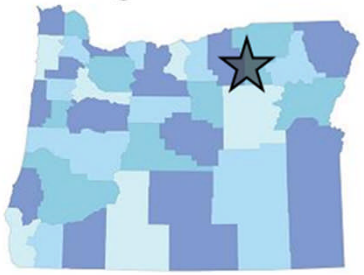
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 57

Representative Greg Smith



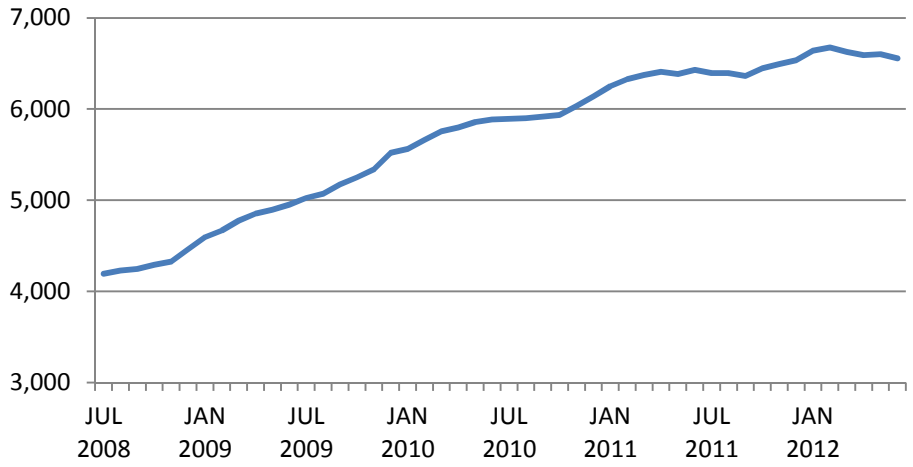
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 57	87.5	0.5	1.0	0.7	0.4	7.6	2.3	14.7	24.1	16.7

DHS

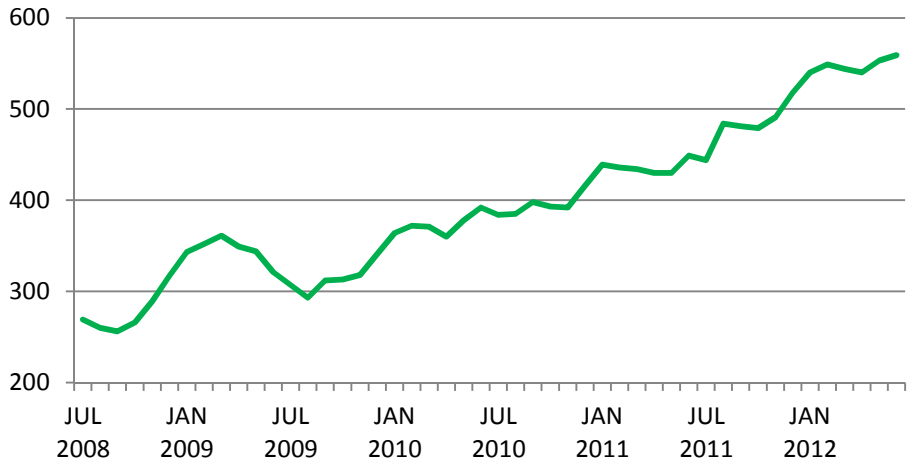
Oregon Health Authority

Caseloads: House District 57

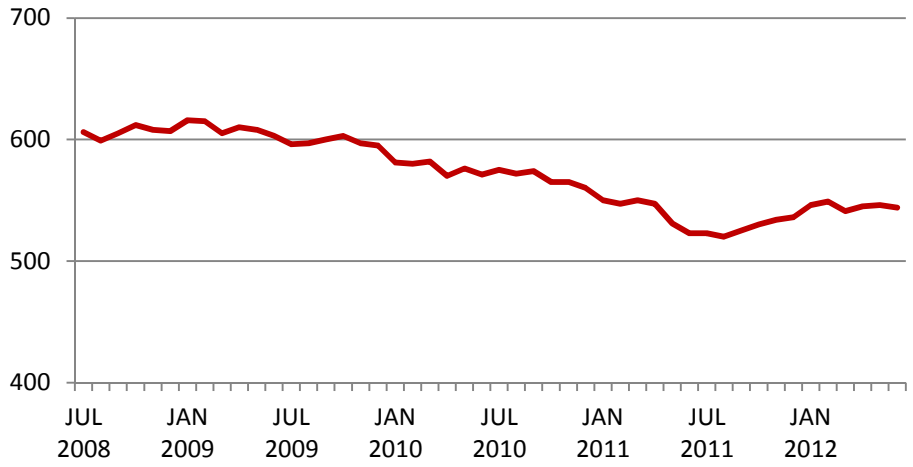
SNAP (Households)



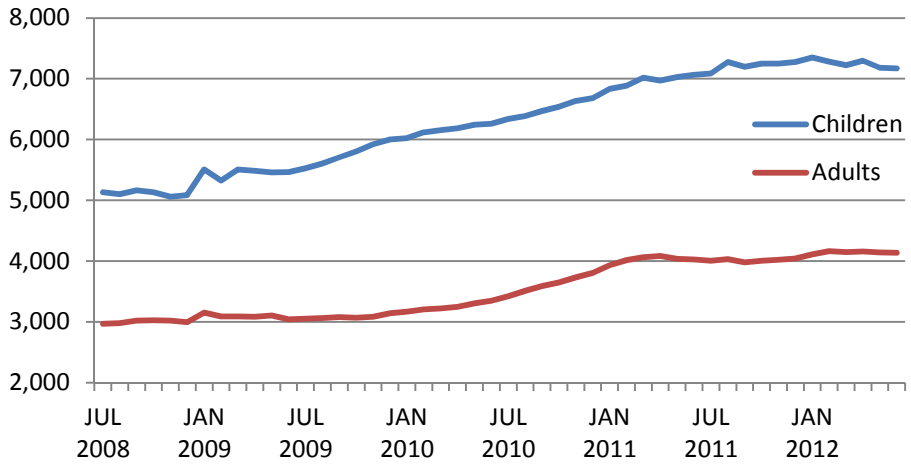
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

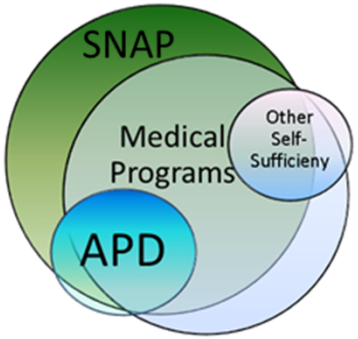


DHS

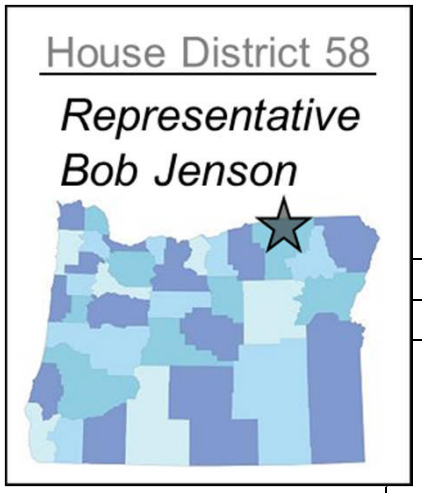
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



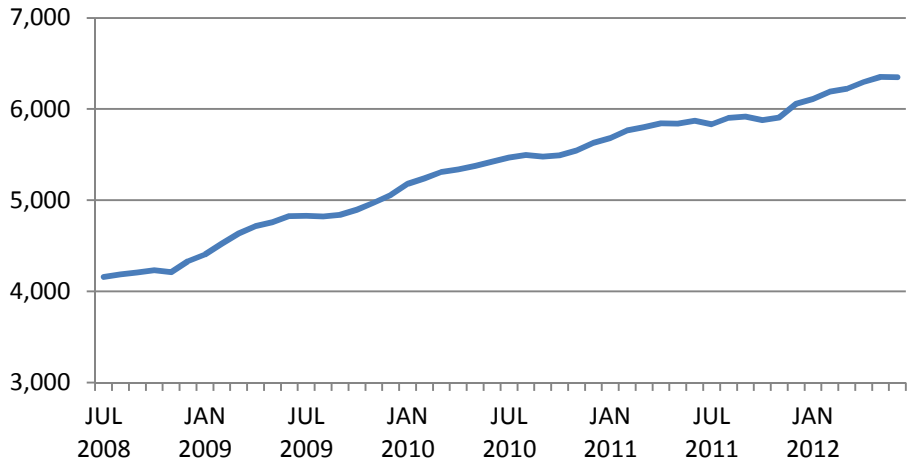
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 58	78.7	0.9	4.1	0.9	0.2	11.9	3.2	23.0	26.7	11.9

DHS

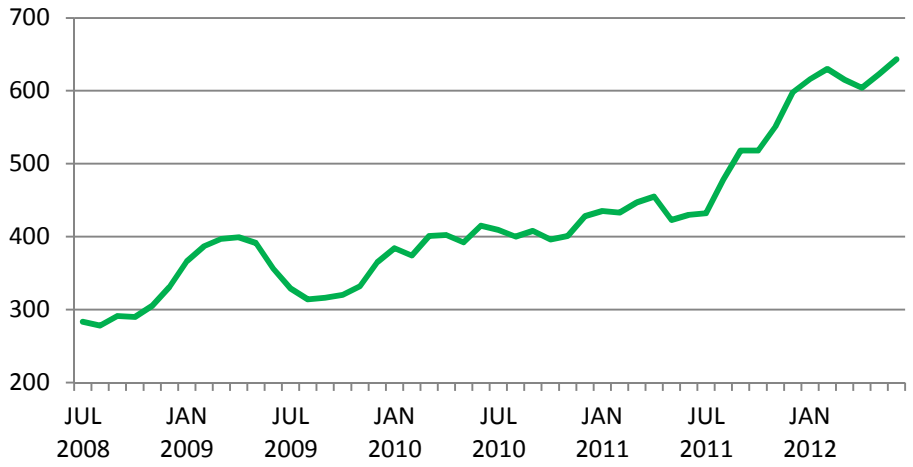
Oregon Health Authority

Caseloads: House District 58

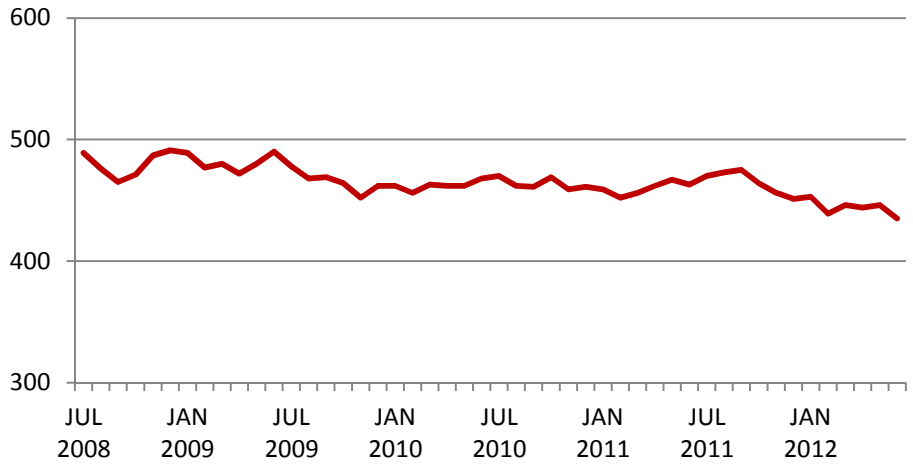
SNAP (Households)



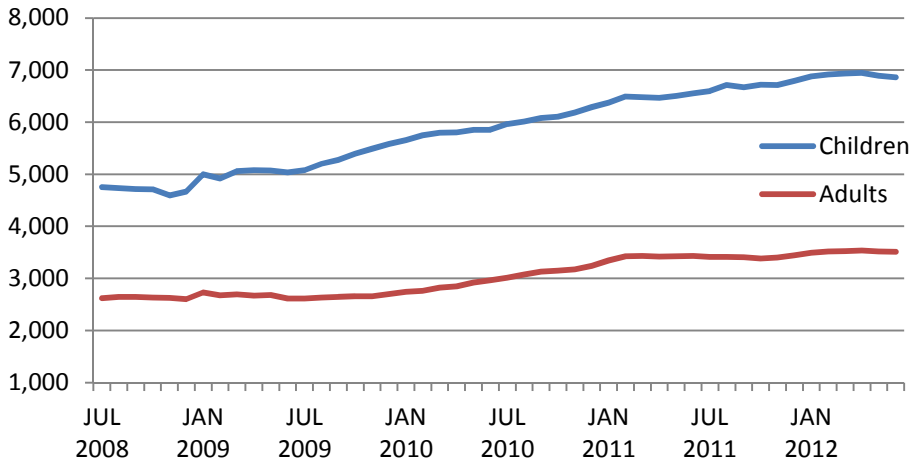
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

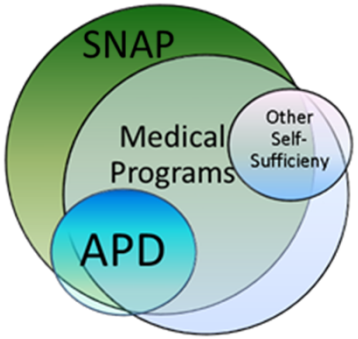


DHS

Oregon Health Authority

DHS & OHA Caseloads

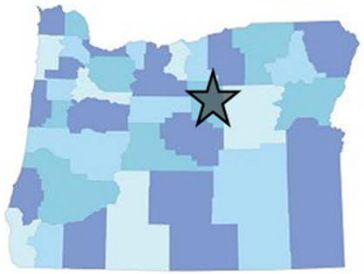
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 59

Representative John Huffman



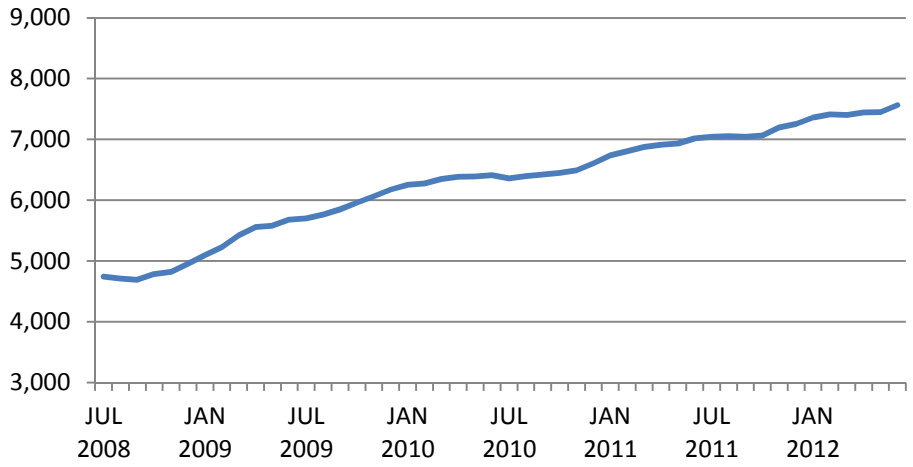
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 59	81.9	0.4	8.2	0.5	0.3	5.8	2.9	13.9	22.9	18.4

DHS

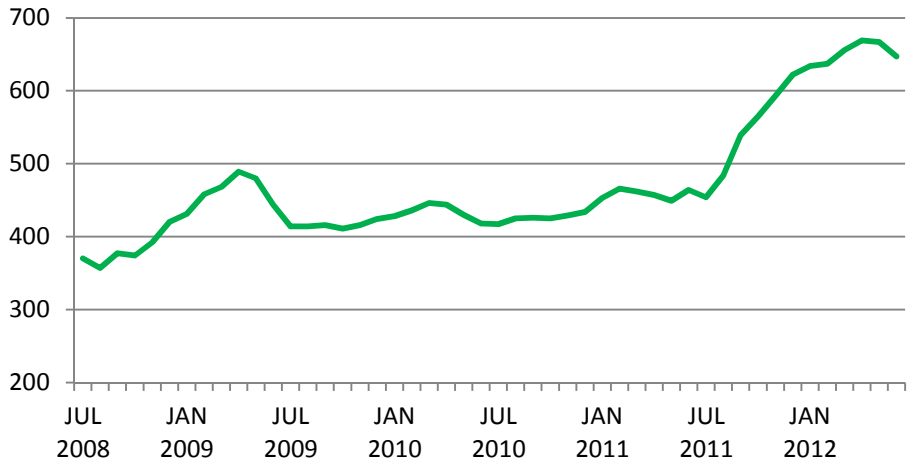
Oregon Health Authority

Caseloads: House District 59

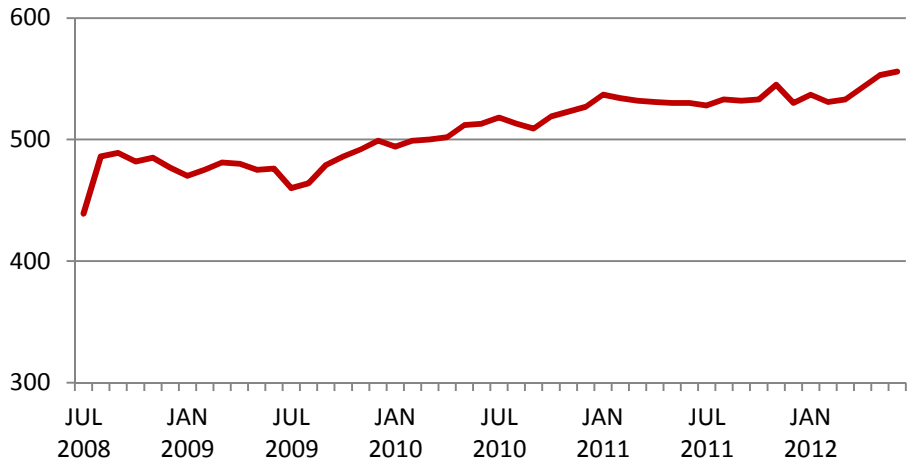
SNAP (Households)



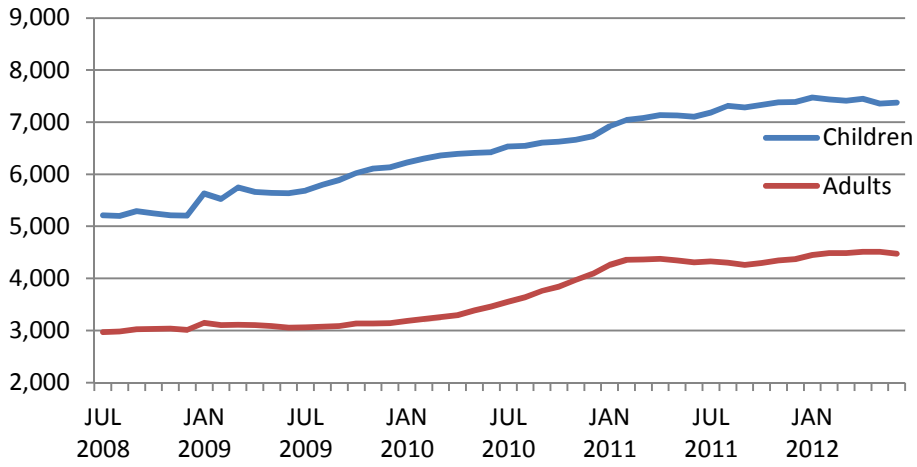
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

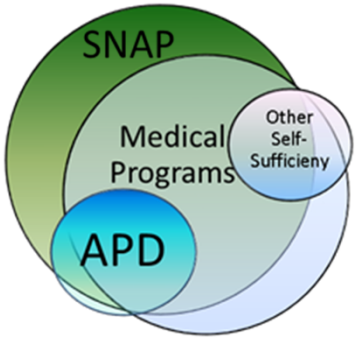


DHS

Oregon Health Authority

DHS & OHA Caseloads

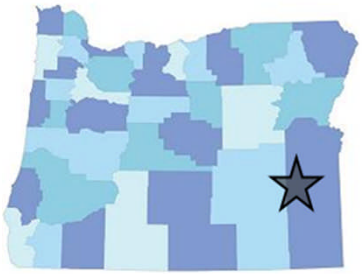
Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

House District 60

Representative Cliff Bentz

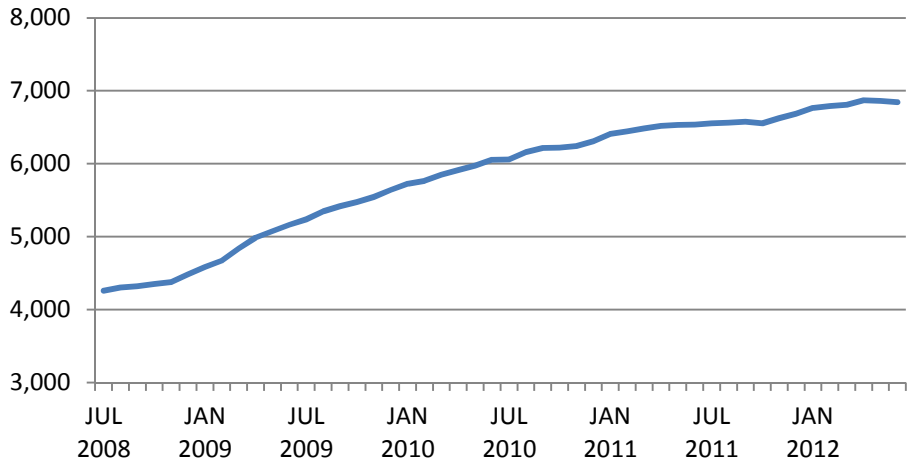


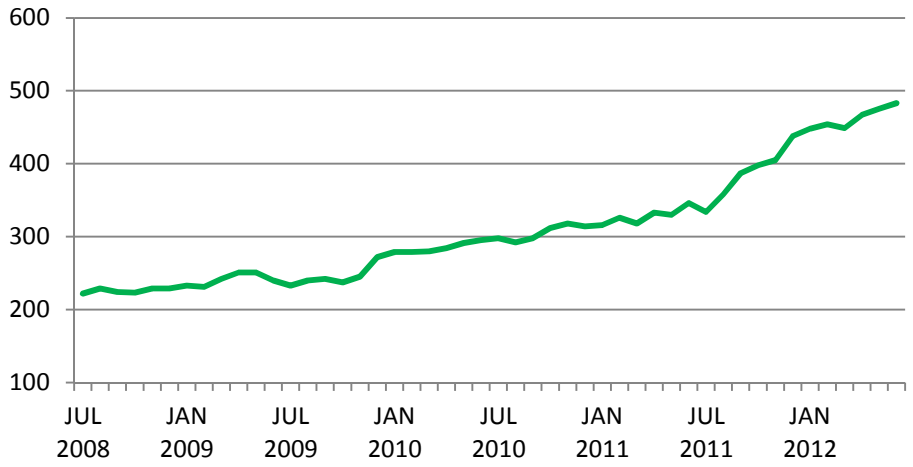
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State House District 60	84.6	0.8	1.4	1.2	0.1	9.2	2.7	19.3	23.6	17.7

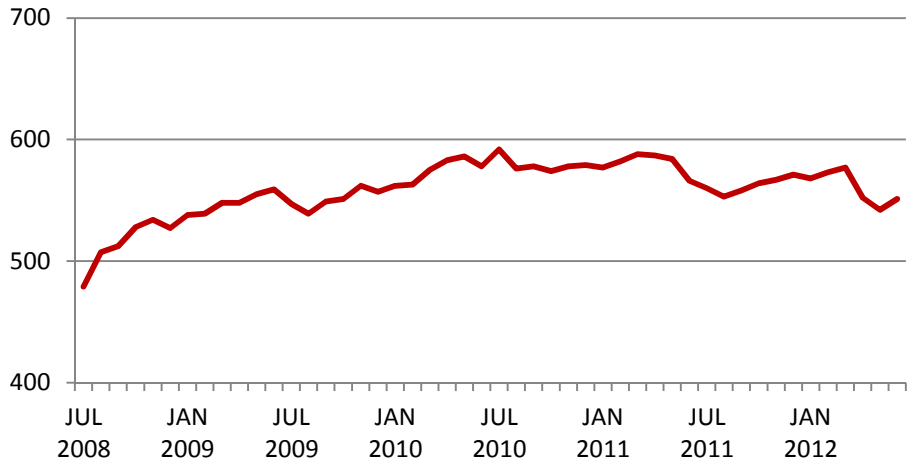
DHS

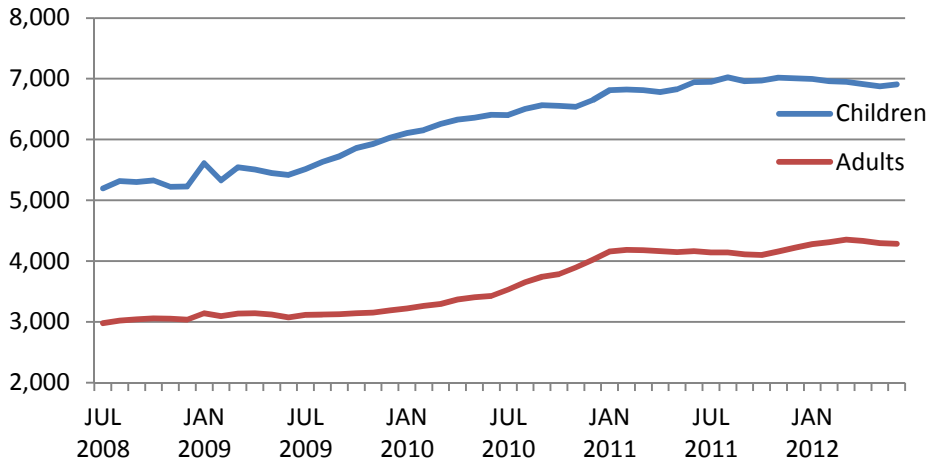
Oregon Health Authority

Caseloads: House District 60







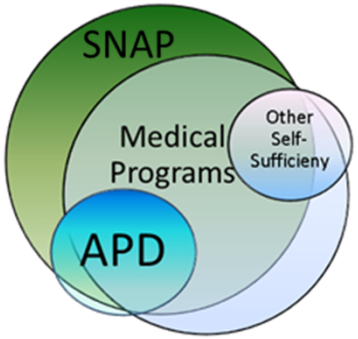


DHS

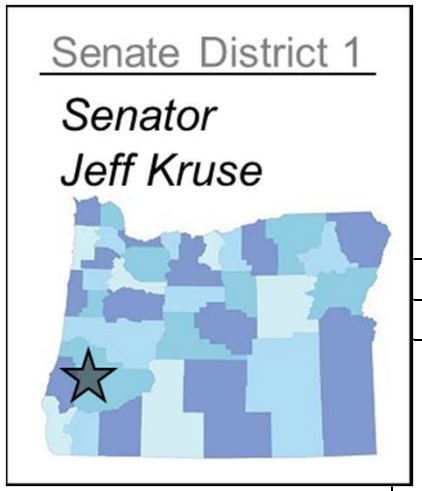
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



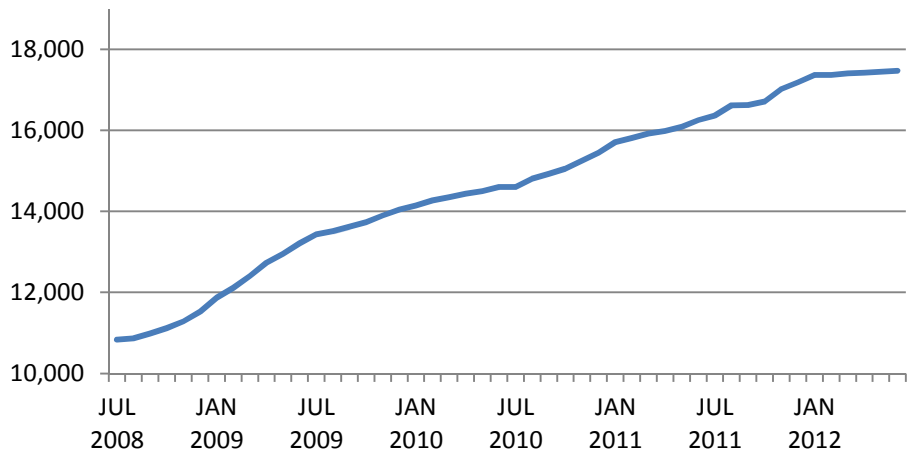
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 1	92.0	0.3	1.9	1.0	0.1	1.2	3.5	4.8	19.5	22.1

DHS

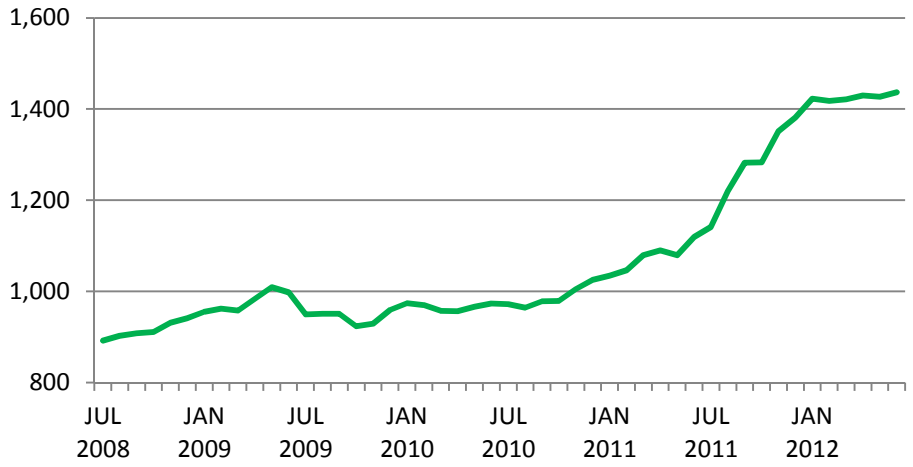
Oregon Health Authority

Caseloads: Senate District 1

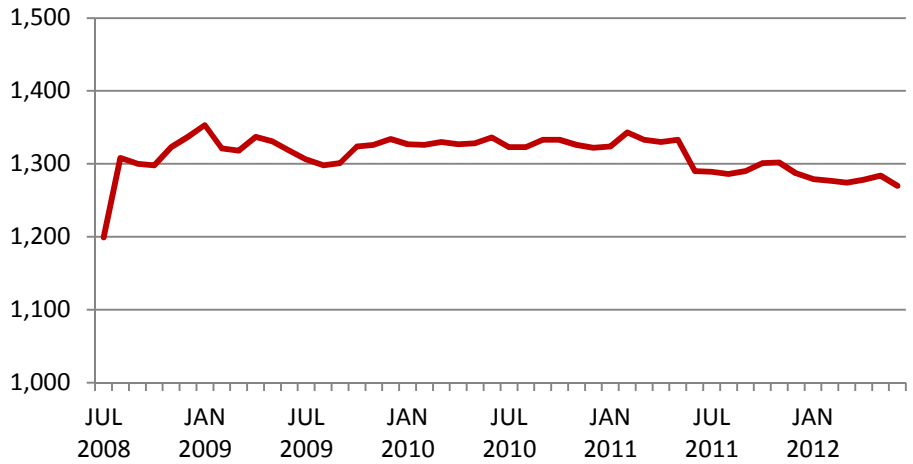
SNAP (Households)



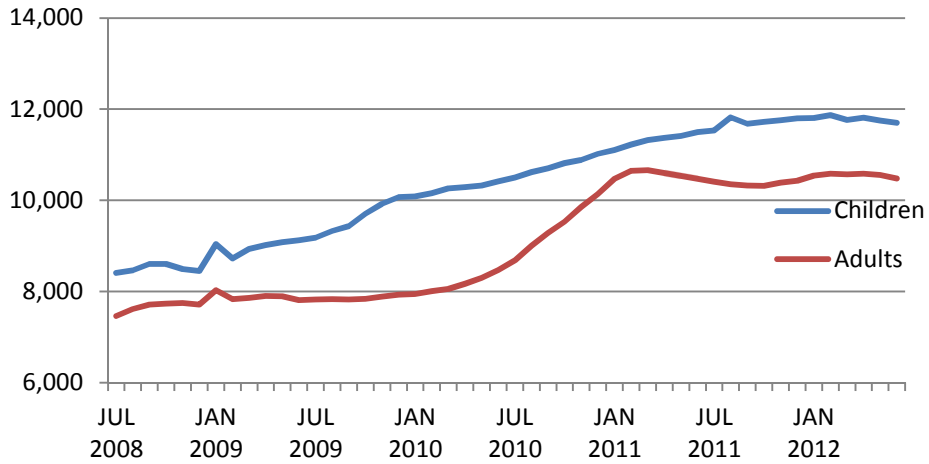
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

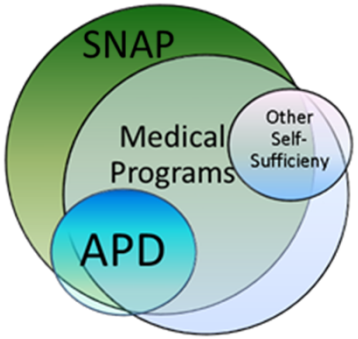


DHS

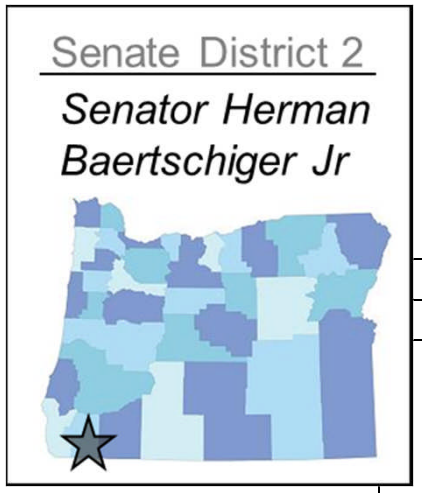
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



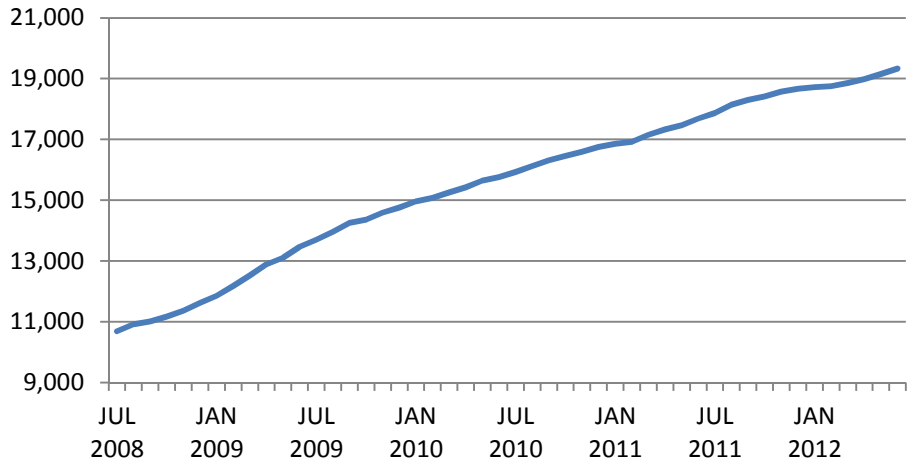
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 2	92.0	0.4	1.3	0.8	0.2	2.1	3.2	7.1	21.1	20.7

DHS

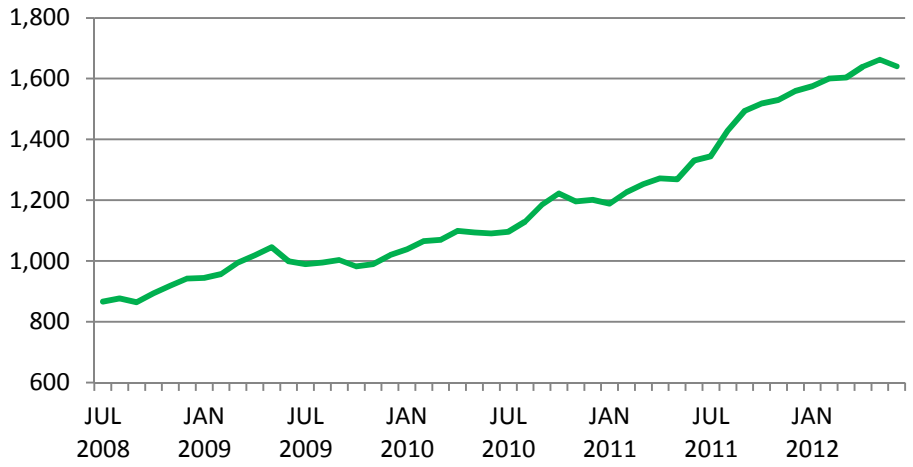
Oregon Health Authority

Caseloads: Senate District 2

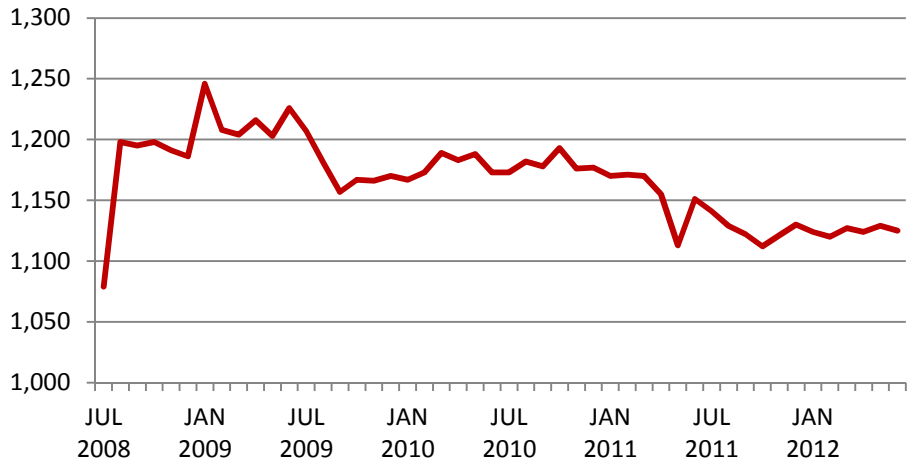
SNAP (Households)



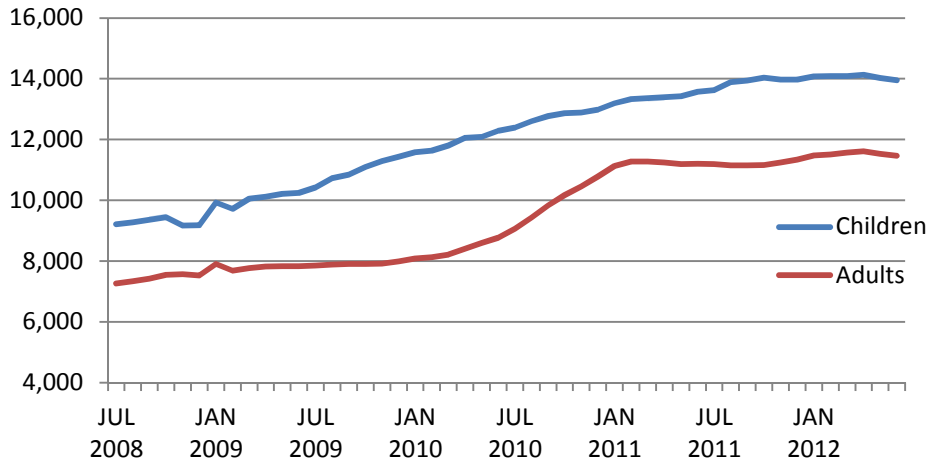
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

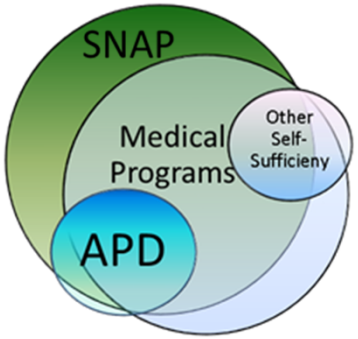


DHS

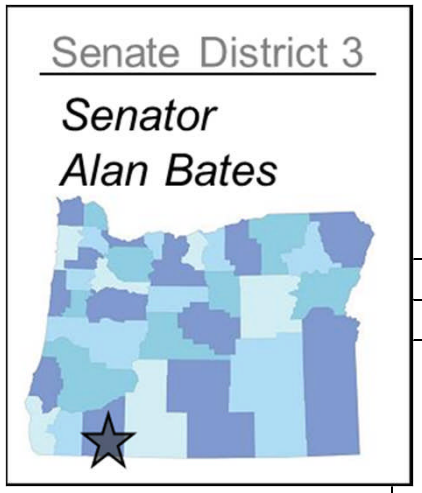
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



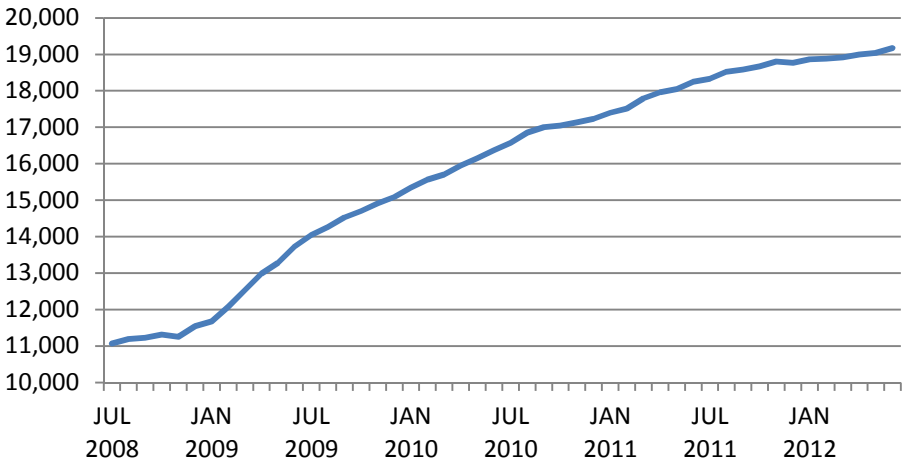
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 3	87.8	0.8	1.1	1.4	0.4	4.8	3.7	11.3	21.3	17.9

DHS

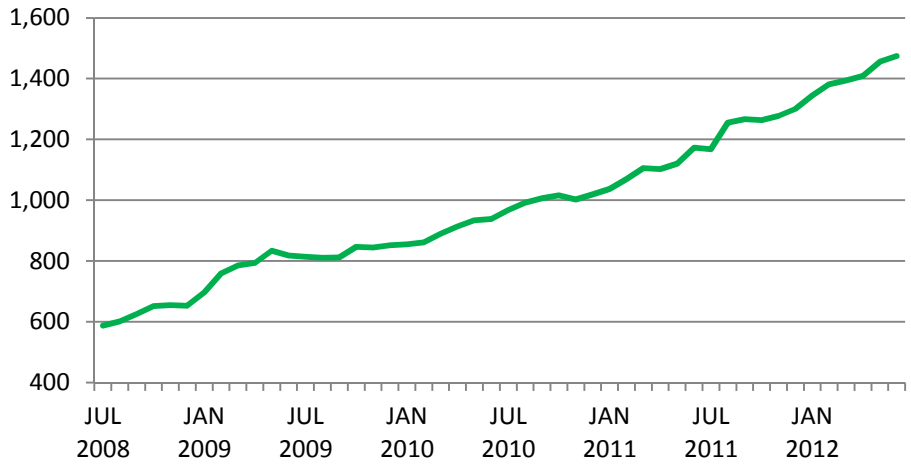
Oregon Health Authority

Caseloads: Senate District 3

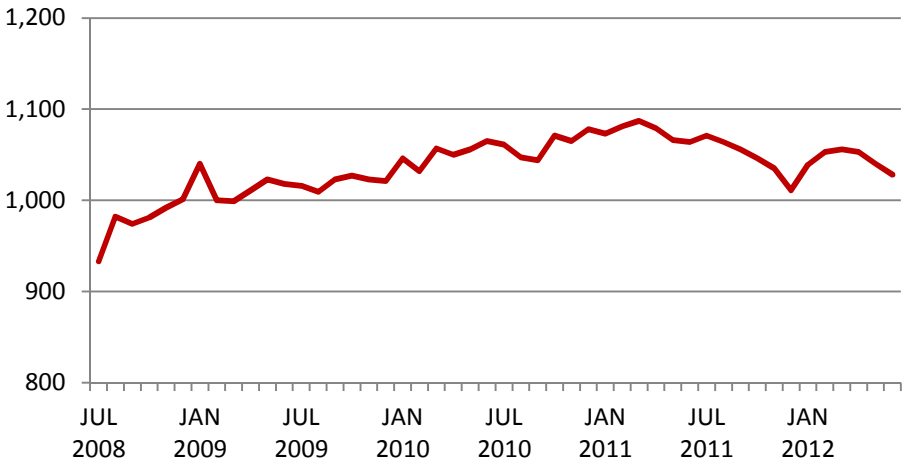
SNAP (Households)



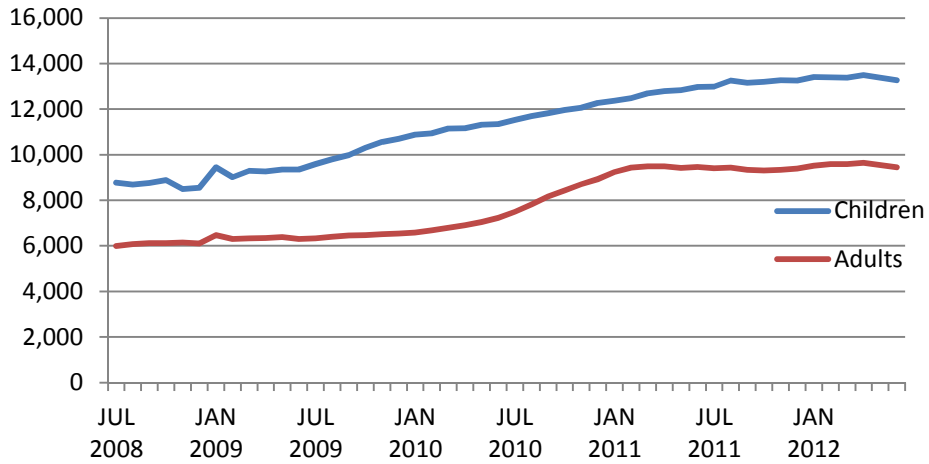
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

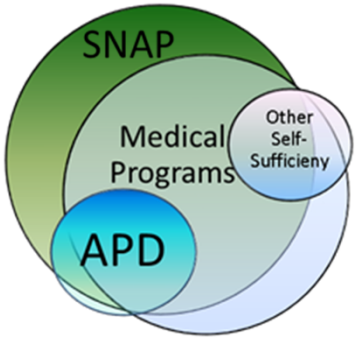


DHS

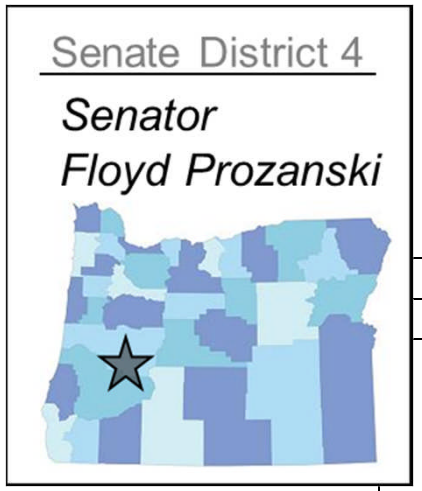
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



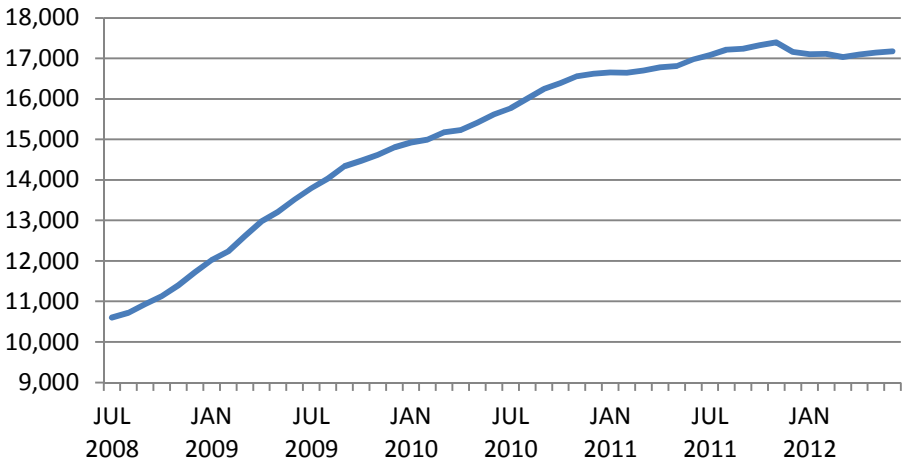
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 4	89.8	0.7	1.3	2.7	0.1	1.5	3.8	5.0	17.4	15.9

DHS

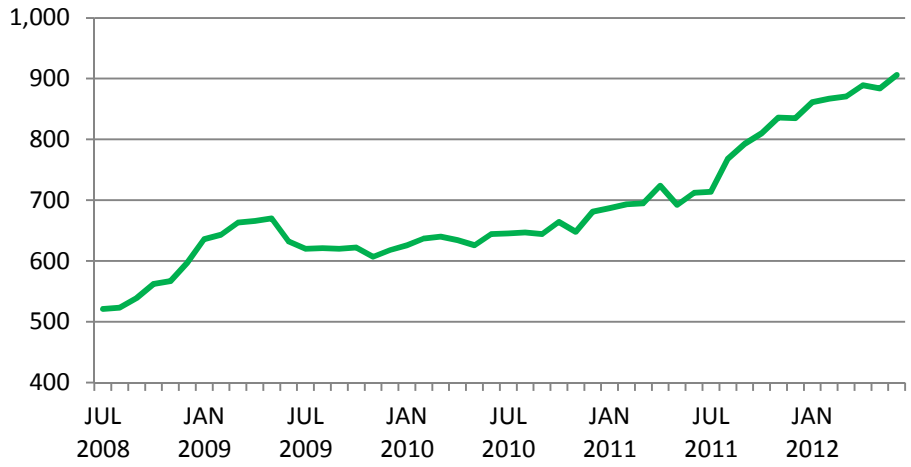
Oregon Health Authority

Caseloads: Senate District 4

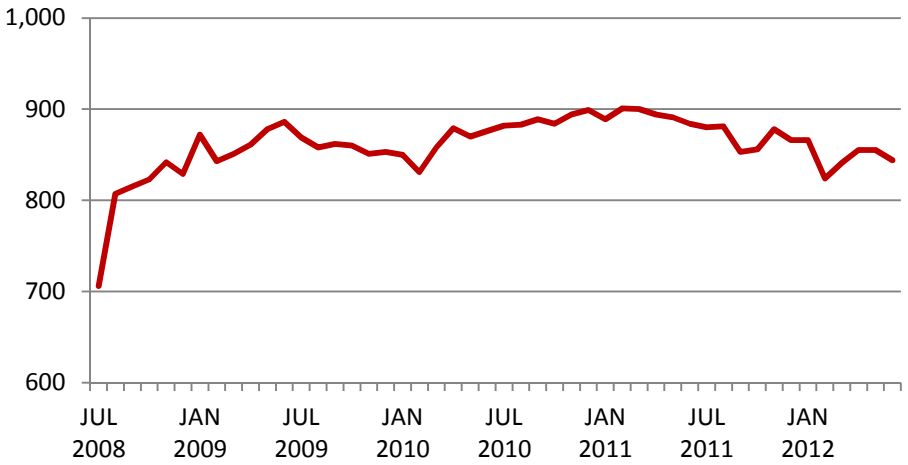
SNAP (Households)



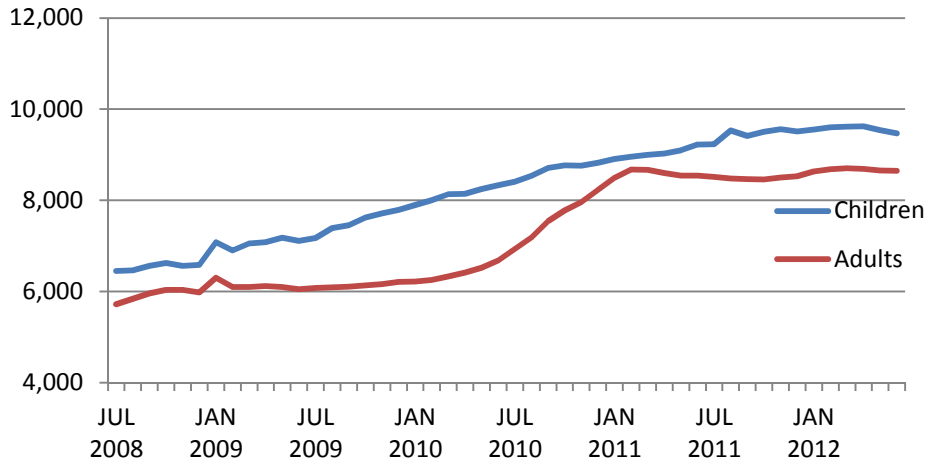
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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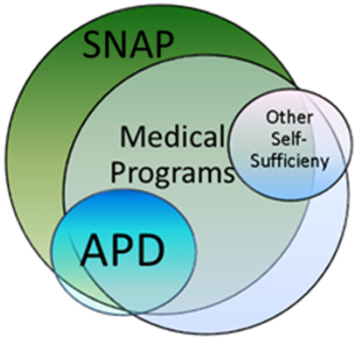
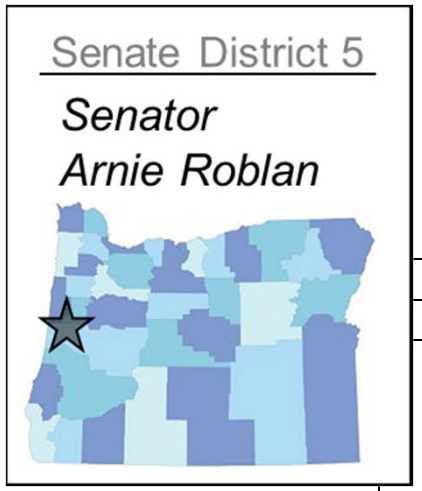


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



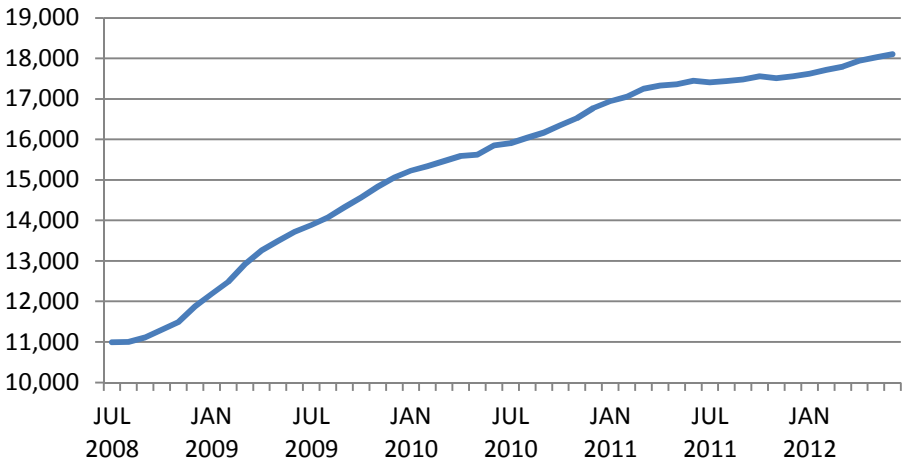
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 5	88.9	0.4	3.1	1.1	0.2	2.3	4.0	6.2	17.5	22.8

DHS

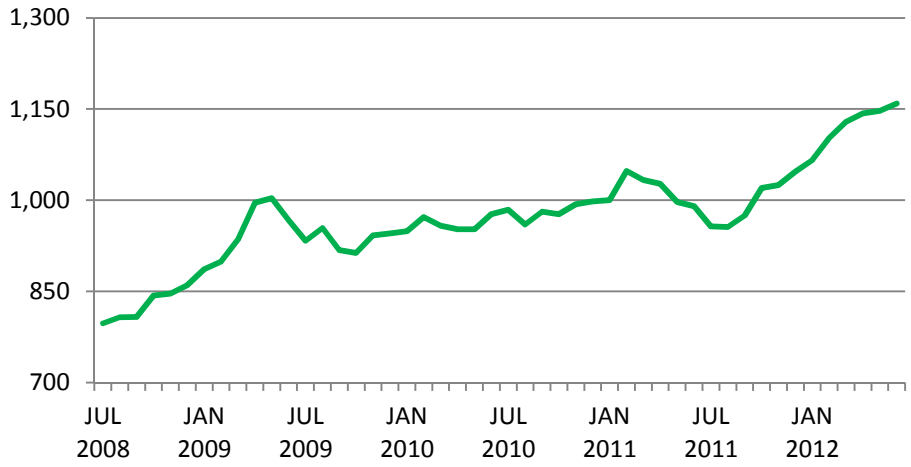
Oregon Health Authority

Caseloads: Senate District 5

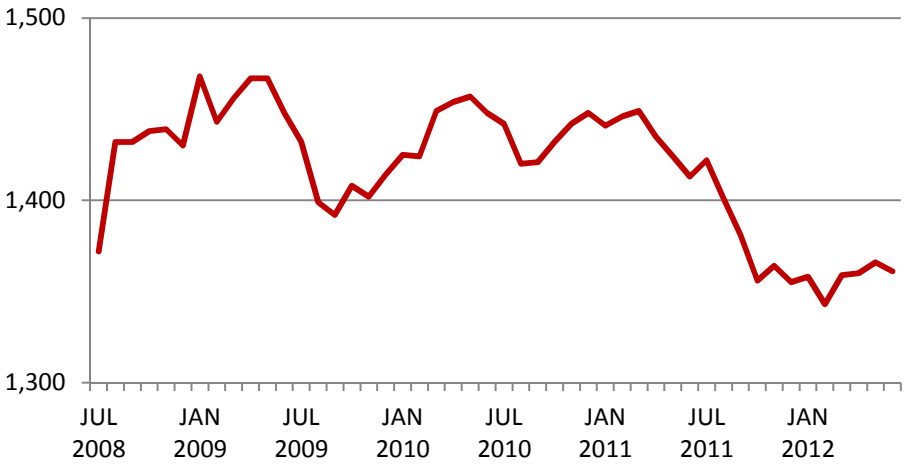
SNAP (Households)



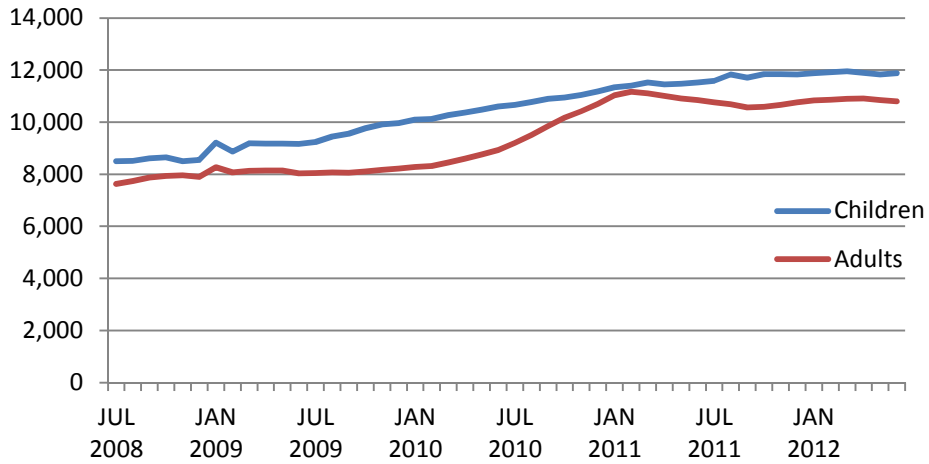
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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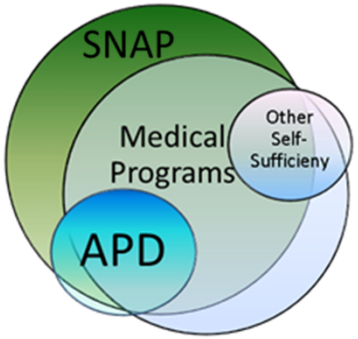

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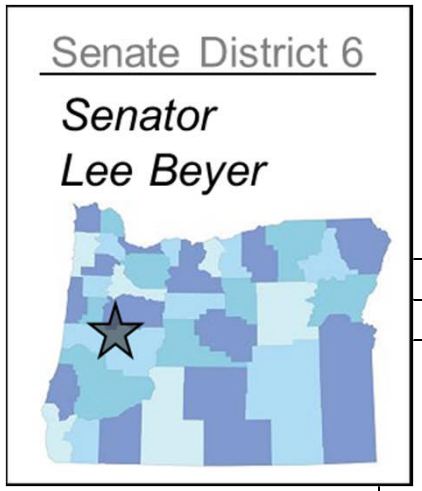


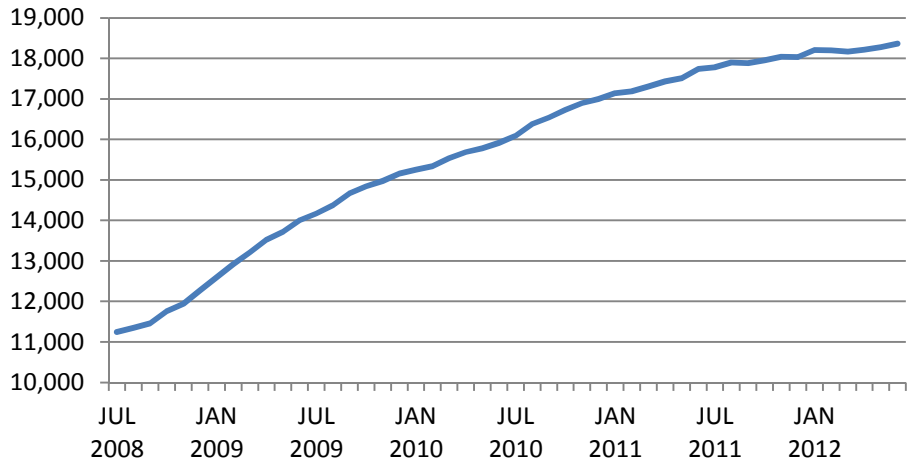
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 6	89.0	0.8	1.2	1.4	0.2	3.3	4.1	8.2	22.1	14.3

DHS

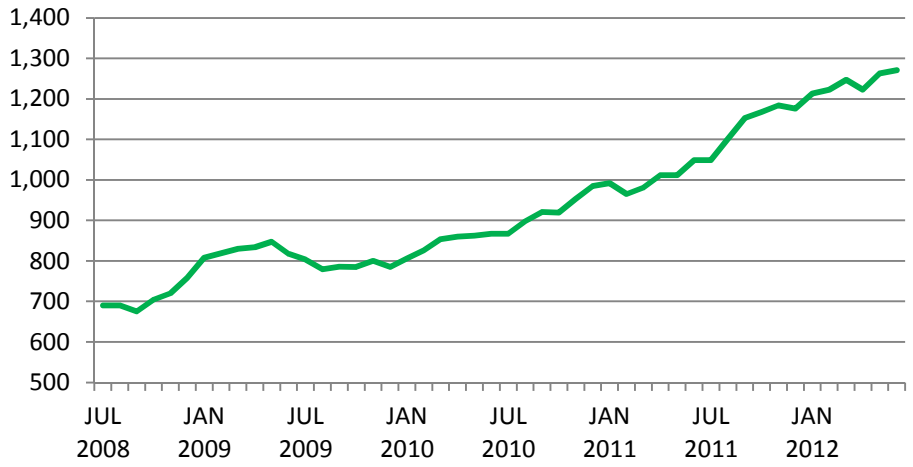
Oregon Health Authority

Caseloads: Senate District 6

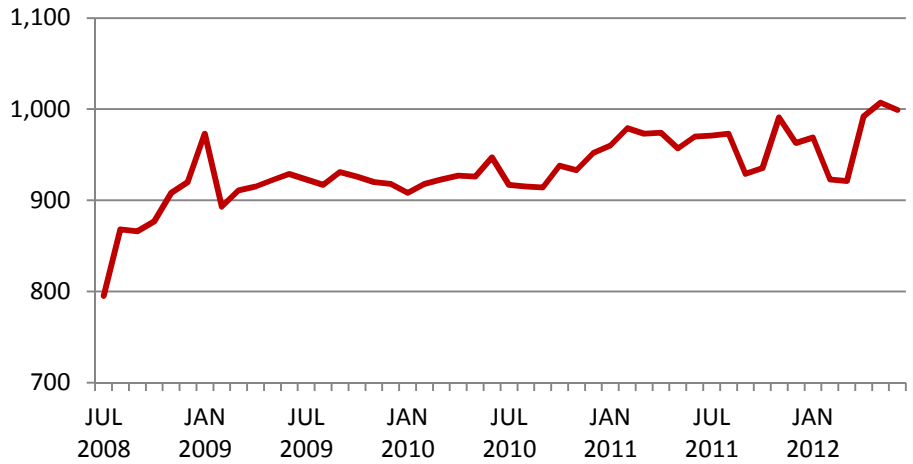
SNAP (Households)



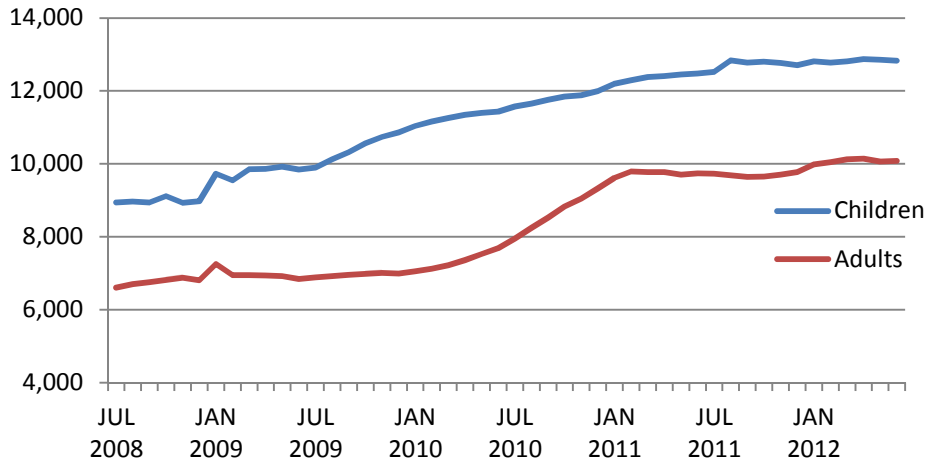
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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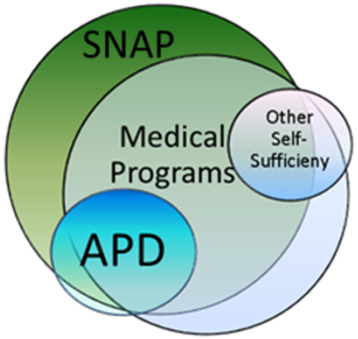

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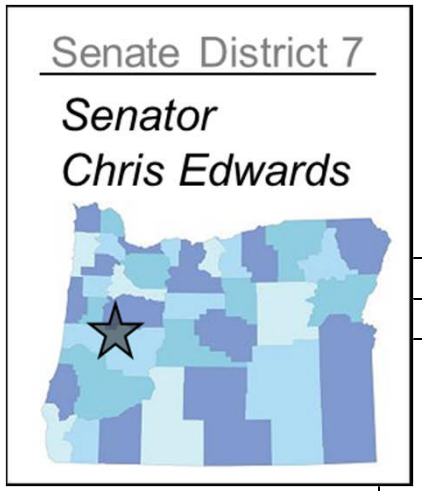


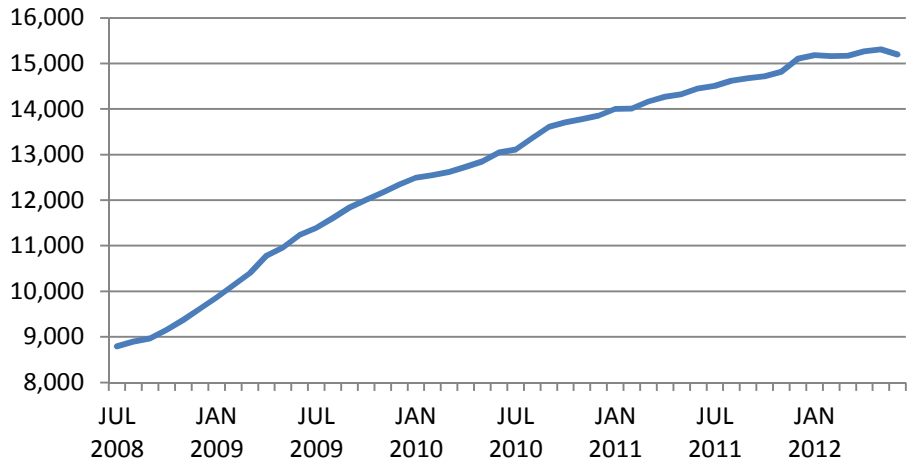
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 7	87.1	1.2	1.2	2.6	0.3	3.3	4.3	8.6	21.0	14.3

DHS

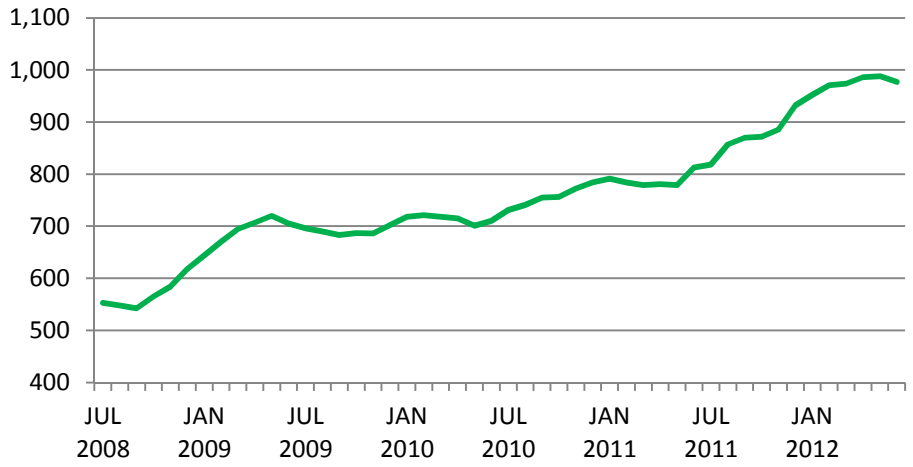
Oregon Health Authority

Caseloads: Senate District 7

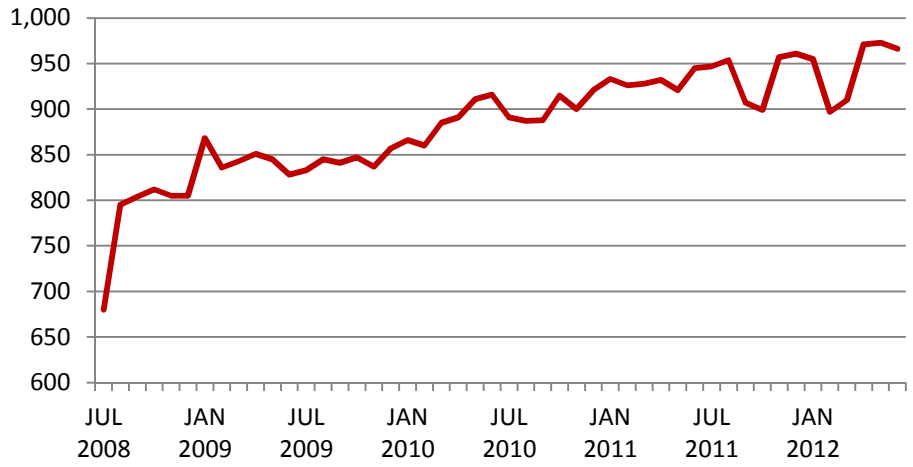
SNAP (Households)



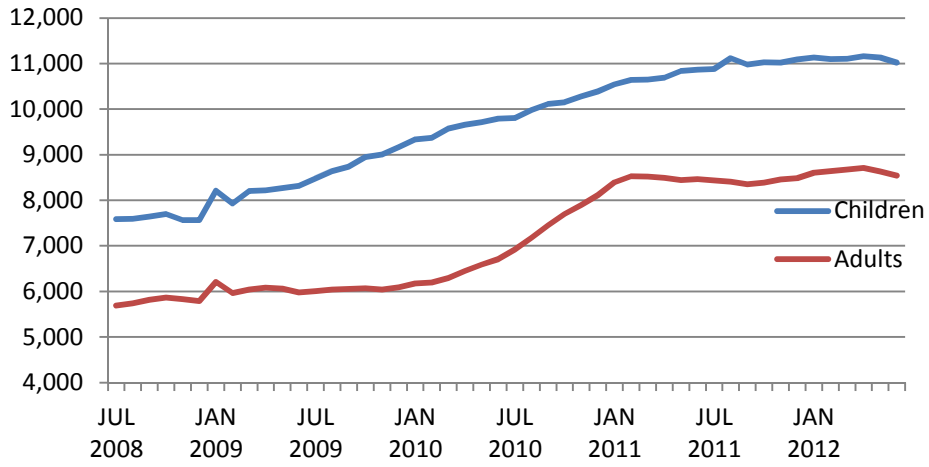
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

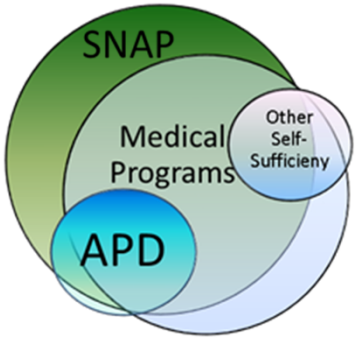


DHS

Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



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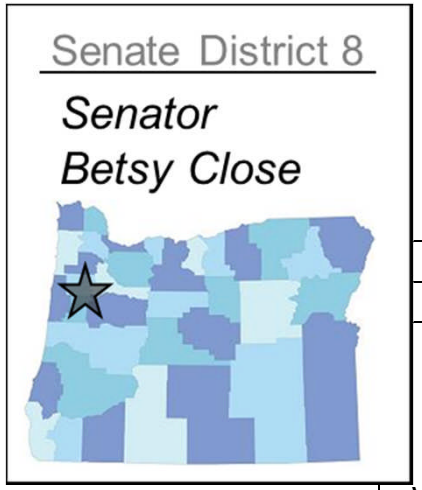


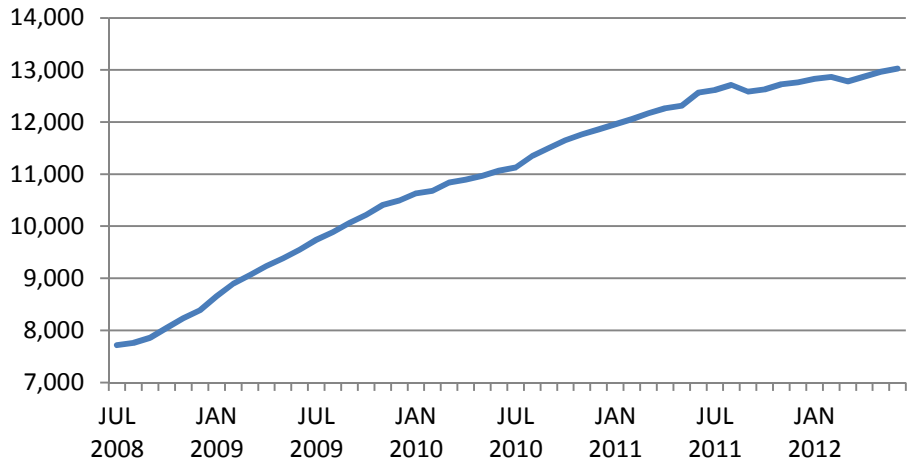
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 8	87.0	0.8	0.9	3.9	0.2	3.5	3.6	8.5	20.3	12.6

DHS

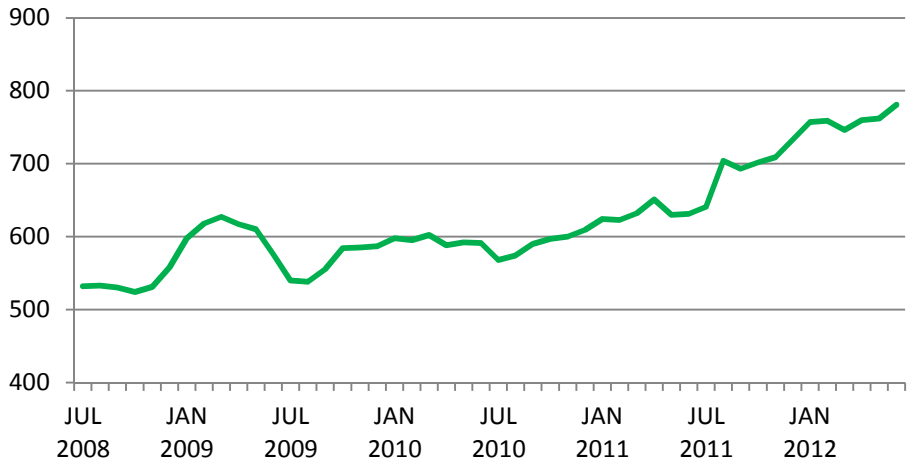
Oregon Health Authority

Caseloads: Senate District 8

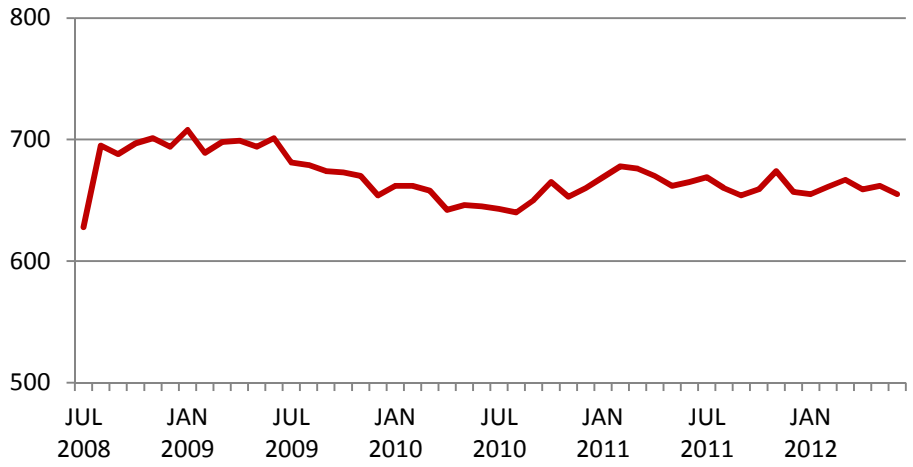
SNAP (Households)



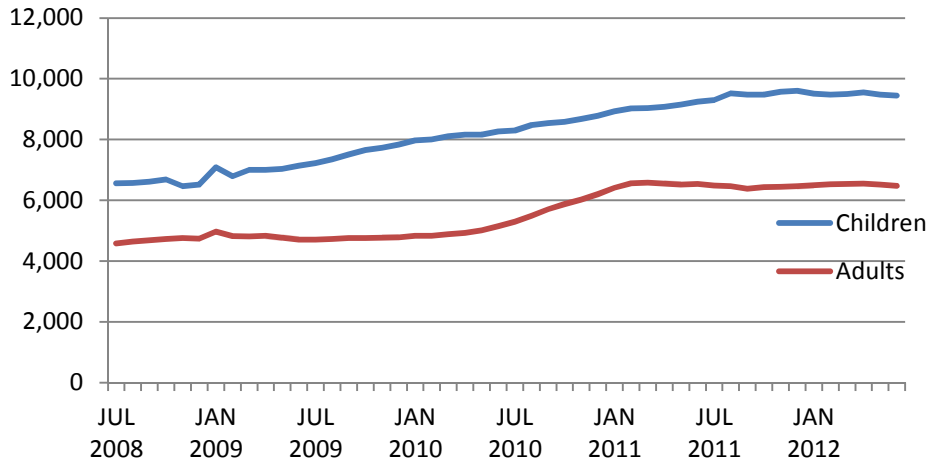
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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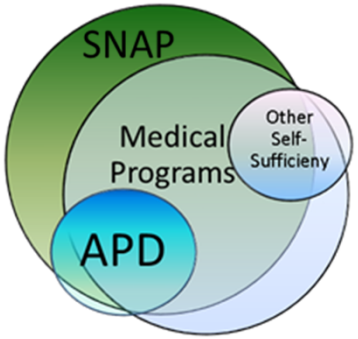

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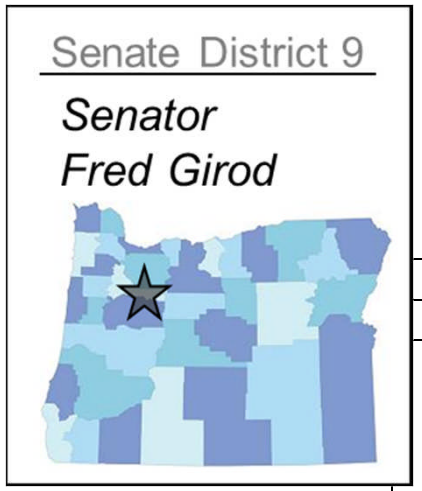


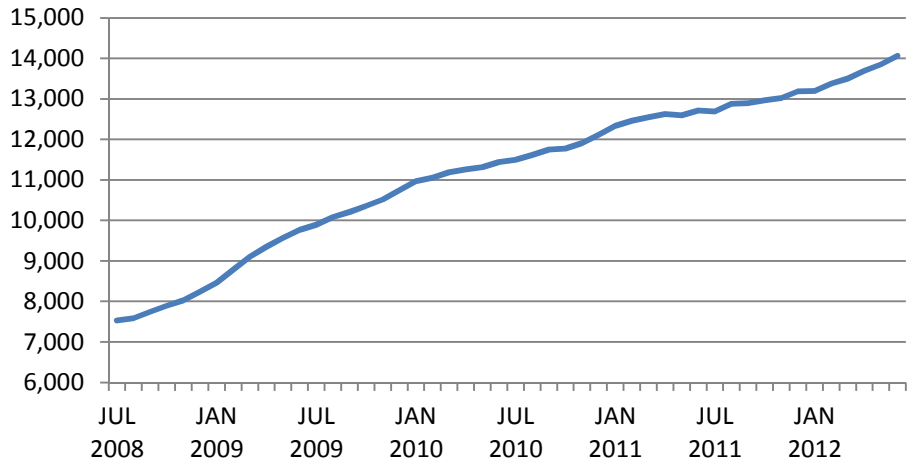
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 9	90.0	0.4	1.2	0.8	0.2	4.7	2.8	9.9	25.1	15.4

DHS

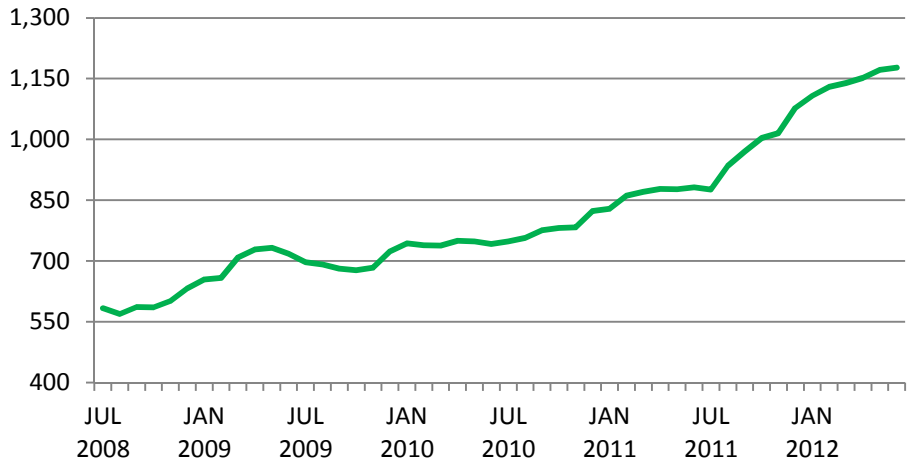
Oregon Health Authority

Caseloads: Senate District 9

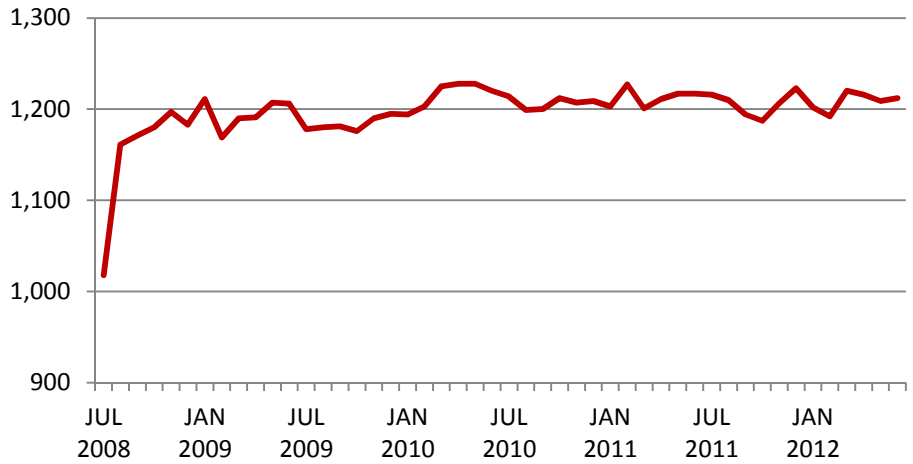
SNAP (Households)



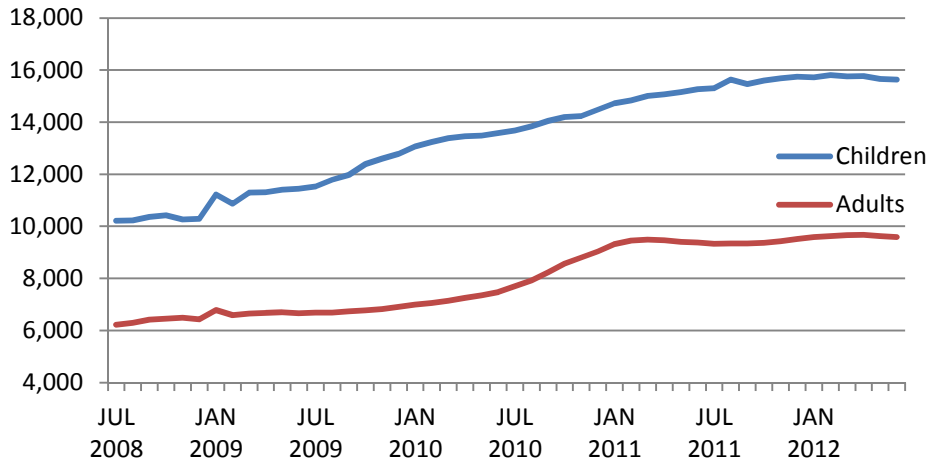
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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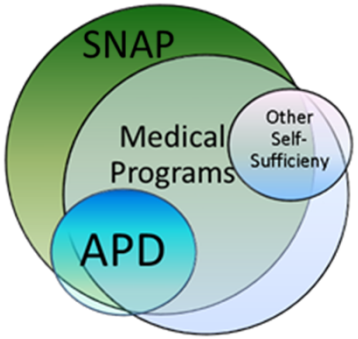
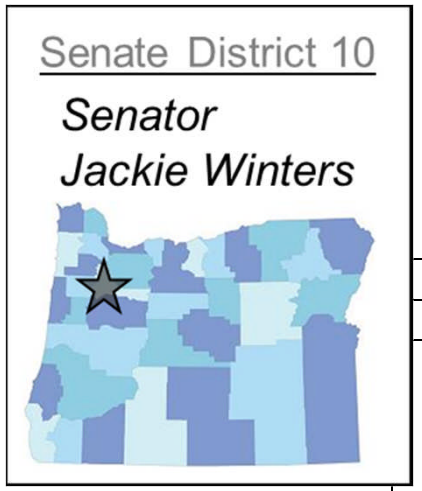


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



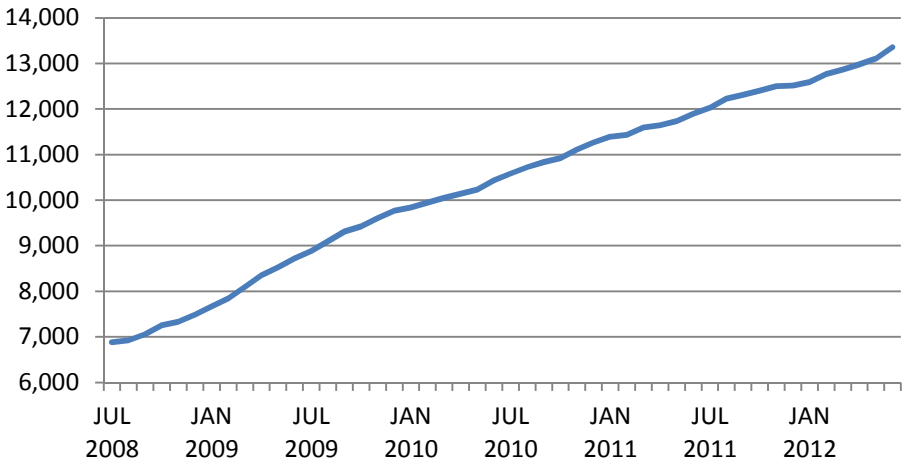
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 10	84.4	1.1	1.3	2.5	0.7	6.2	3.9	13.3	24.2	13.3

DHS

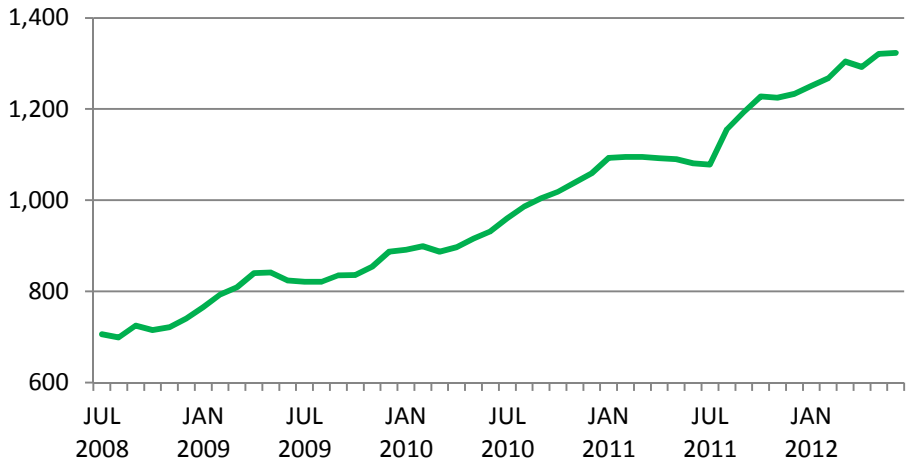
Oregon Health Authority

Caseloads: Senate District 10

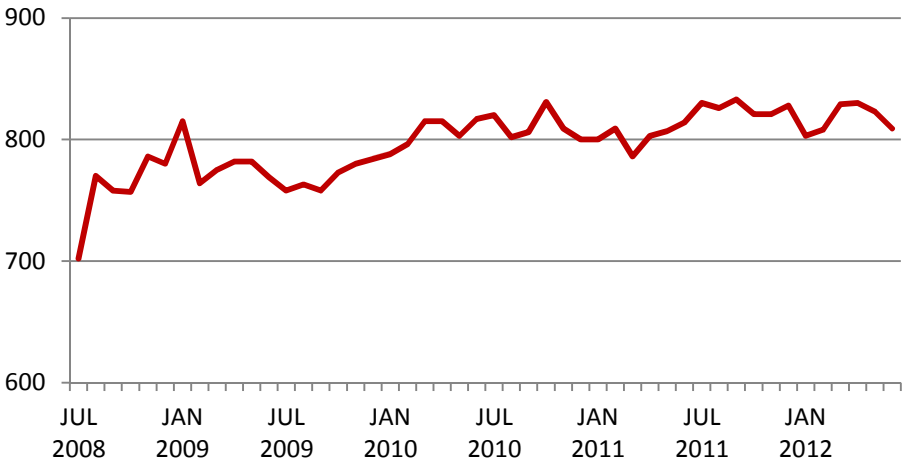
SNAP (Households)



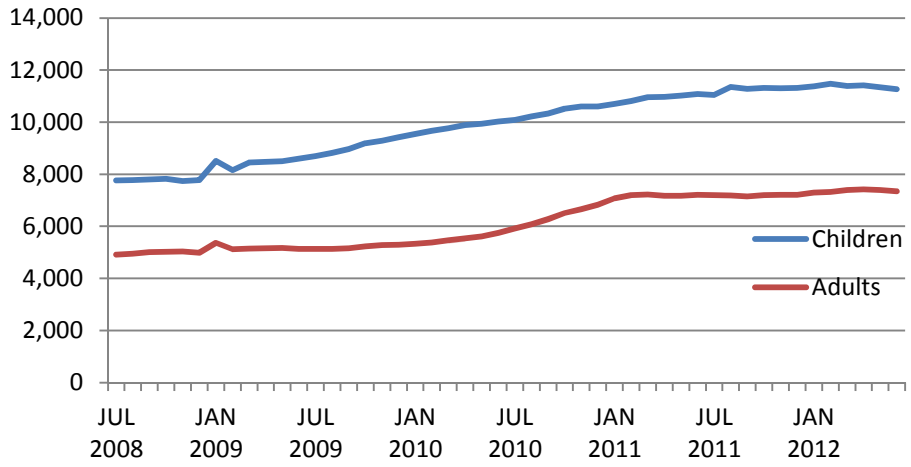
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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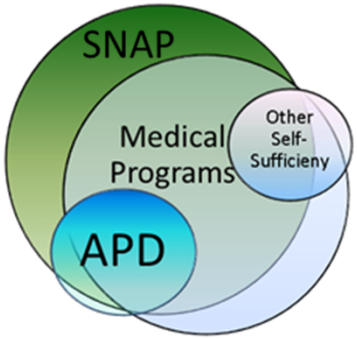
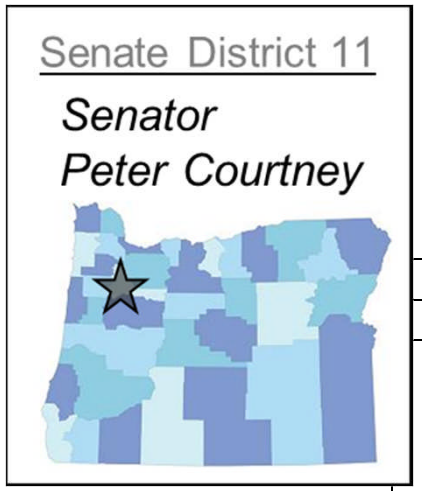


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



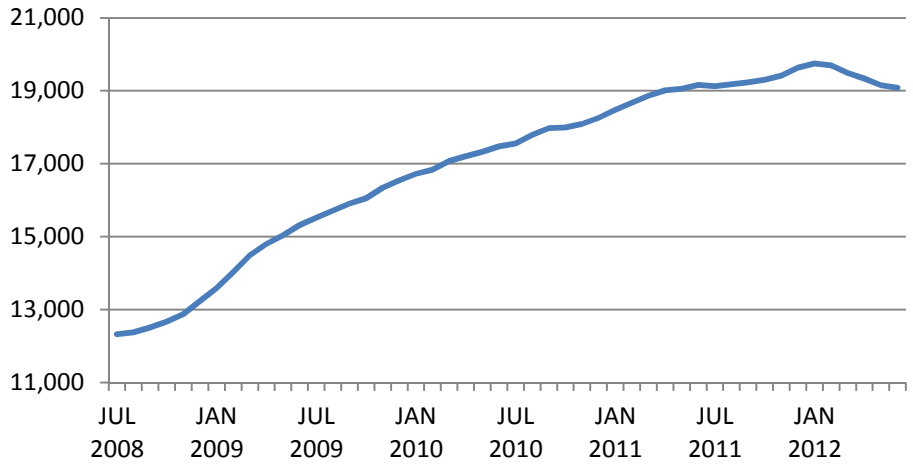
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 11	67.3	1.3	2.1	2.2	1.0	21.7	4.4	40.0	28.4	11.1

DHS

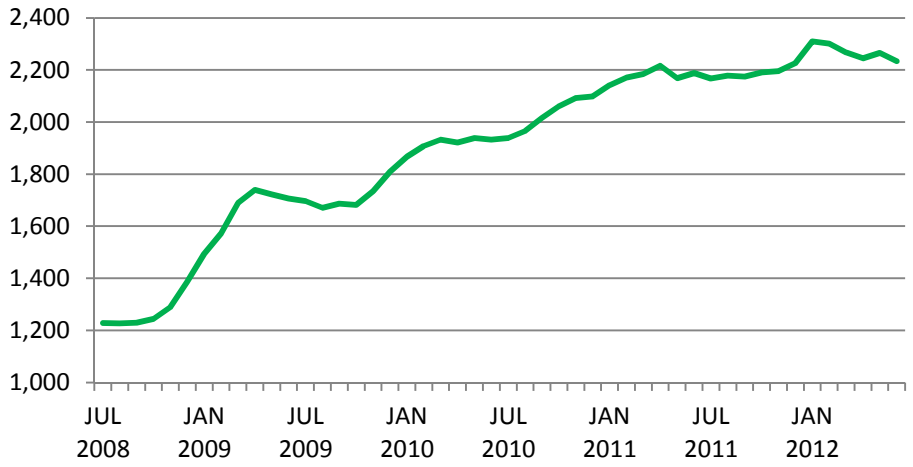
Oregon Health Authority

Caseloads: Senate District 11

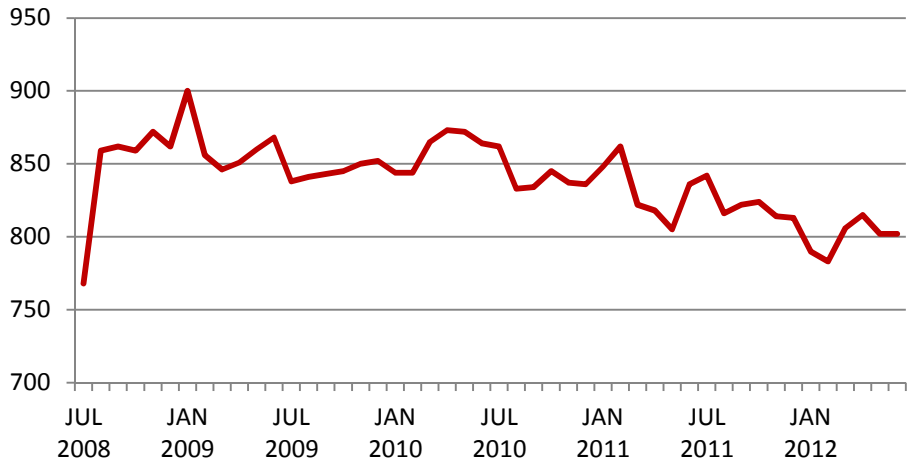
SNAP (Households)



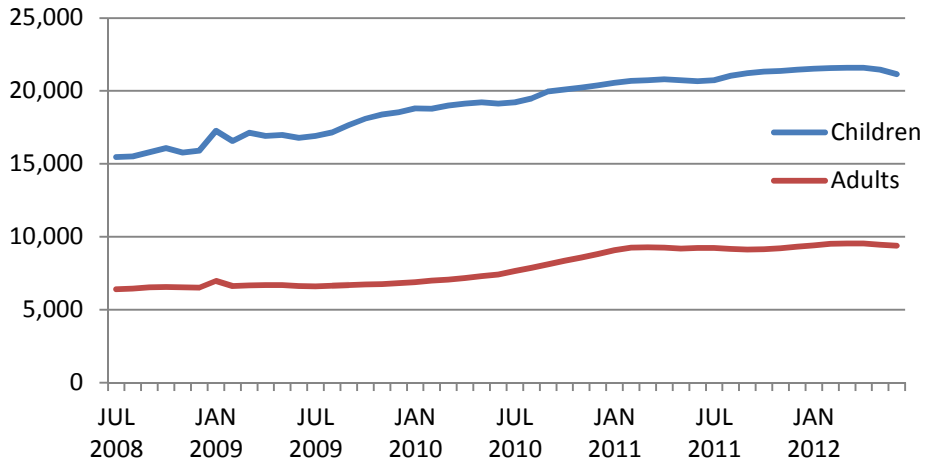
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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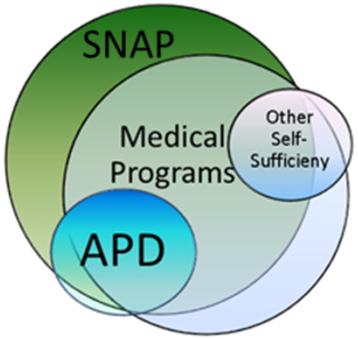

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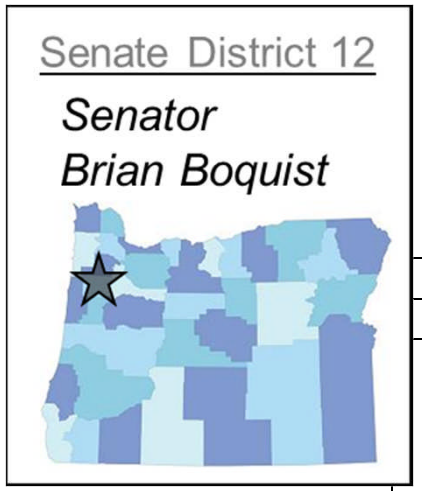


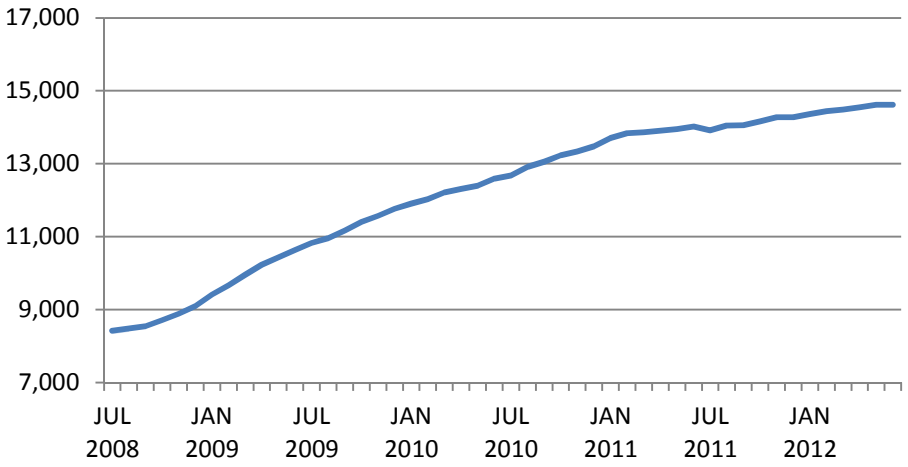
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 12	87.9	0.7	1.6	1.1	0.2	5.4	3.2	11.8	24.6	14.7

DHS

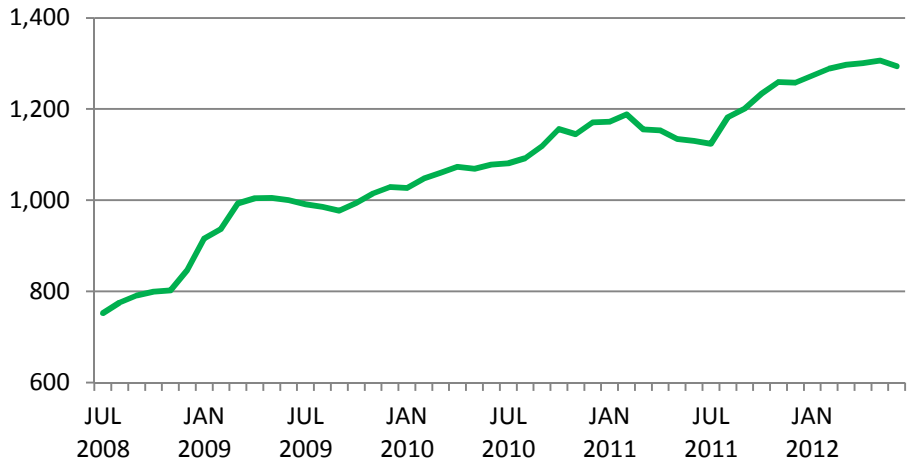
Oregon Health Authority

Caseloads: Senate District 12

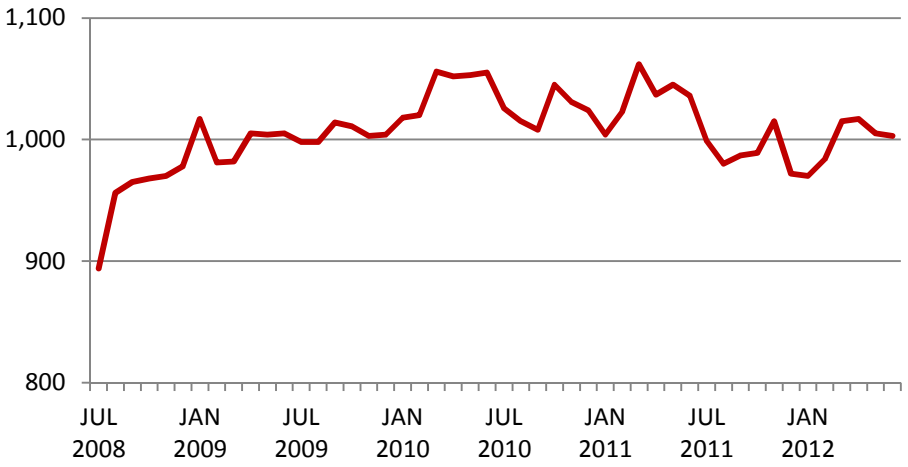
SNAP (Households)



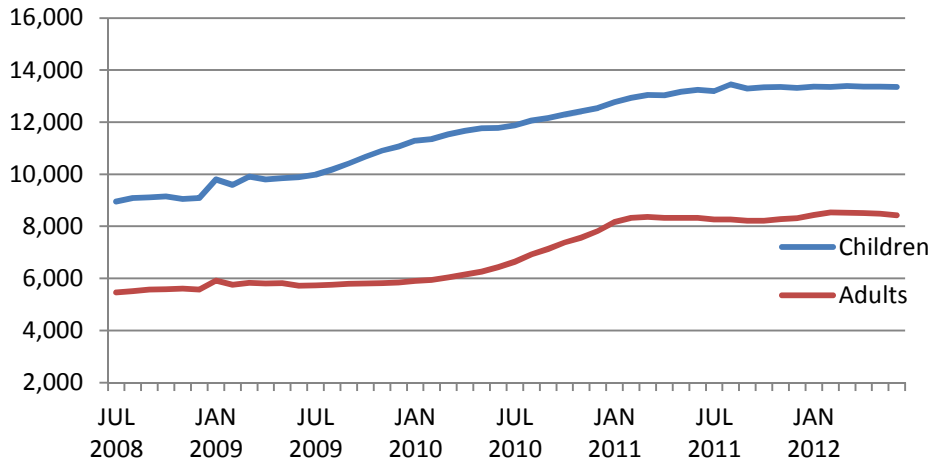
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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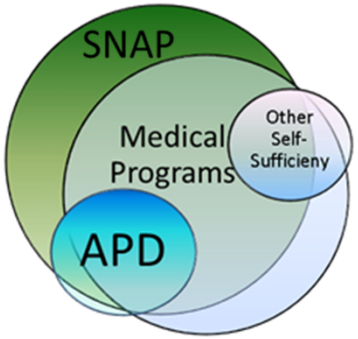
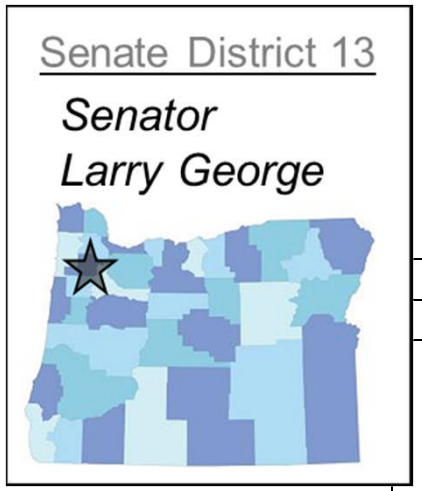


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



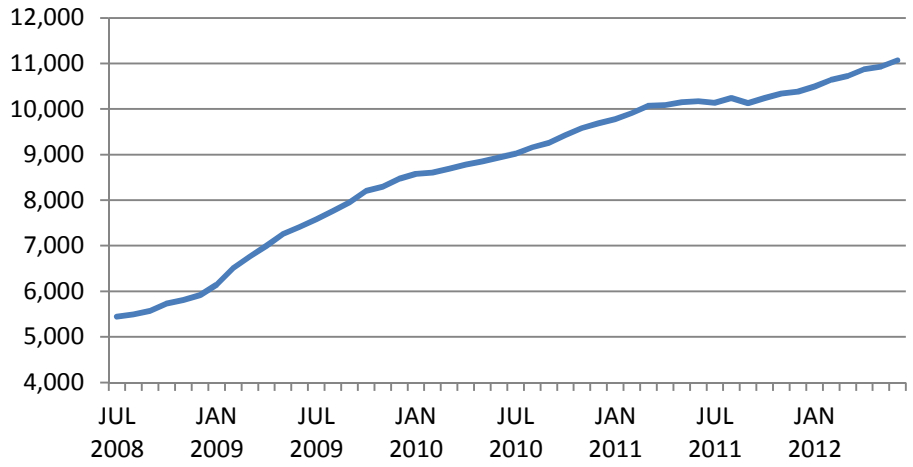
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 13	83.9	1.0	0.9	4.3	0.4	6.0	3.6	13.0	26.7	11.4

DHS

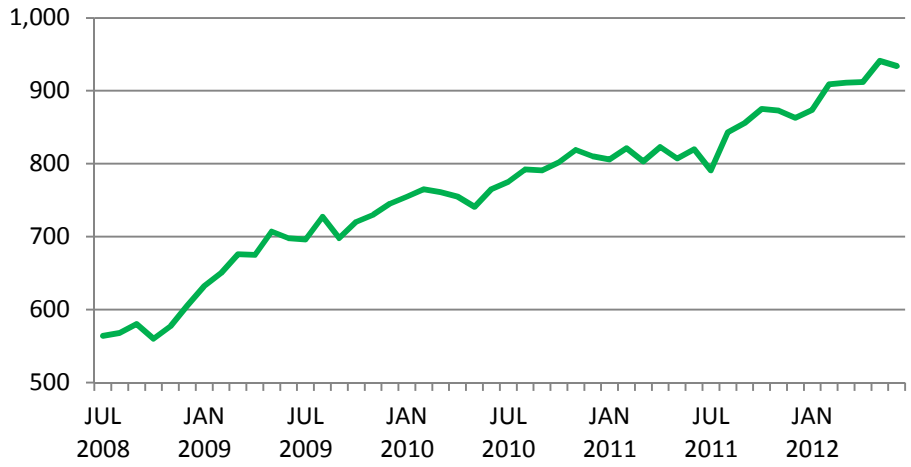
Oregon Health Authority

Caseloads: Senate District 13

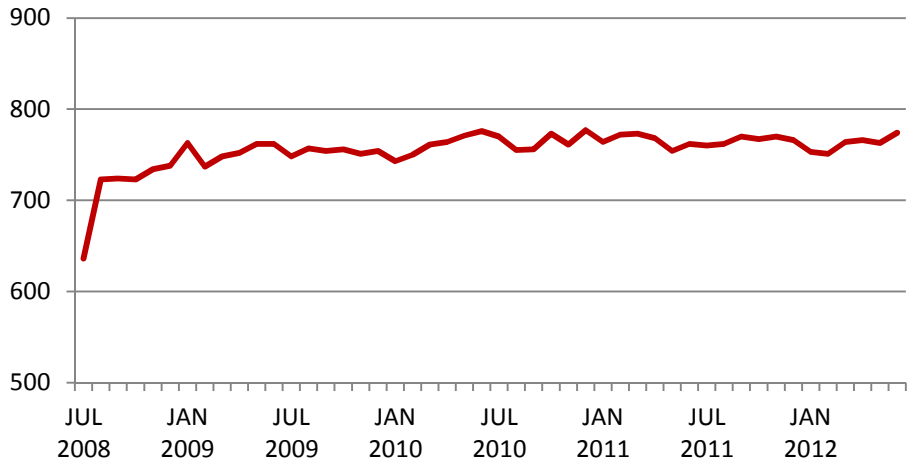
SNAP (Households)



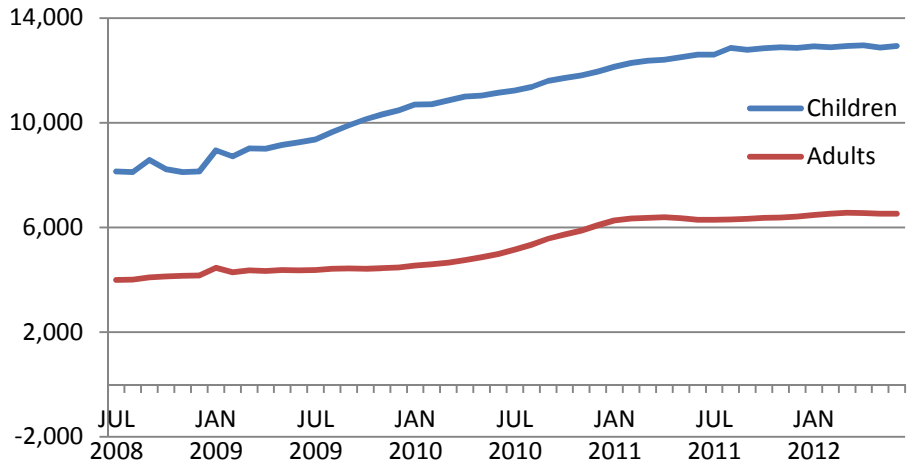
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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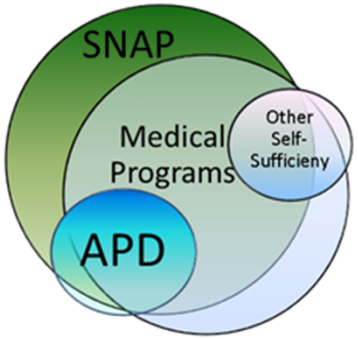
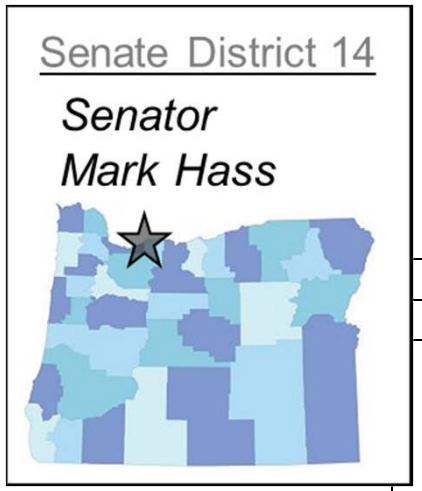


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



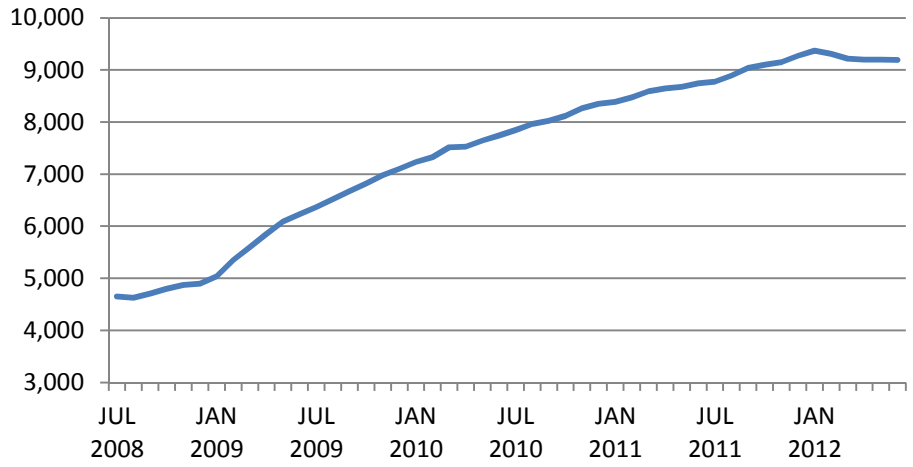
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 14	76.6	2.2	0.7	7.6	0.4	8.1	4.5	15.6	24.5	11.3

DHS

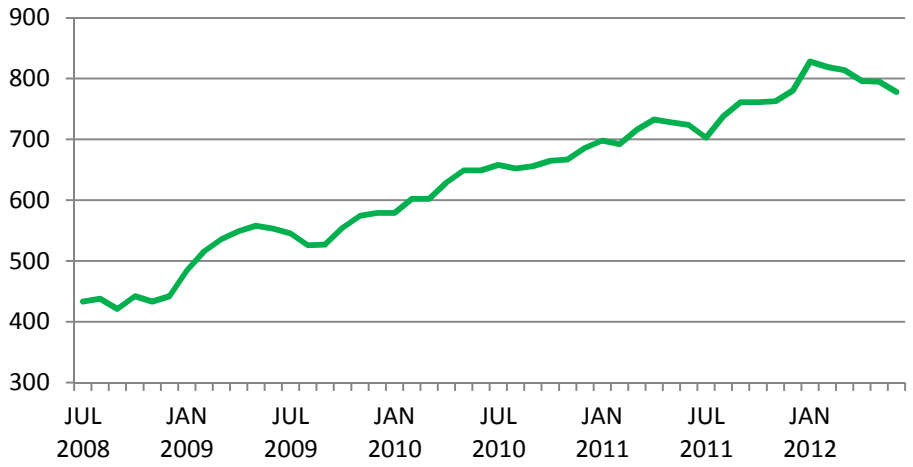
Oregon Health Authority

Caseloads: Senate District 14

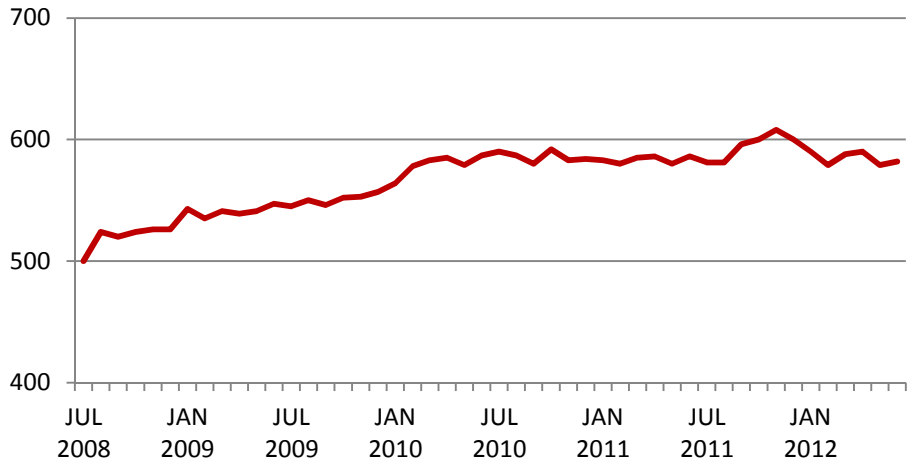
SNAP (Households)



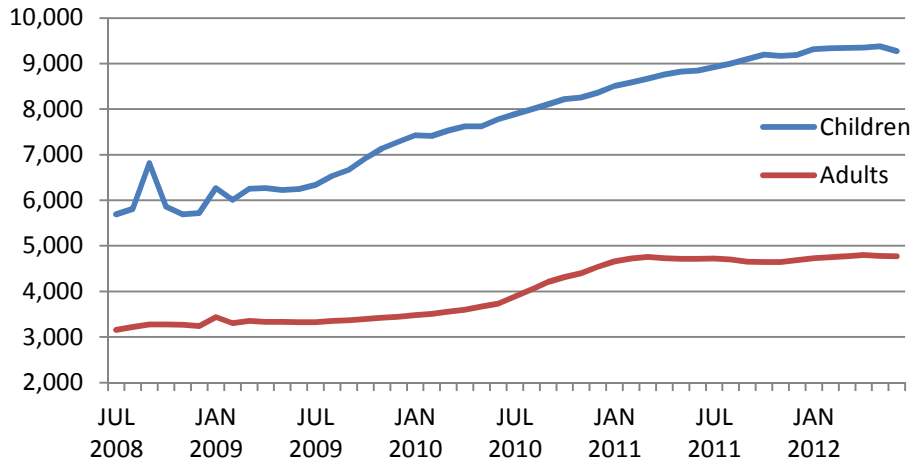
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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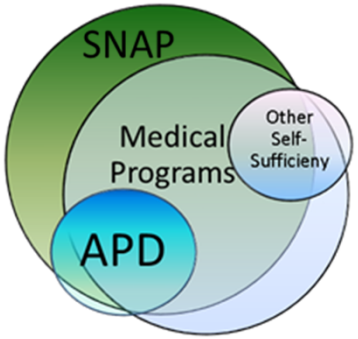
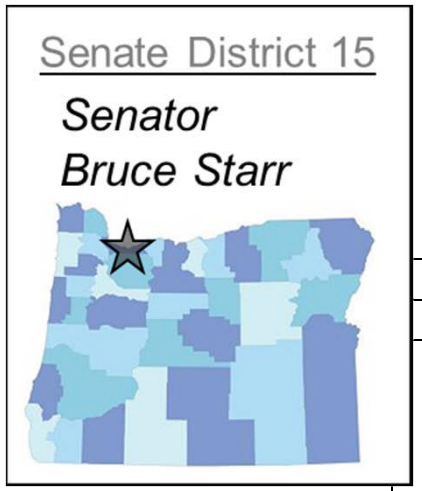


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



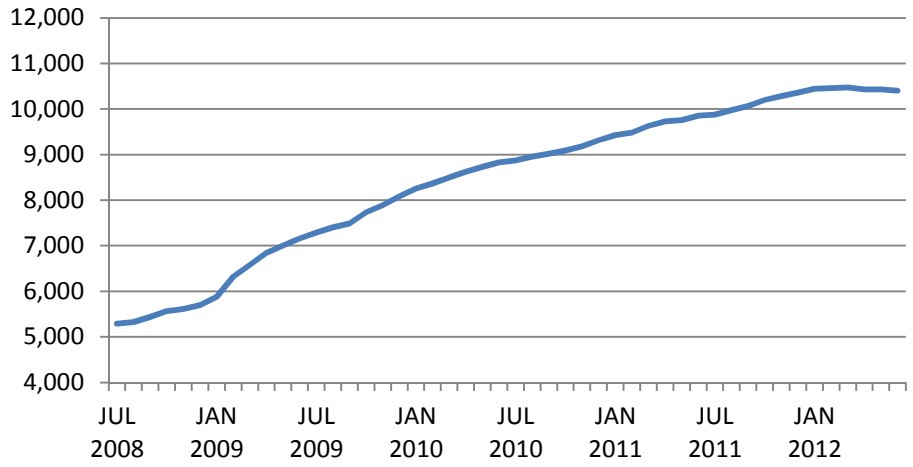
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 15	74.5	1.7	1.1	6.8	0.4	11.2	4.4	23.7	26.8	9.0

DHS

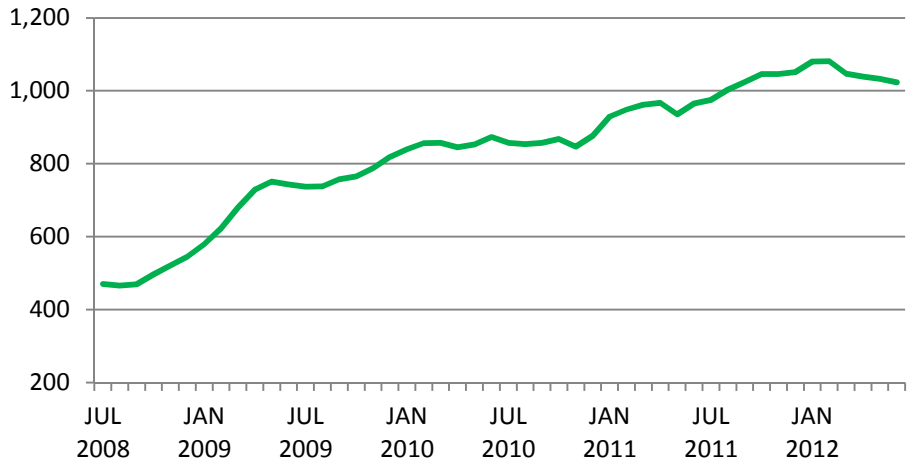
Oregon Health Authority

Caseloads: Senate District 15

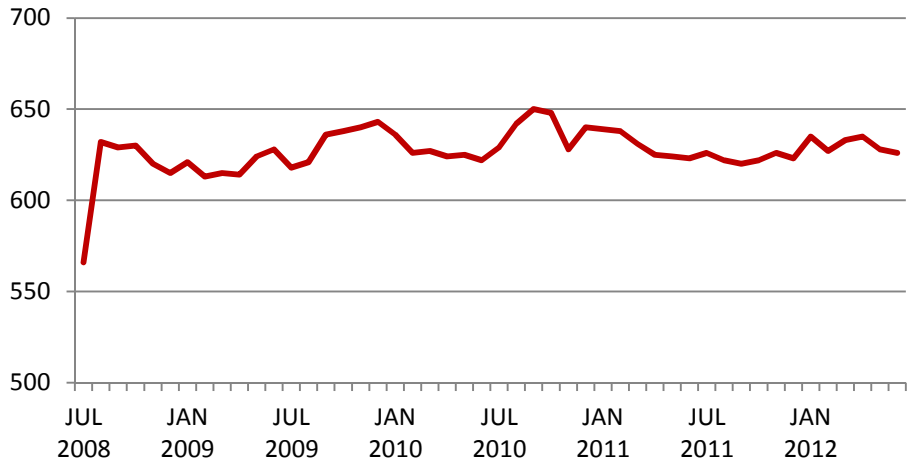
SNAP (Households)



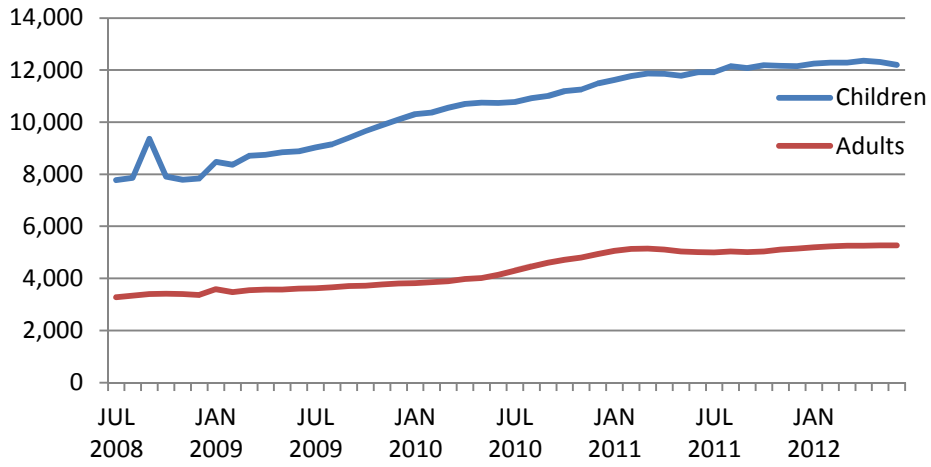
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

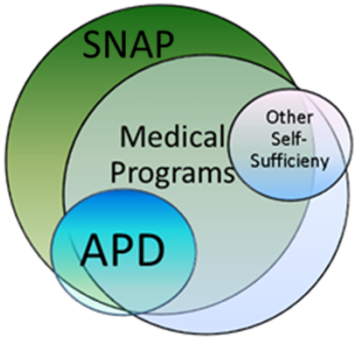


DHS

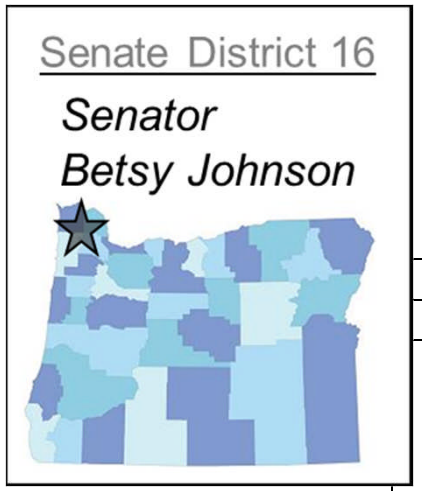
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



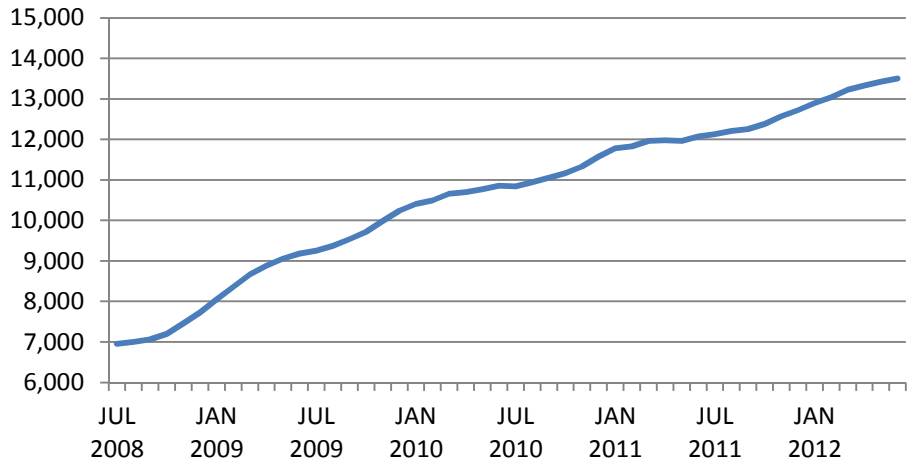
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 16	91.9	0.4	1.1	1.0	0.2	2.4	3.0	6.3	21.9	16.1

DHS

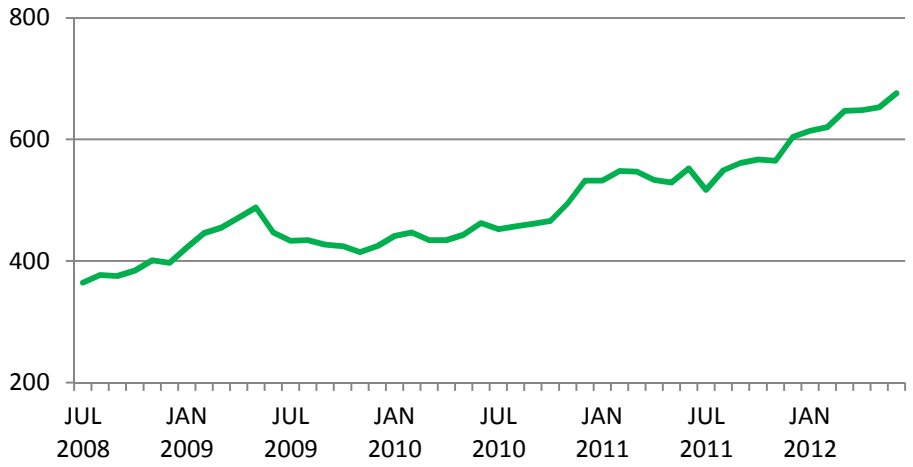
Oregon Health Authority

Caseloads: Senate District 16

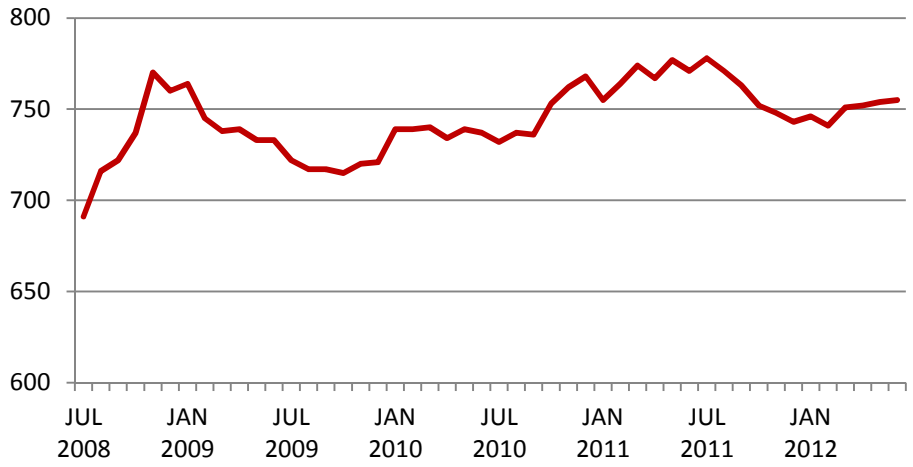
SNAP (Households)



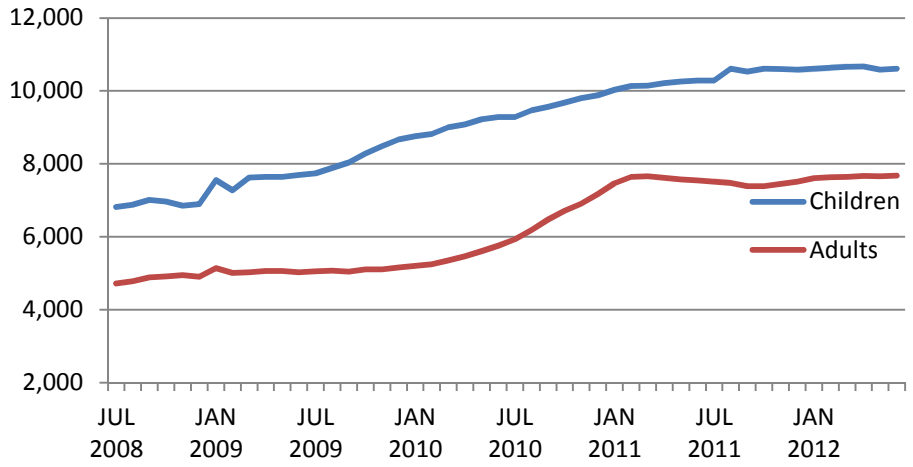
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

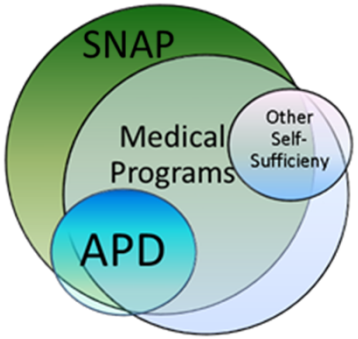


DHS

Oregon Health Authority

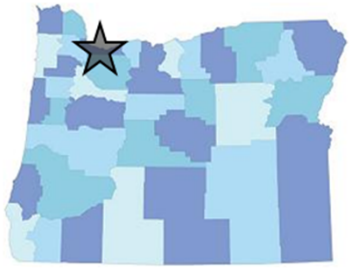
DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

Senate District 17
Senator
Elizabeth
Steiner Hayward



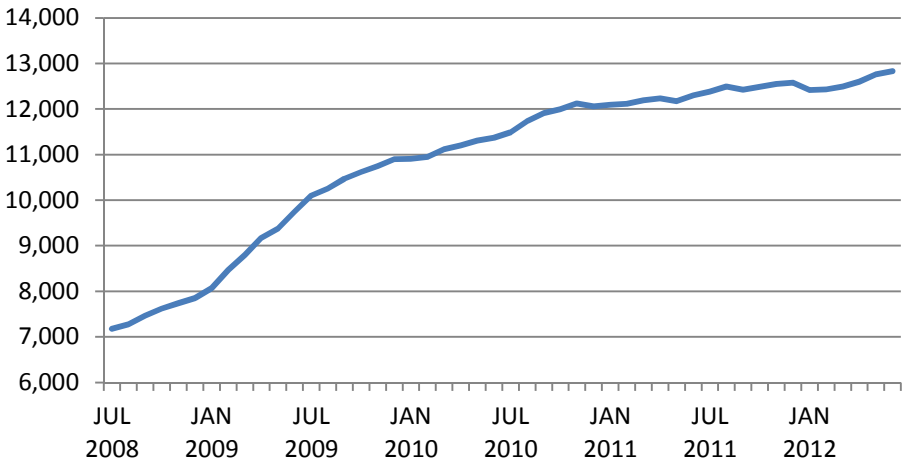
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 17	75.0	2.2	0.6	13.6	0.3	4.1	4.3	9.4	22.3	9.6

DHS

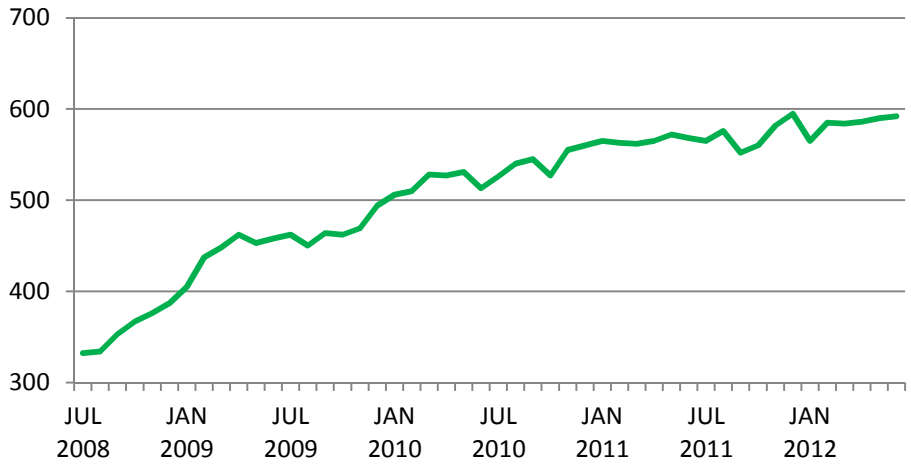
Oregon Health Authority

Caseloads: Senate District 17

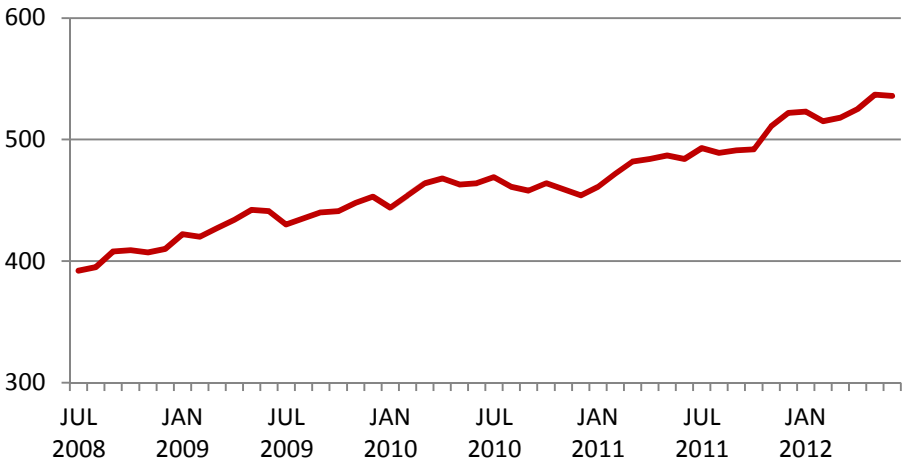
SNAP (Households)



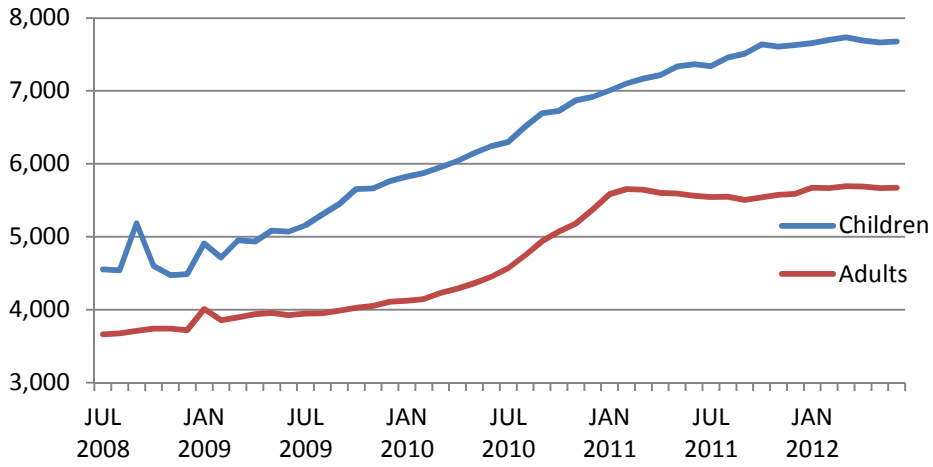
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

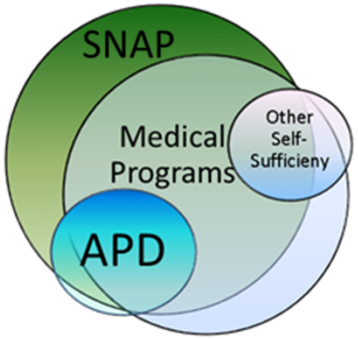


DHS

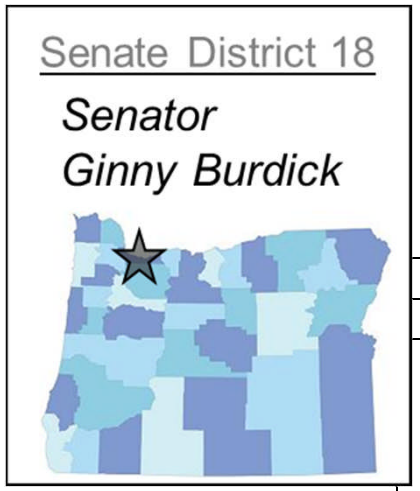
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



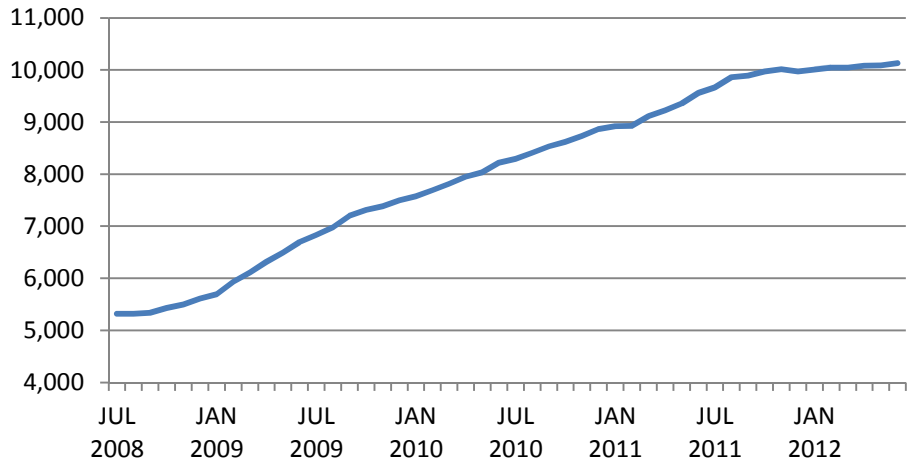
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 18	83.1	2.3	0.7	6.2	0.5	3.2	4.1	8.2	18.0	12.8

DHS

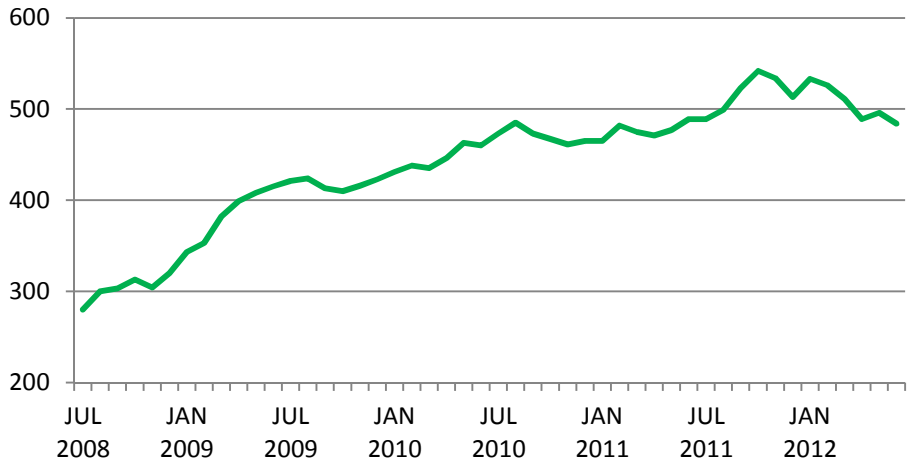
Oregon Health Authority

Caseloads: Senate District 18

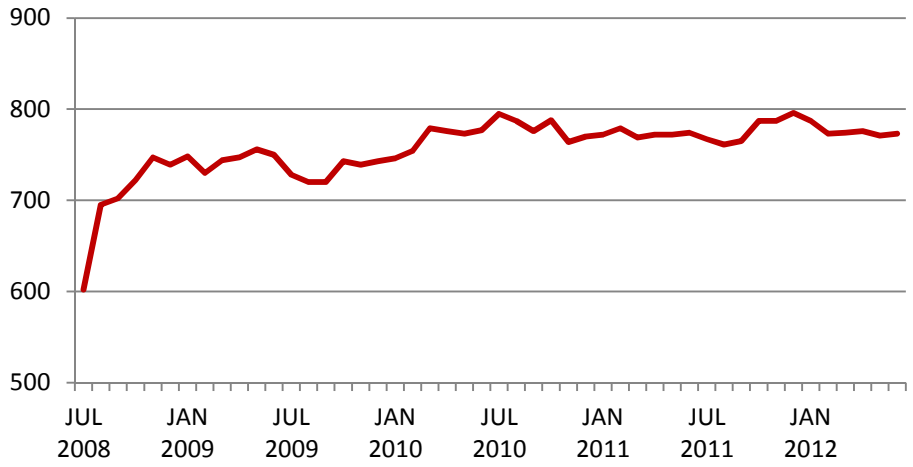
SNAP (Households)



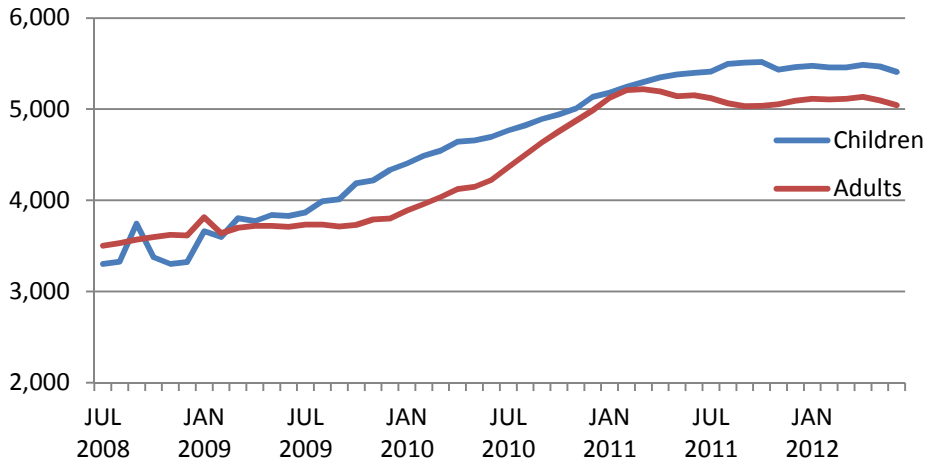
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

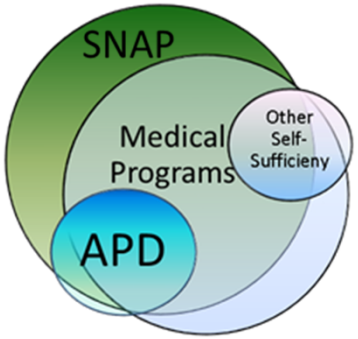


DHS

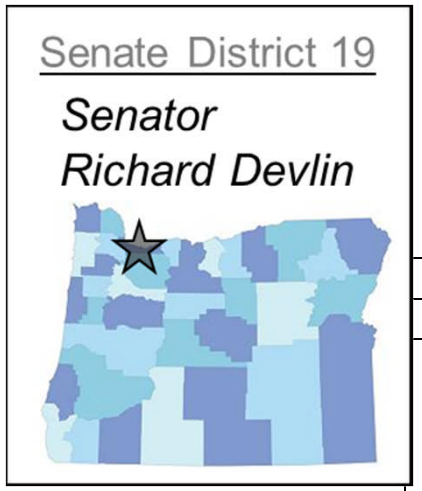
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



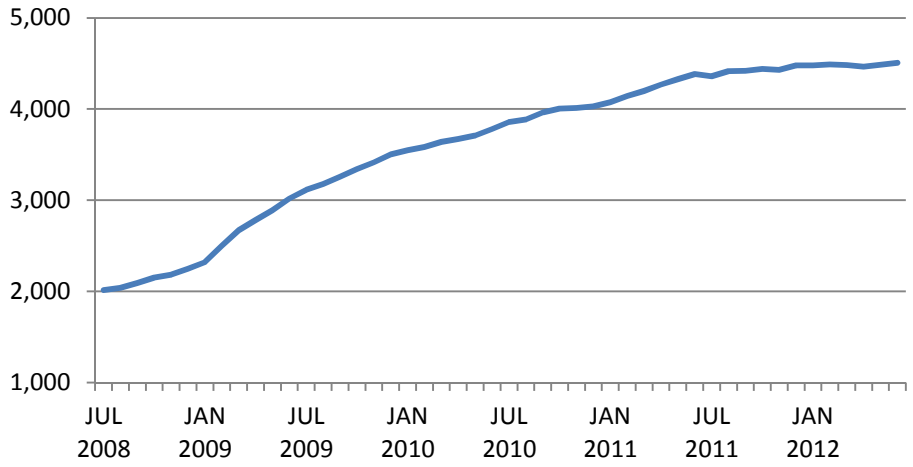
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 19	87.5	1.0	0.5	4.4	0.3	2.9	3.4	7.2	23.7	12.1

DHS

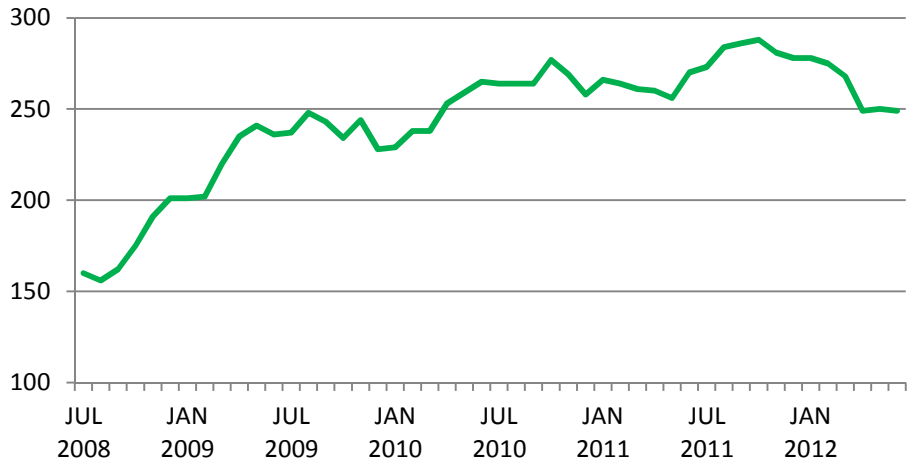
Oregon Health Authority

Caseloads: Senate District 19

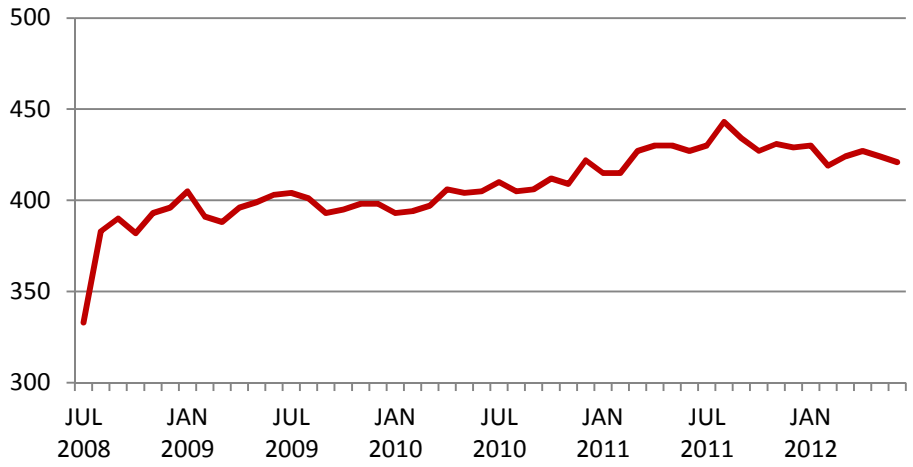
SNAP (Households)



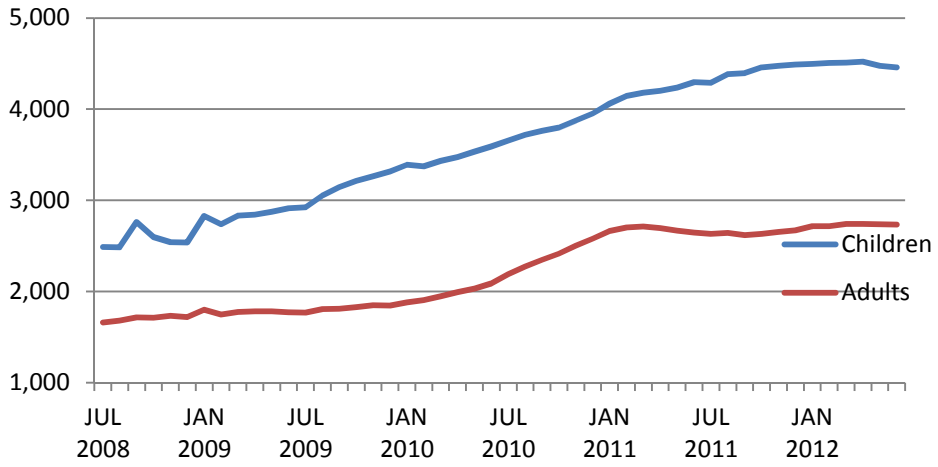
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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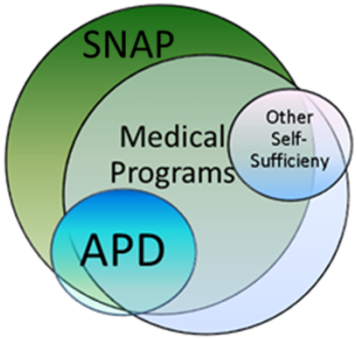
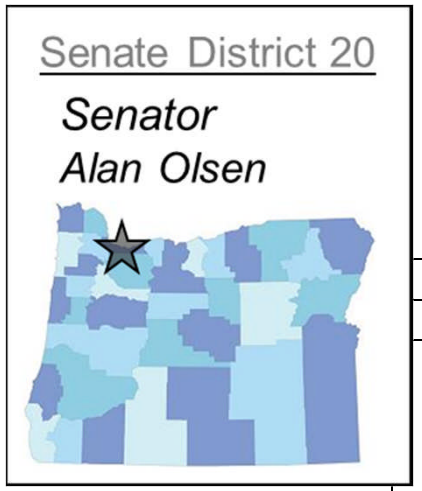


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



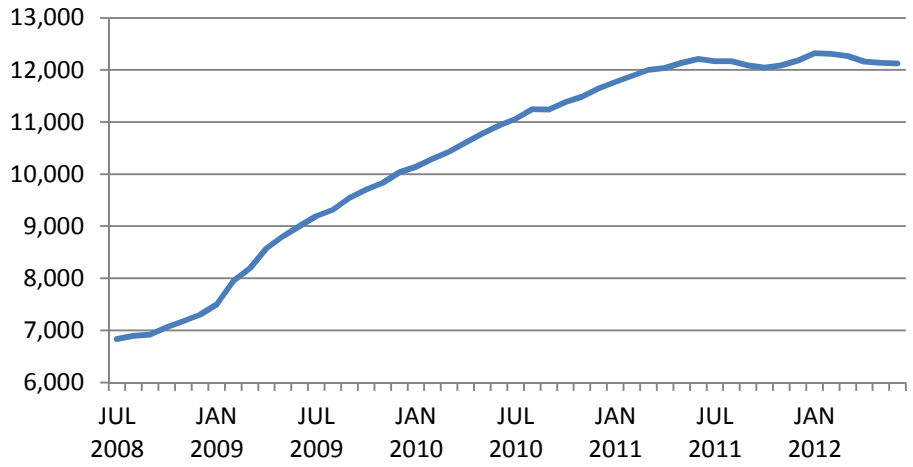
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 20	88.5	0.8	1.0	1.8	0.2	4.3	3.3	9.9	23.6	14.4

DHS

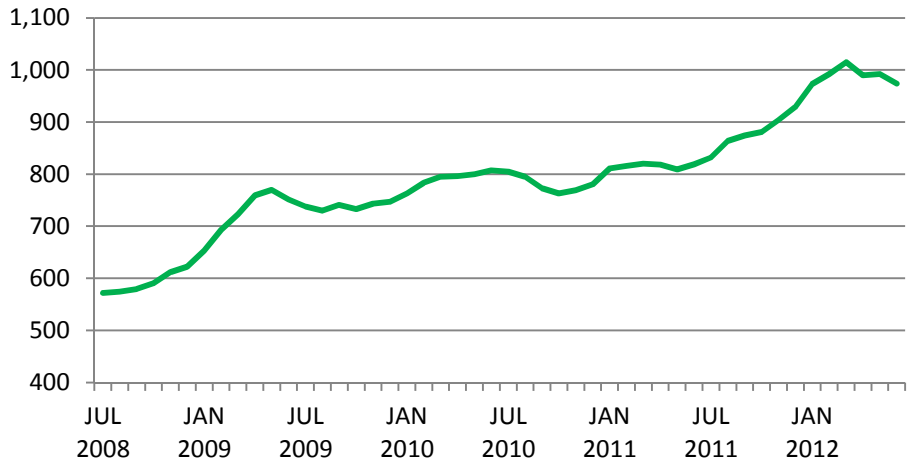
Oregon Health Authority

Caseloads: Senate District 20

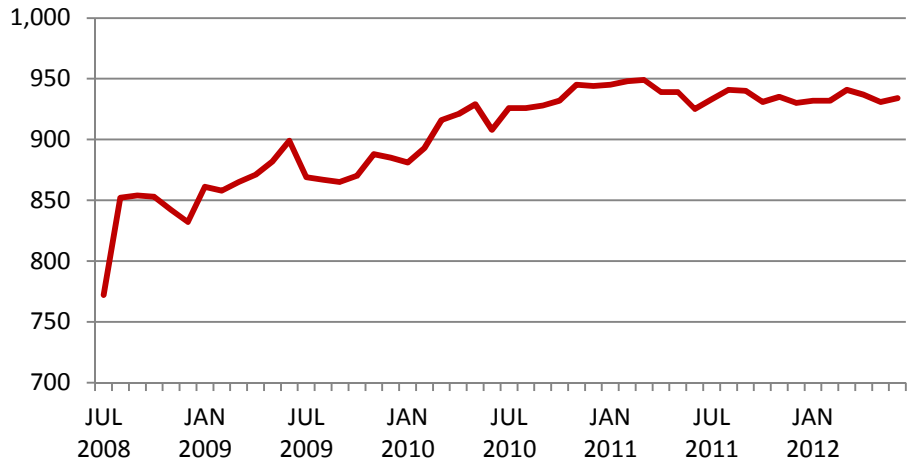
SNAP (Households)



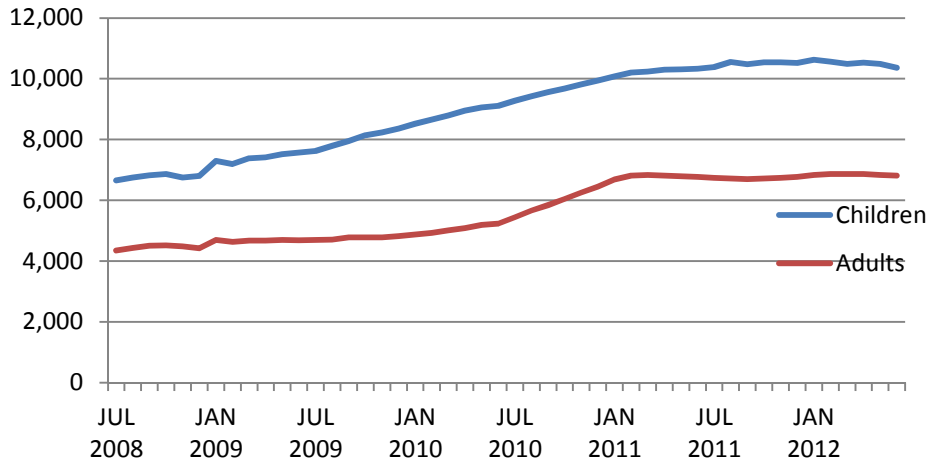
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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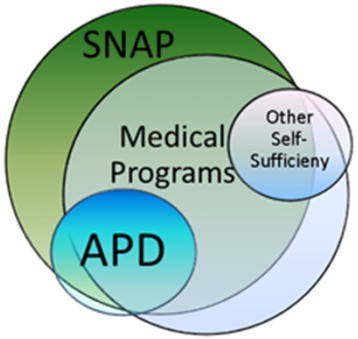

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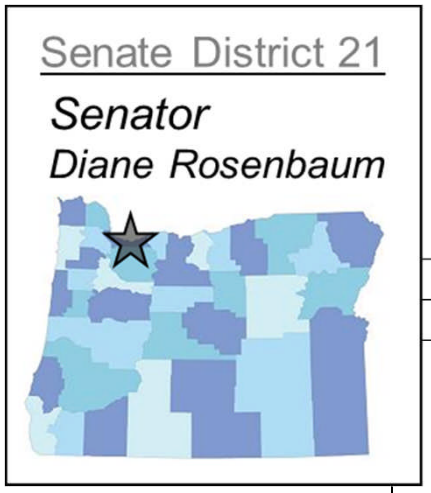


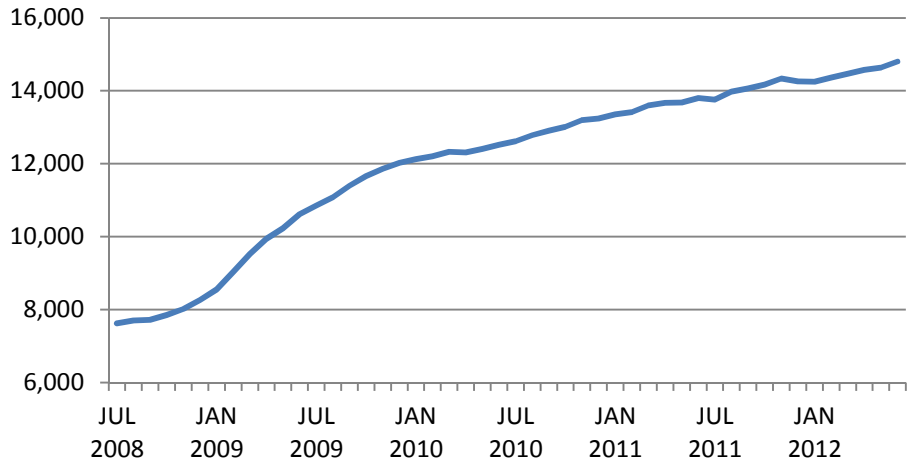
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 21	85.5	2.0	1.0	5.0	0.2	2.3	4.2	6.6	16.8	9.6

DHS

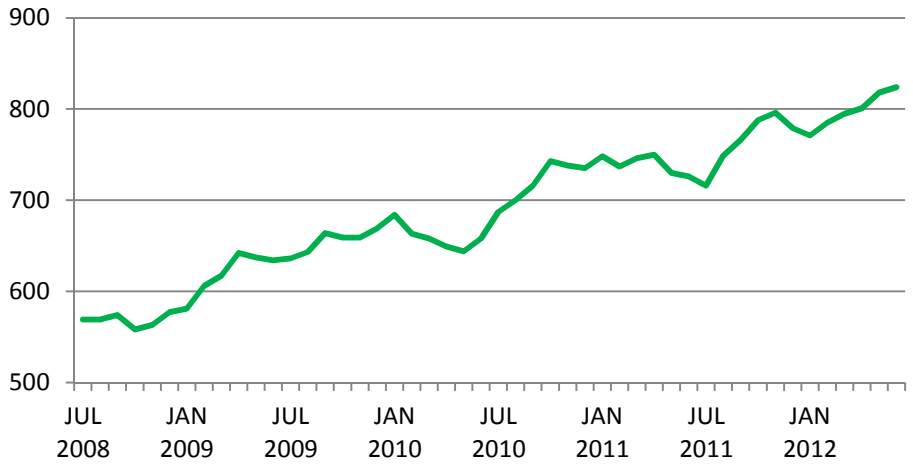
Oregon Health Authority

Caseloads: Senate District 21

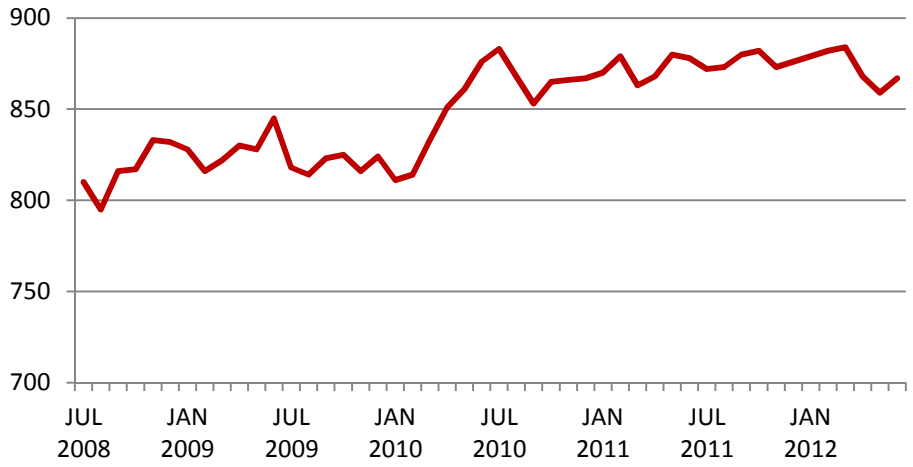
SNAP (Households)



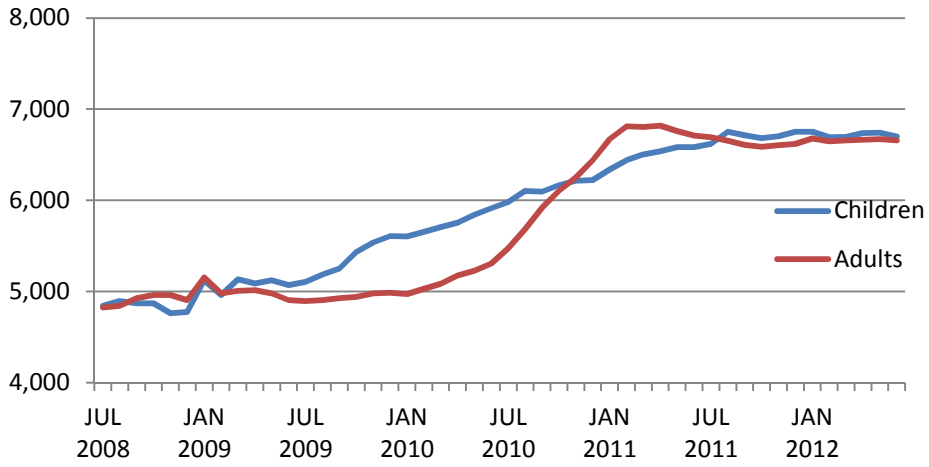
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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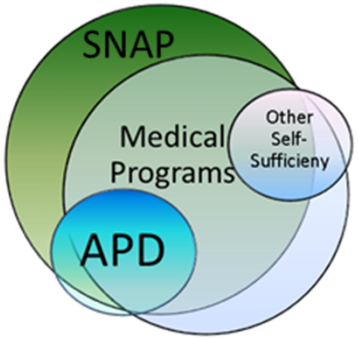
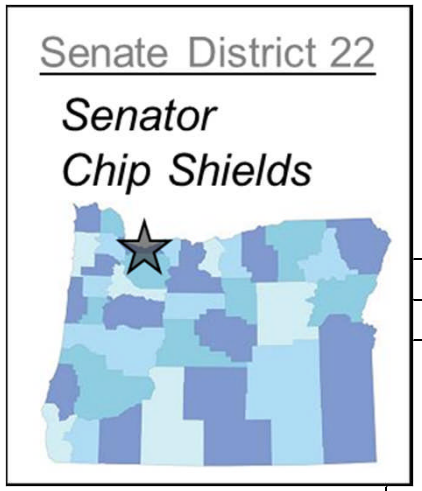


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



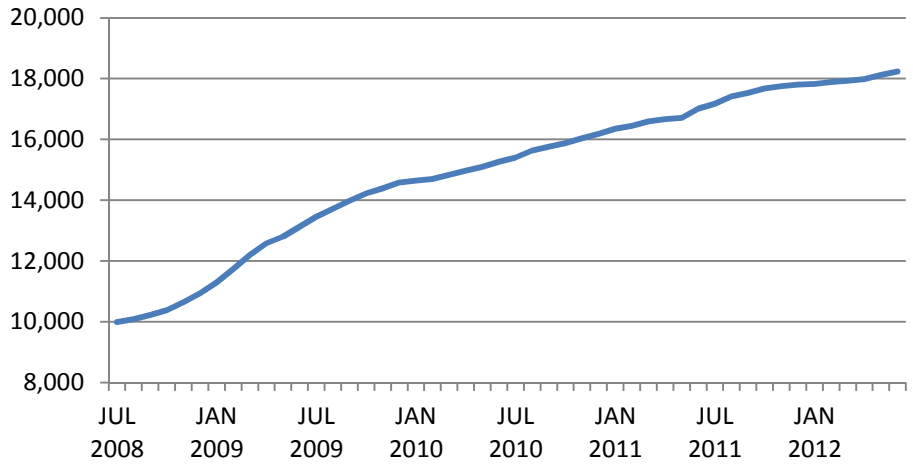
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 22	68.9	14.4	1.3	3.4	0.7	5.5	5.7	11.5	19.0	8.7

DHS

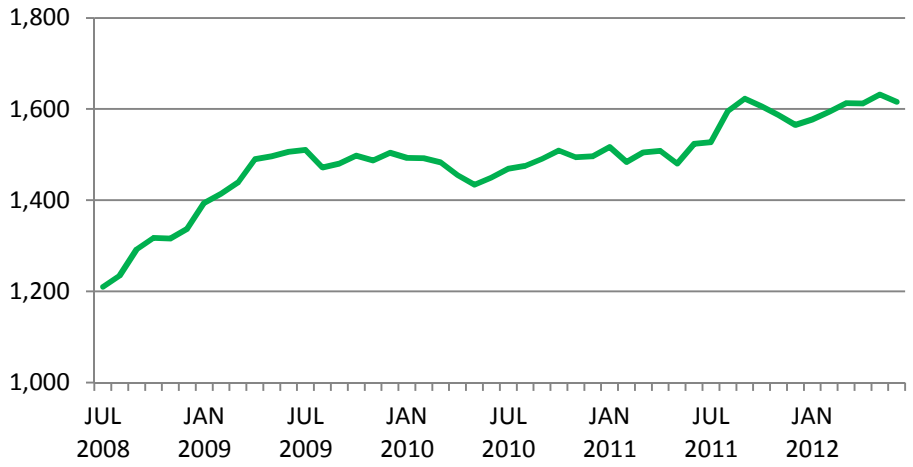
Oregon Health Authority

Caseloads: Senate District 22

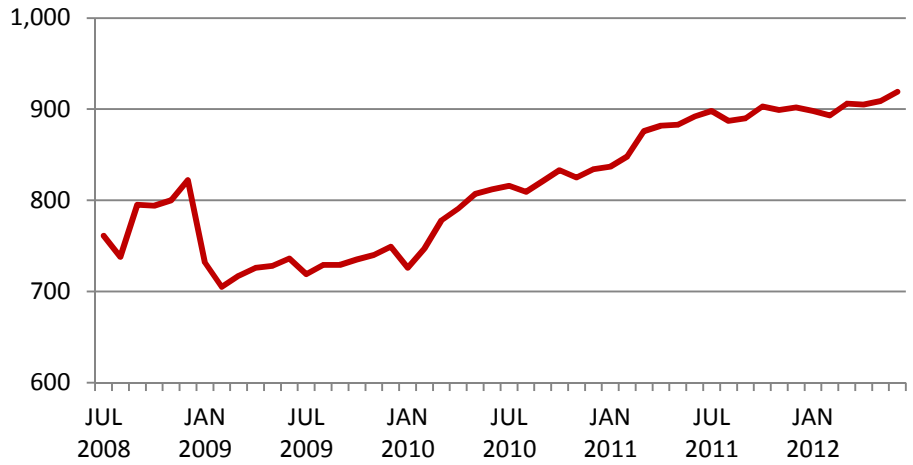
SNAP (Households)



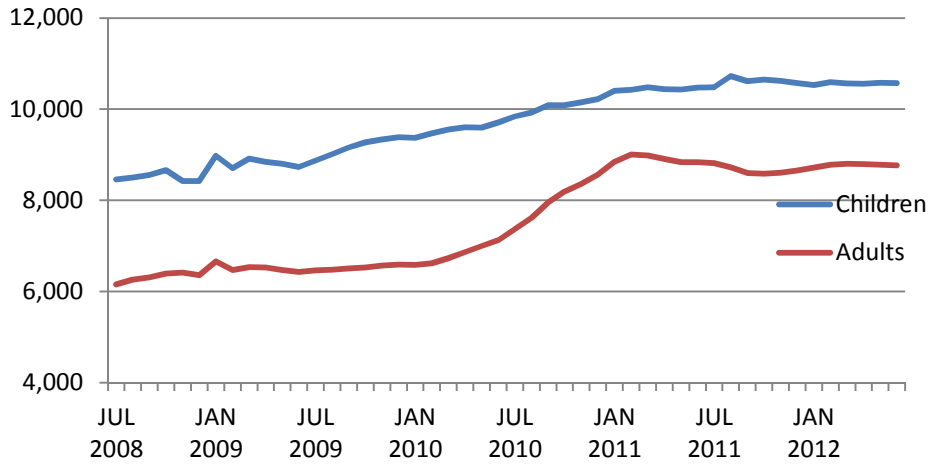
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

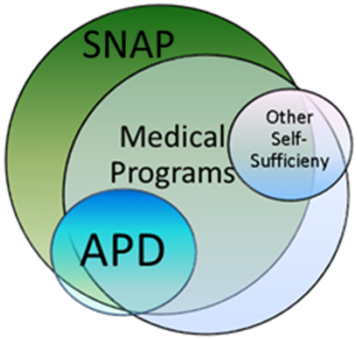


DHS

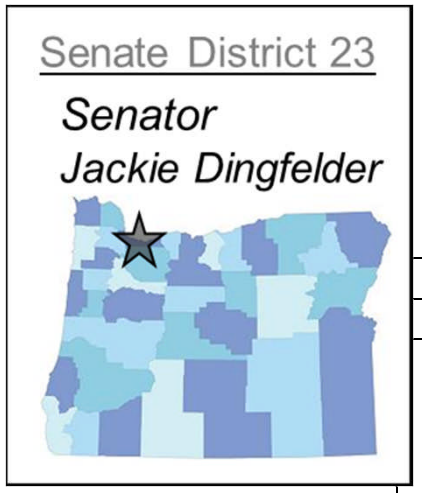
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



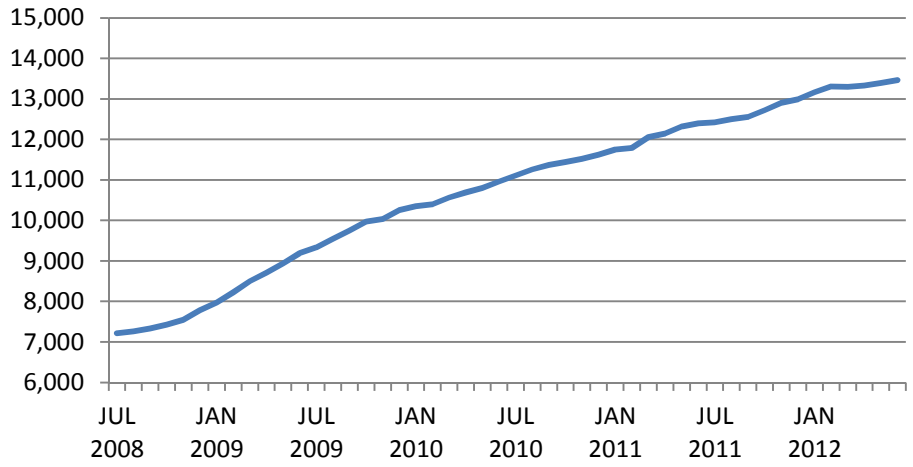
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 23	75.5	5.2	1.0	9.1	0.6	3.9	4.5	8.5	20.2	10.6

DHS

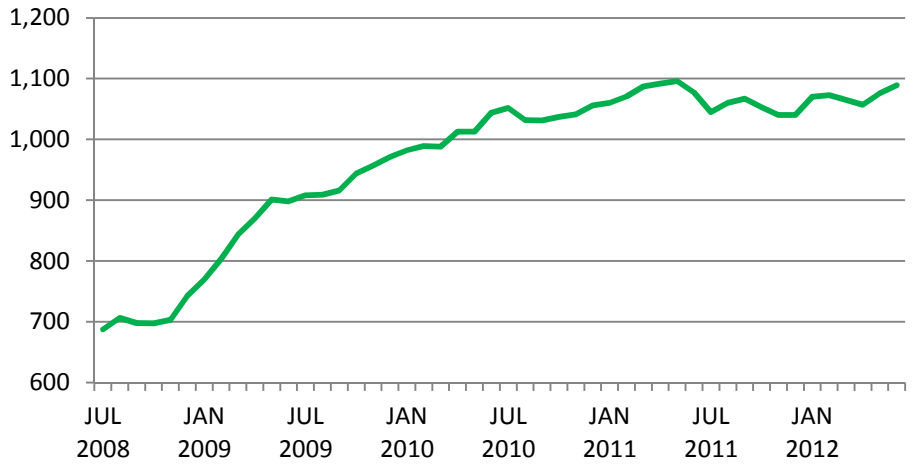
Oregon Health Authority

Caseloads: Senate District 23

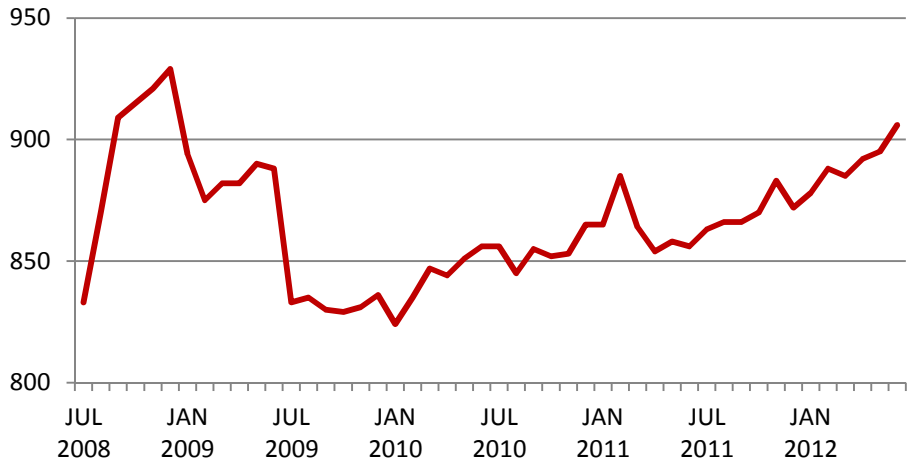
SNAP (Households)



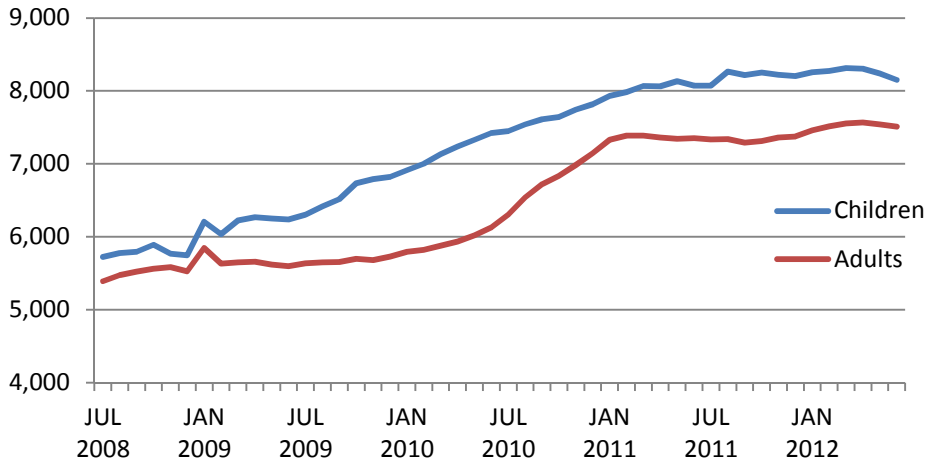
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

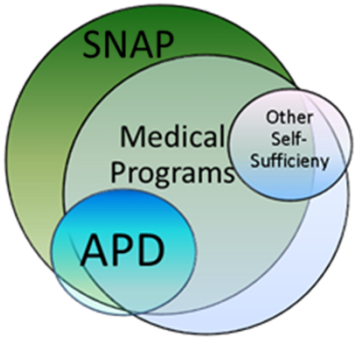


DHS

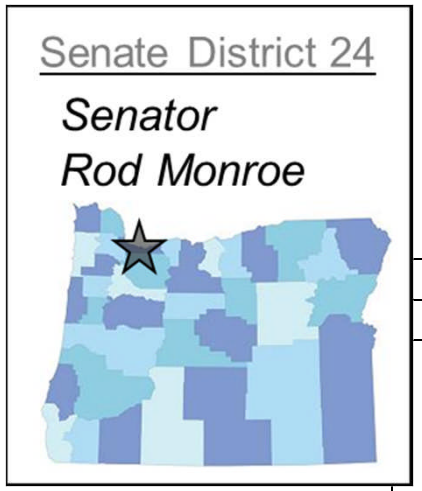
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



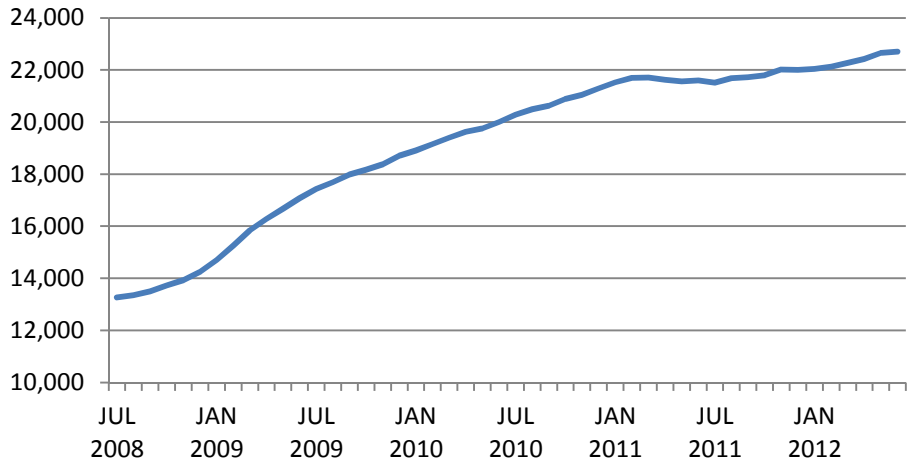
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 24	69.1	5.8	1.1	11.8	0.7	6.9	4.6	13.5	26.1	12.0

DHS

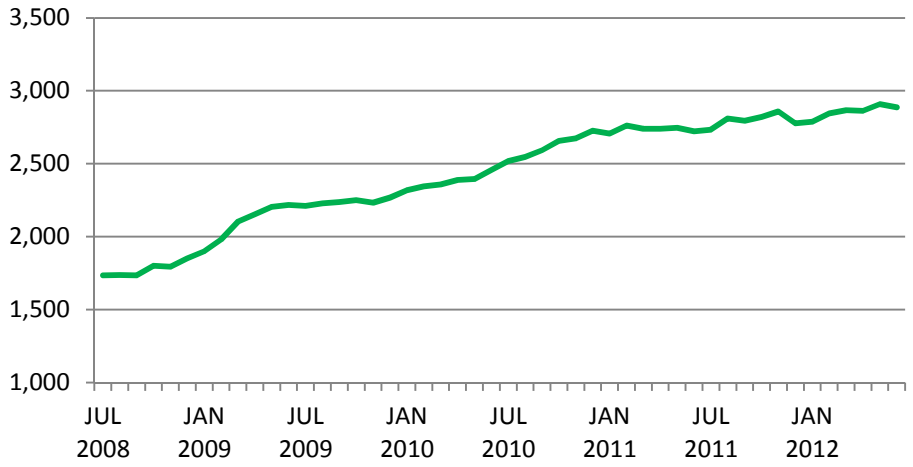
Oregon Health Authority

Caseloads: Senate District 24

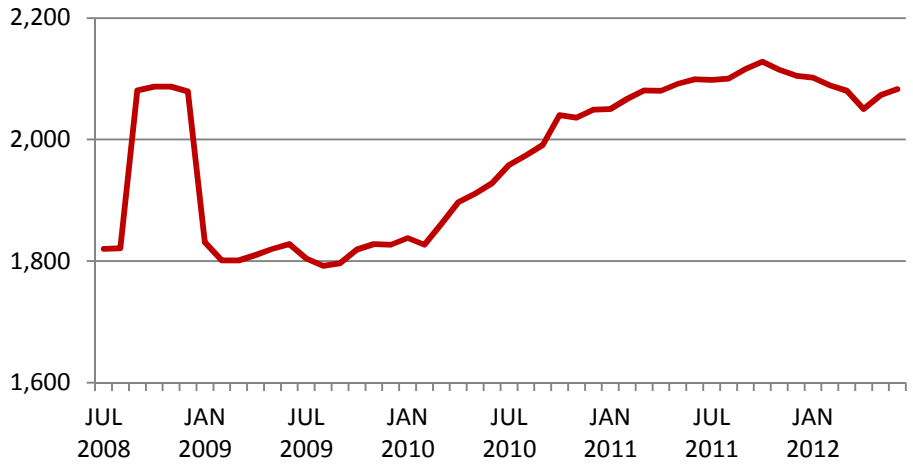
SNAP (Households)



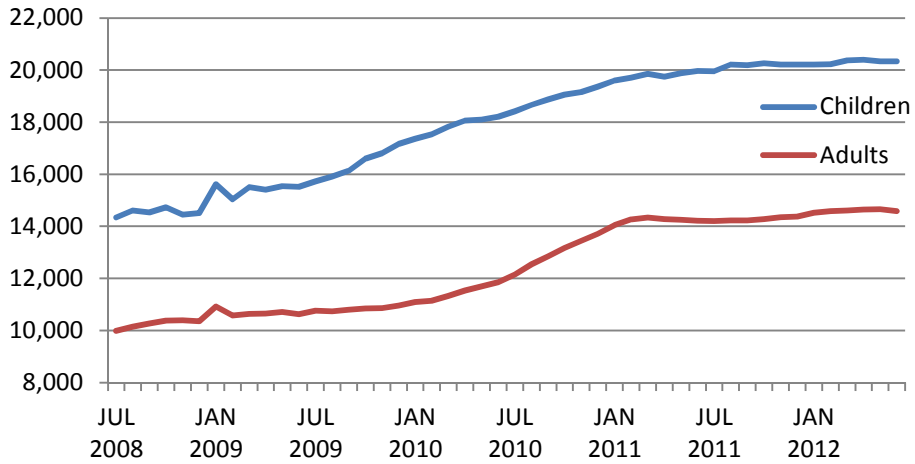
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

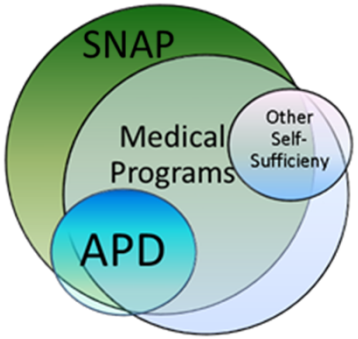


DHS

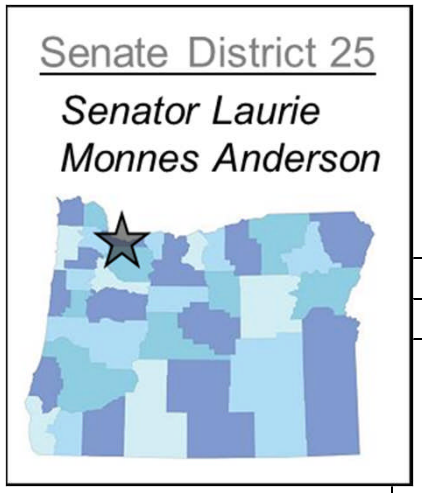
Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



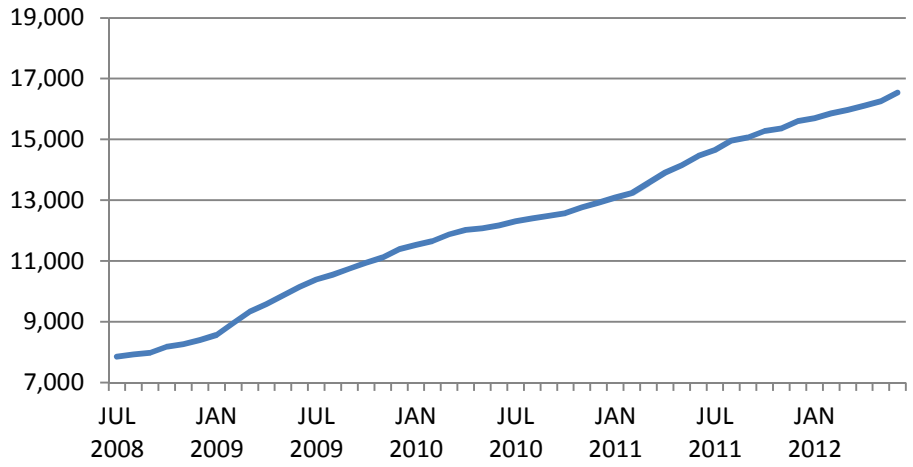
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 25	76.4	3.4	1.3	4.4	0.7	9.5	4.4	18.2	26.5	10.3

DHS

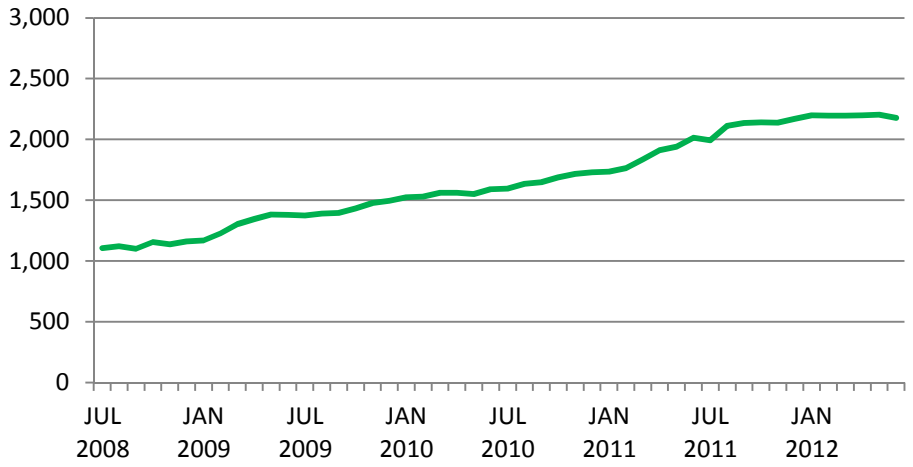
Oregon Health Authority

Caseloads: Senate District 25

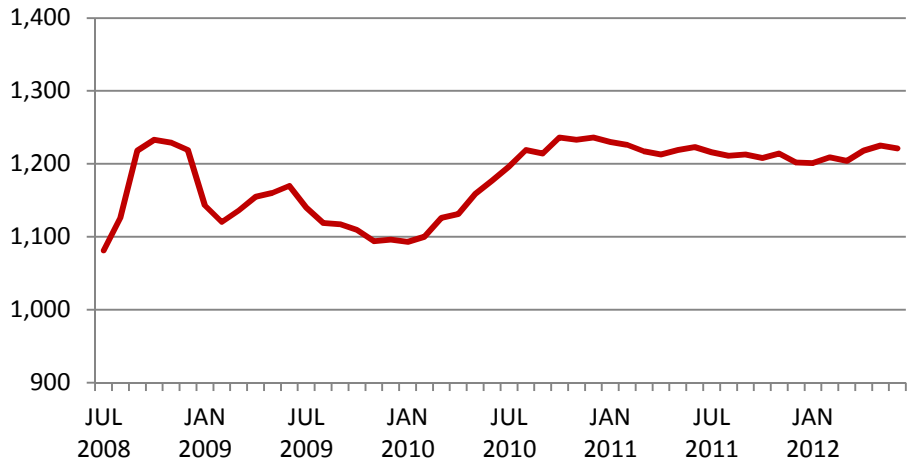
SNAP (Households)



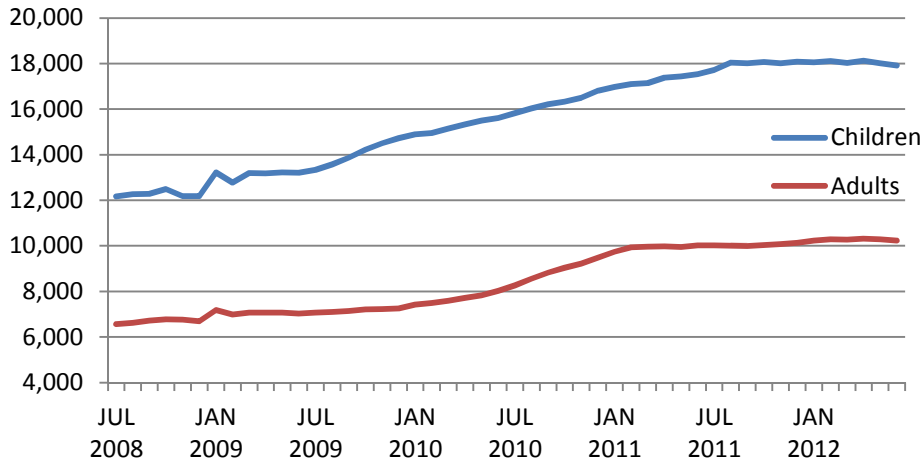
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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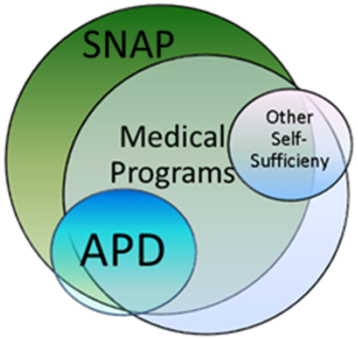
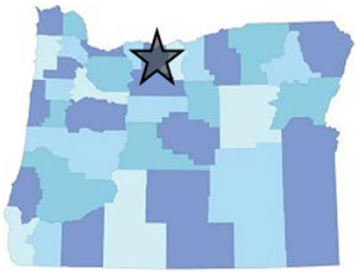


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

Senate District 26

Senator Chuck Thomsen



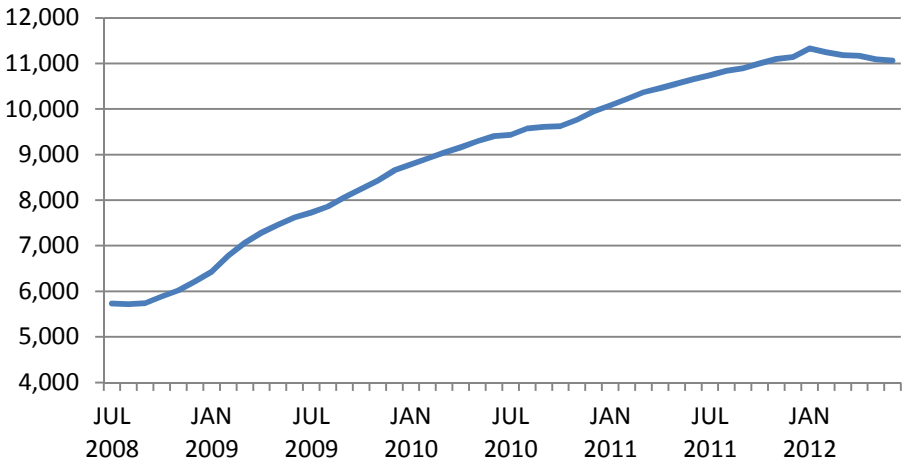
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 26	86.6	0.9	0.9	3.6	0.2	4.6	3.1	11.5	23.3	13.1

DHS

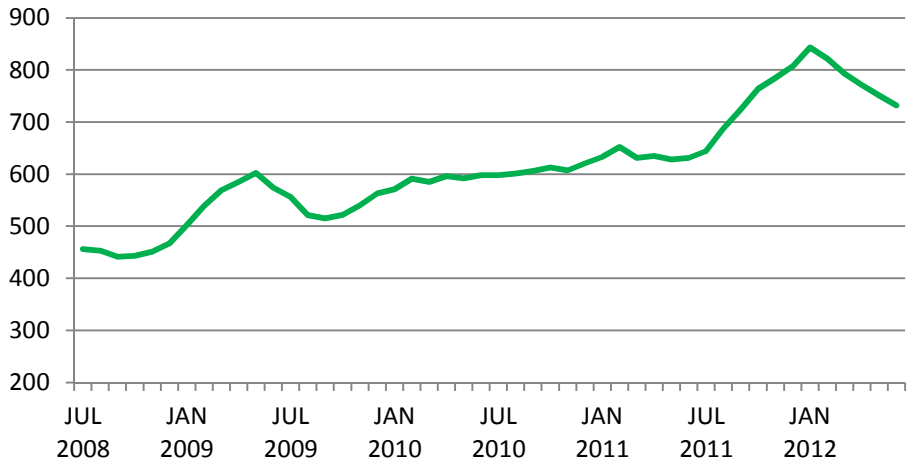
Oregon Health Authority

Caseloads: Senate District 26

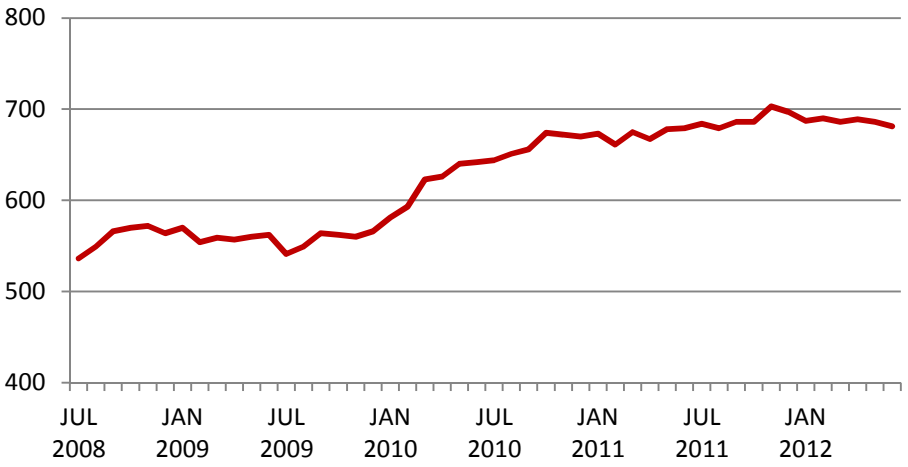
SNAP (Households)



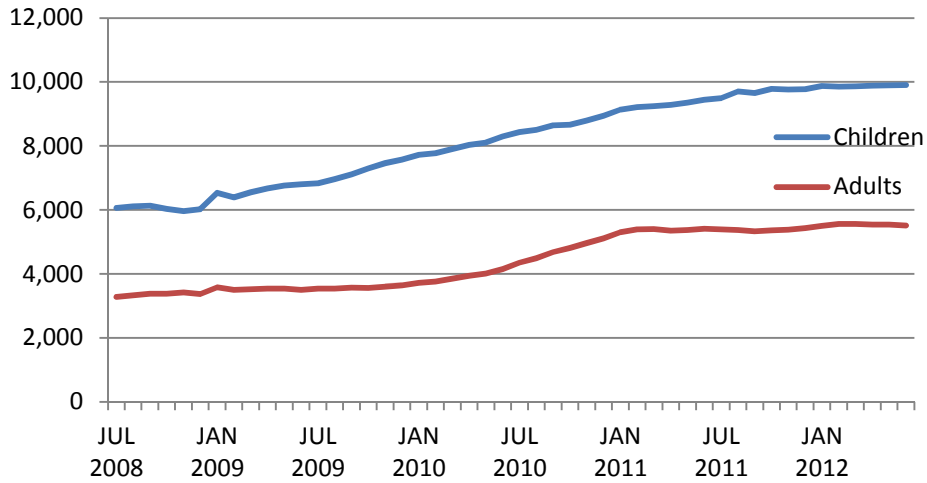
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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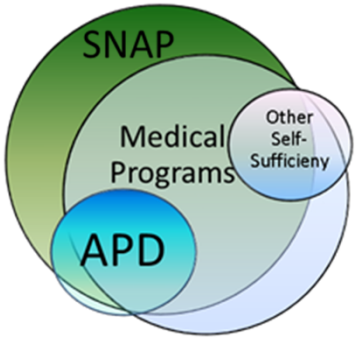

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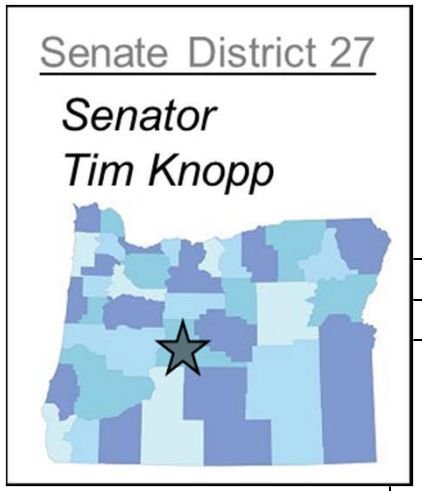


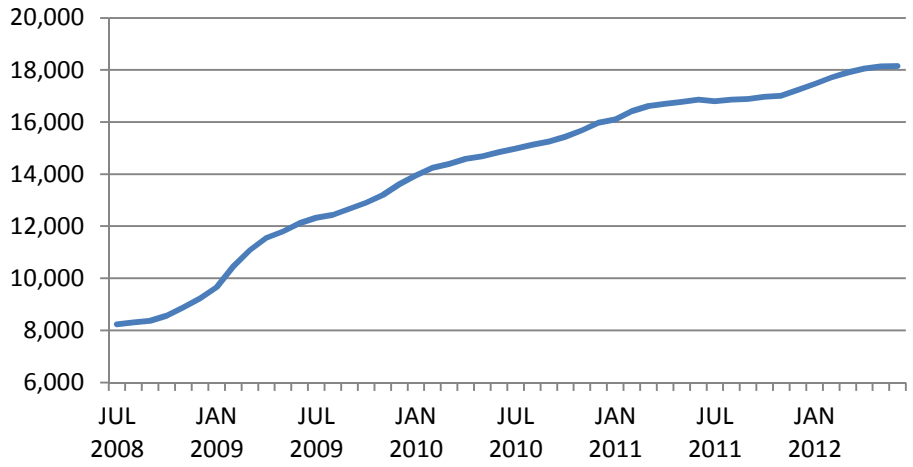
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 27	92.1	0.4	0.9	0.9	0.1	3.0	2.5	7.5	23.0	14.7

DHS

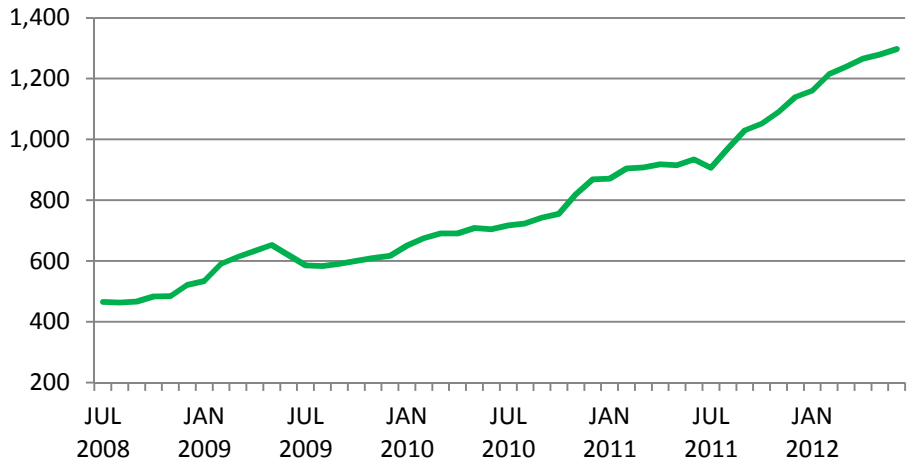
Oregon Health Authority

Caseloads: Senate District 27

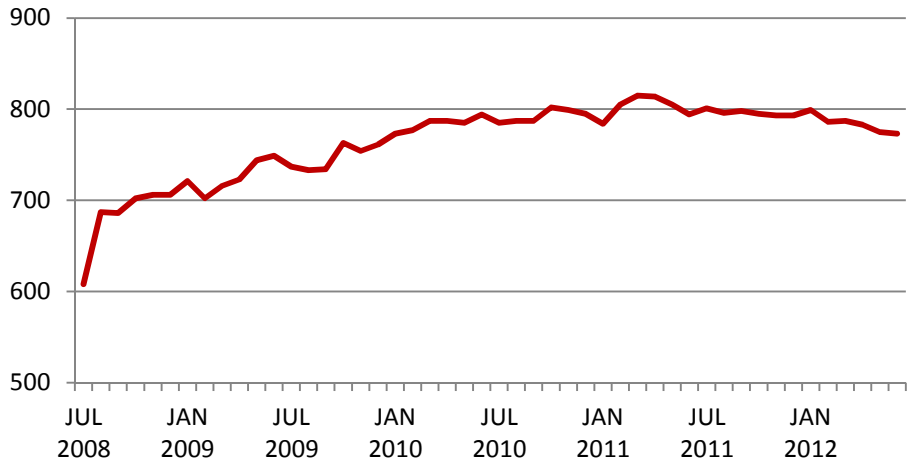
SNAP (Households)



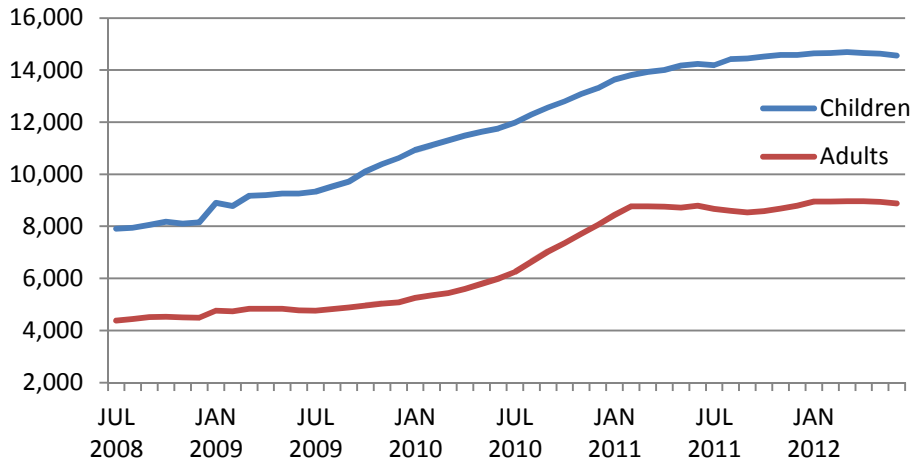
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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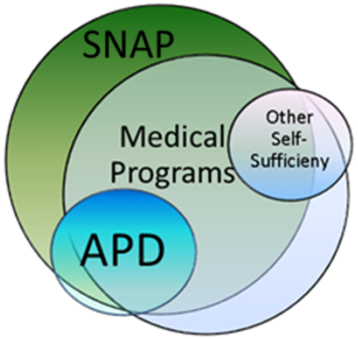
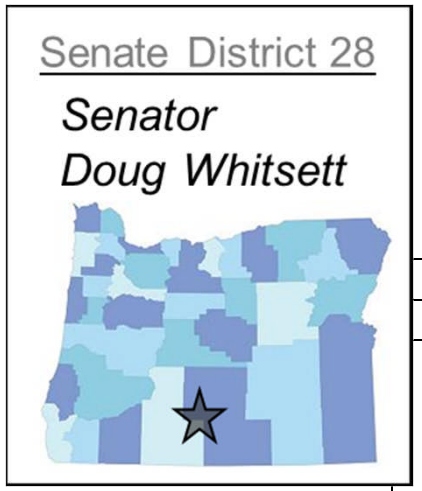


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



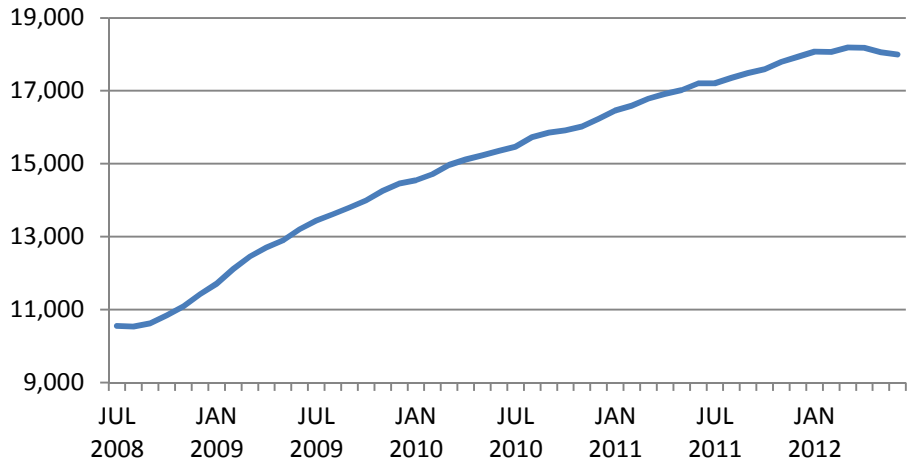
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 28	87.9	0.5	2.9	0.8	0.1	4.3	3.5	10.1	22.5	17.4

DHS

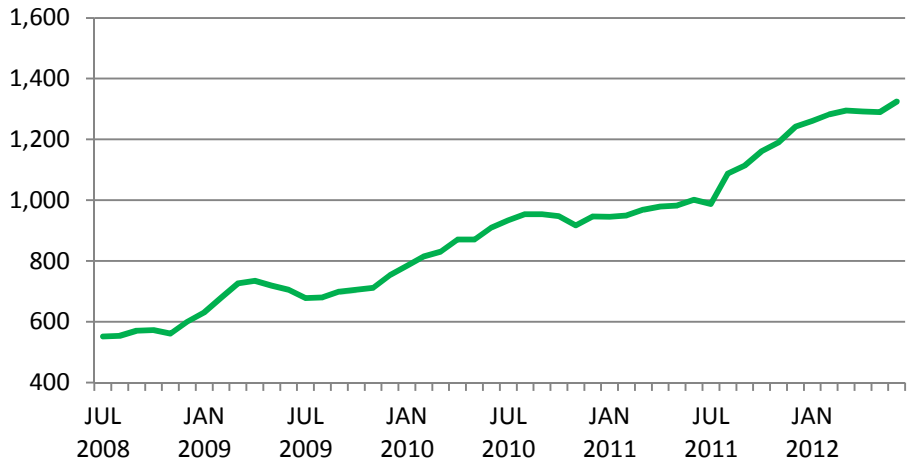
Oregon Health Authority

Caseloads: Senate District 28

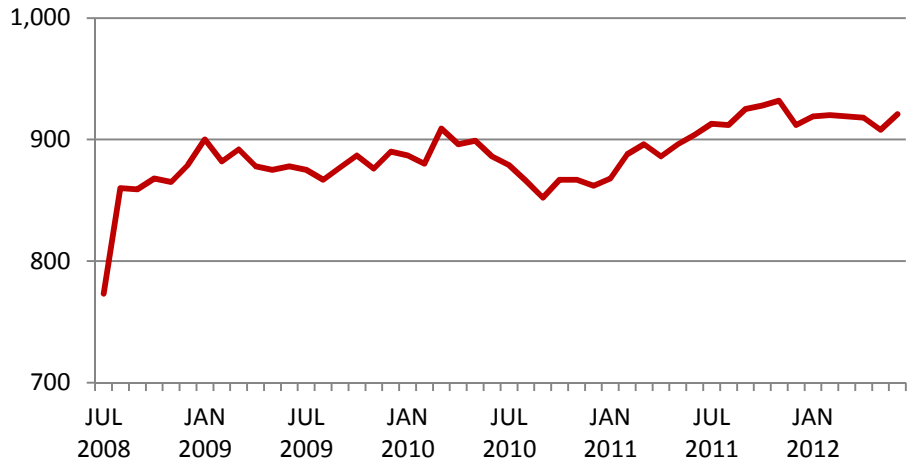
SNAP (Households)



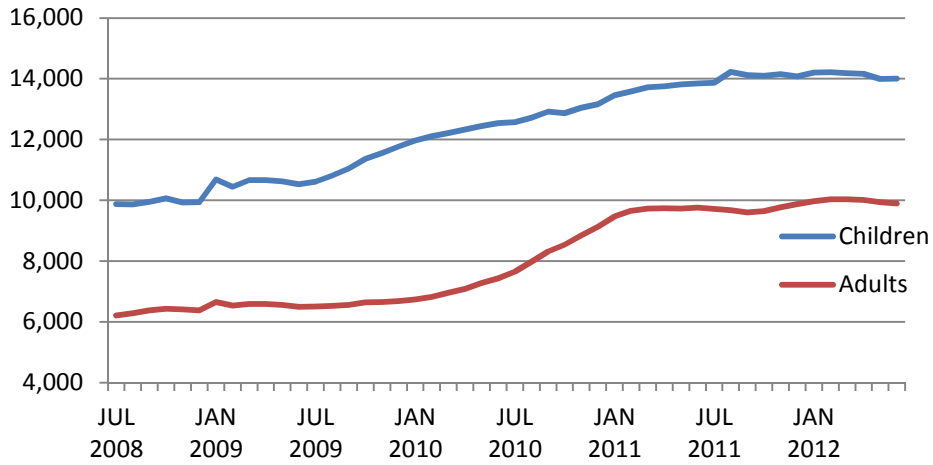
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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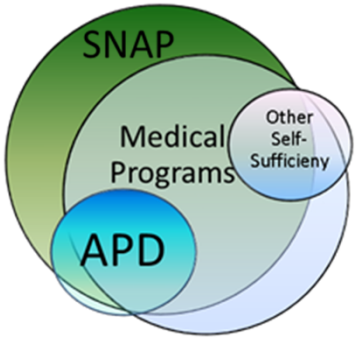
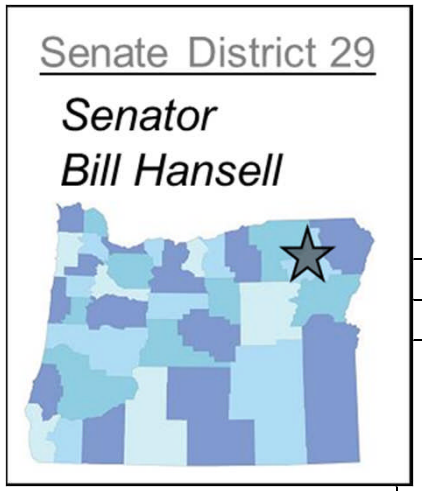


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



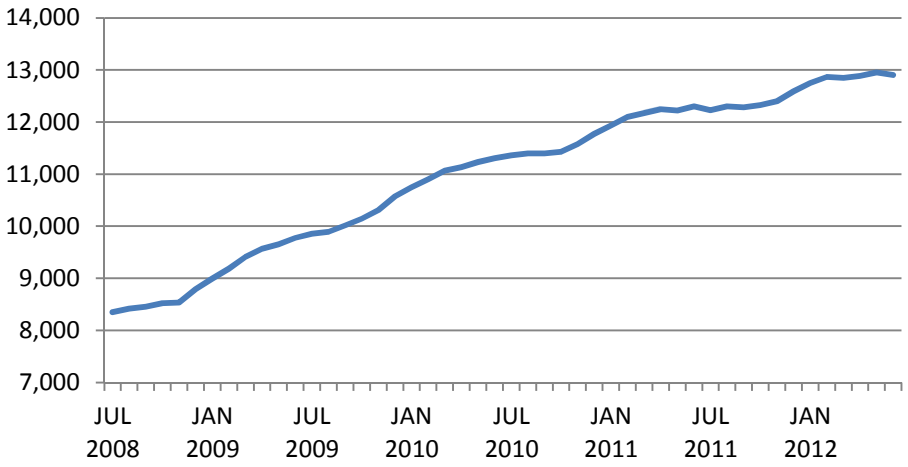
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 29	82.9	0.7	2.6	0.8	0.3	9.8	2.8	19.0	25.5	14.2

DHS

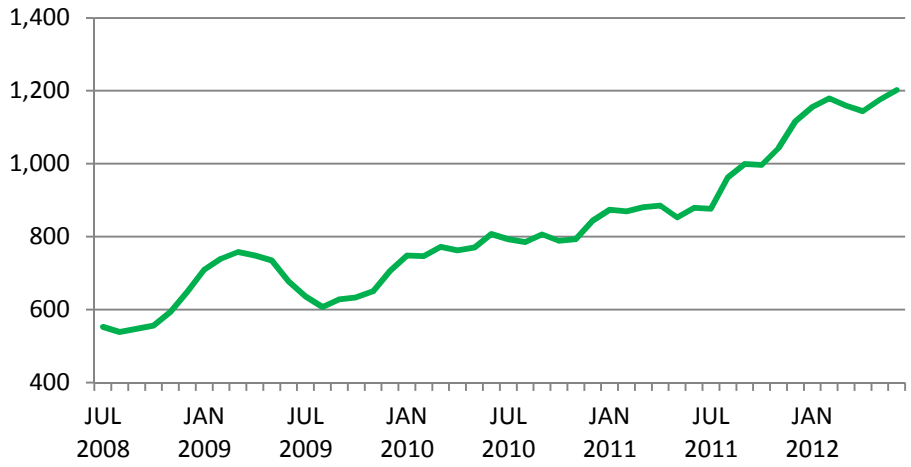
Oregon Health Authority

Caseloads: Senate District 29

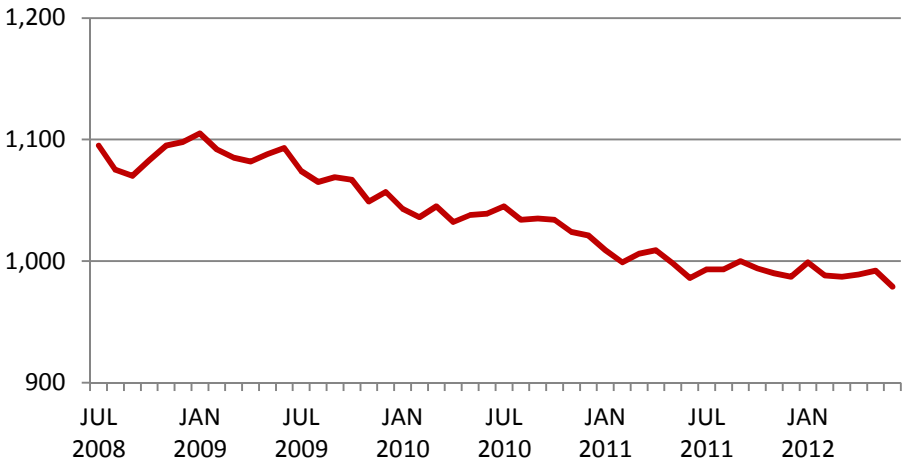
SNAP (Households)



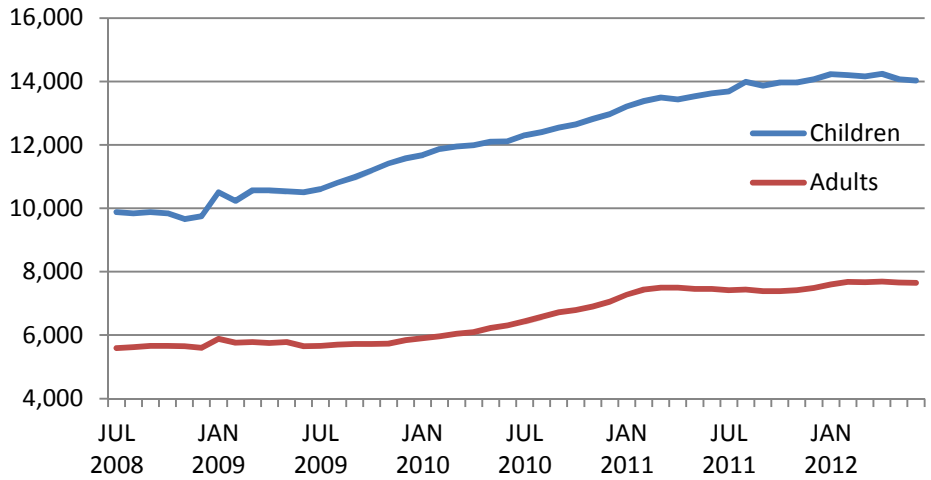
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)



DHS

Oregon Health Authority

DHS & OHA Caseloads

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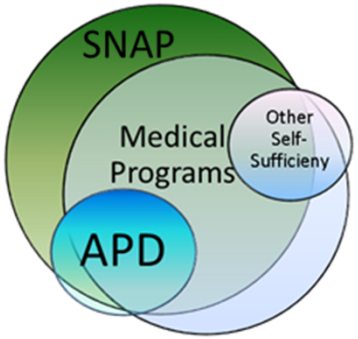
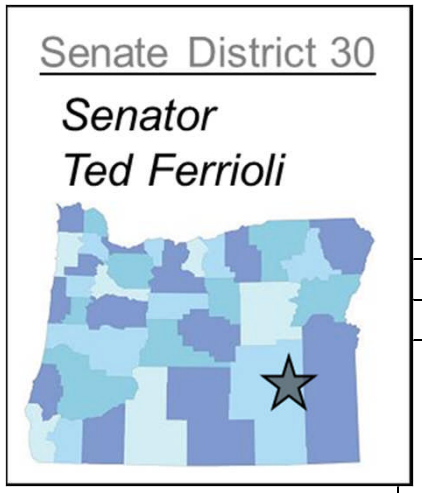


Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.



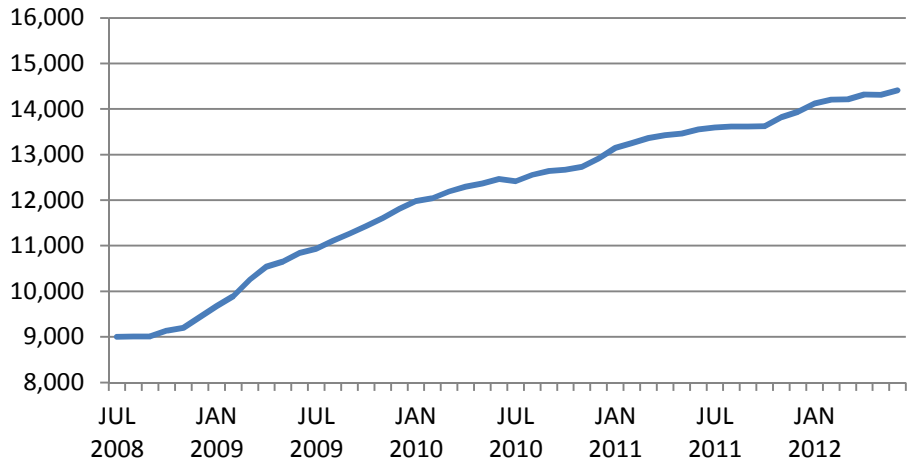
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9
State Senate District 30	83.2	0.6	4.9	0.8	0.2	7.4	2.8	16.5	23.2	18.0

DHS

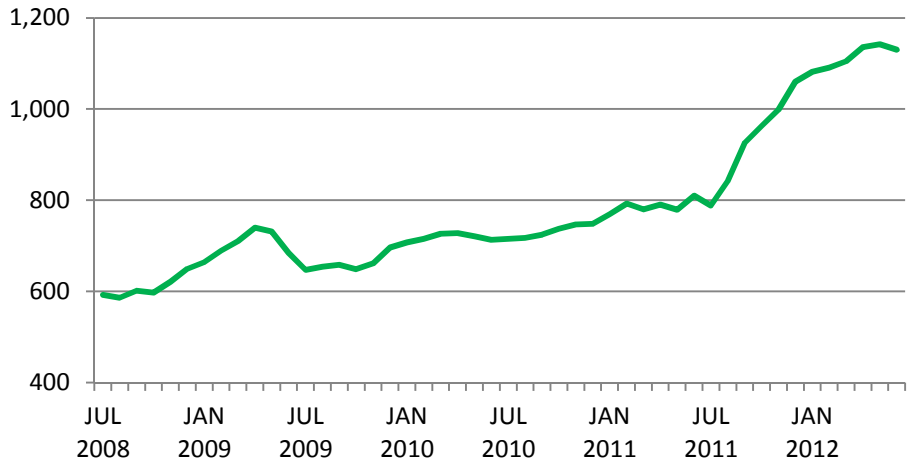
Oregon Health Authority

Caseloads: Senate District 30

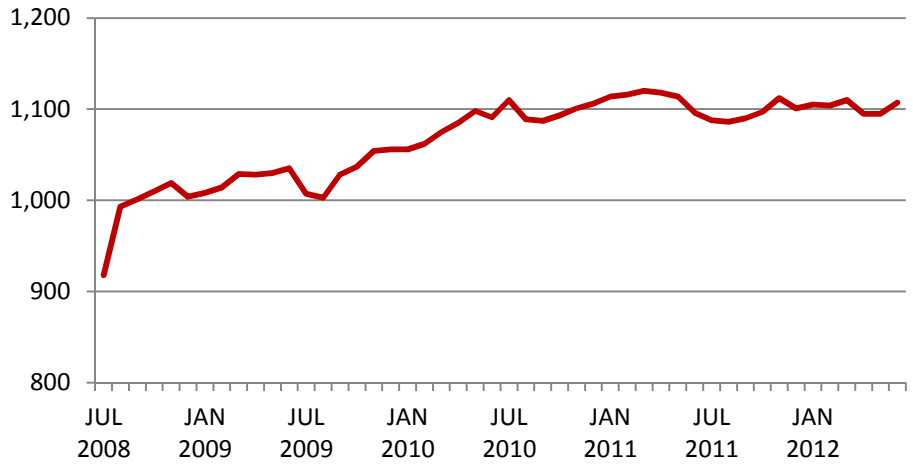
SNAP (Households)



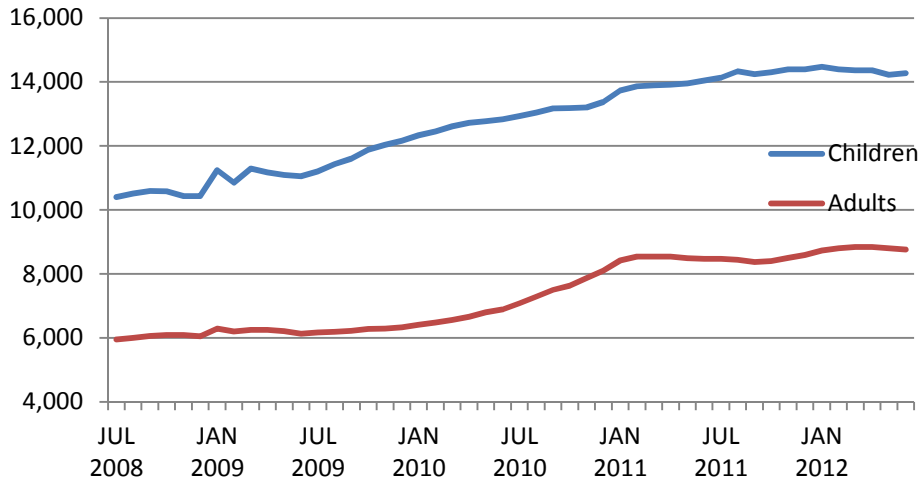
TANF (Households)



Long Term Care (Persons)



Oregon Health Plan (Persons)

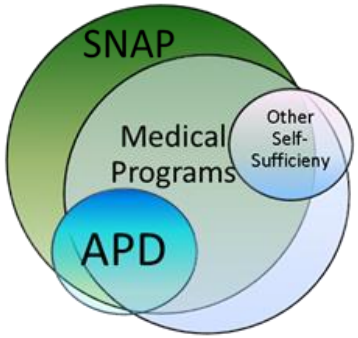


DHS

Oregon Health Authority

DHS & OHA Caseloads

Statewide, over 1.3 Million Oregonians Received DHS/OHA Services in 2011 - 813,300 adults and 509,590 children. Most received services in multiple program areas.



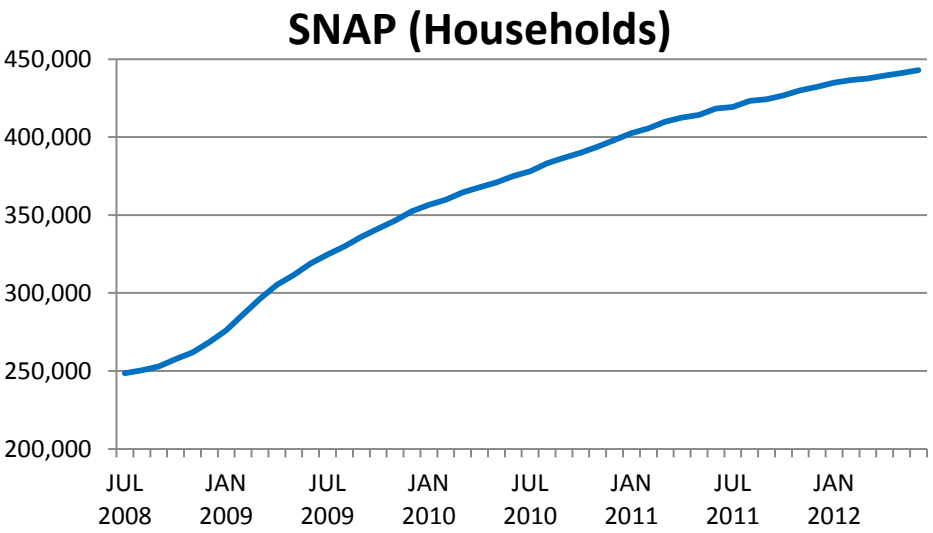
Eighty-nine percent of medical program recipients (Oregon Health Plan and other OHA programs) received additional services.

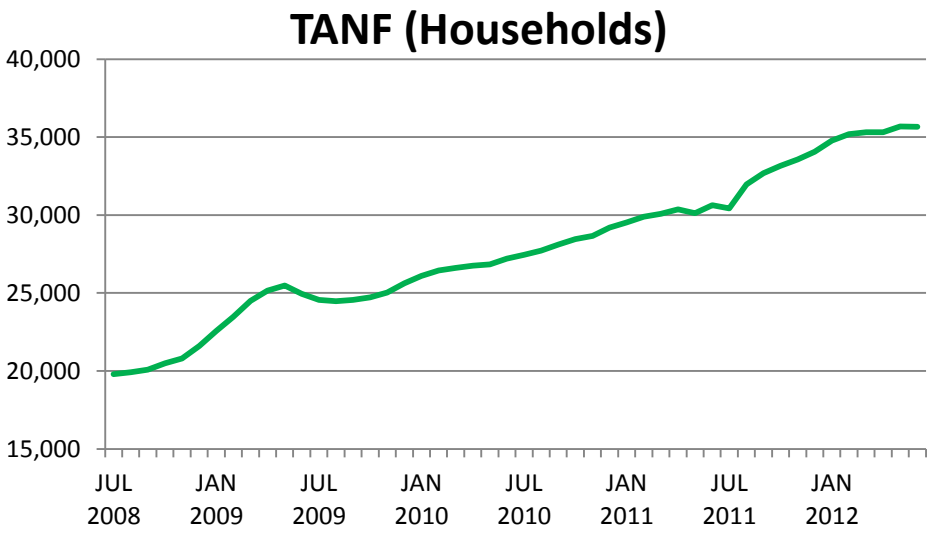
	Demographic Information (Percentages)									
	Race/Ethnicity								Age	
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	Under 18	65 years and over
Oregon	83.6	1.8	1.4	3.7	0.3	5.3	3.8	11.7	22.6	13.9

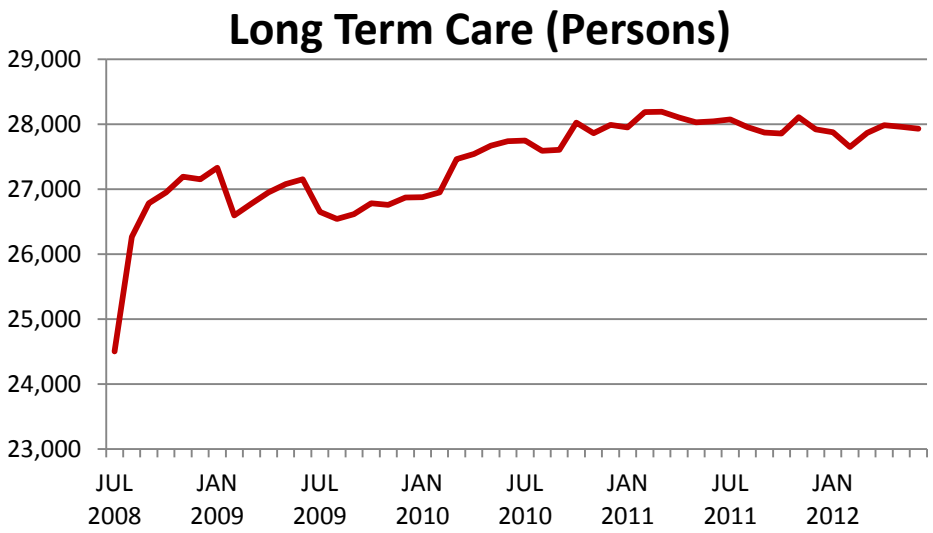
DHS

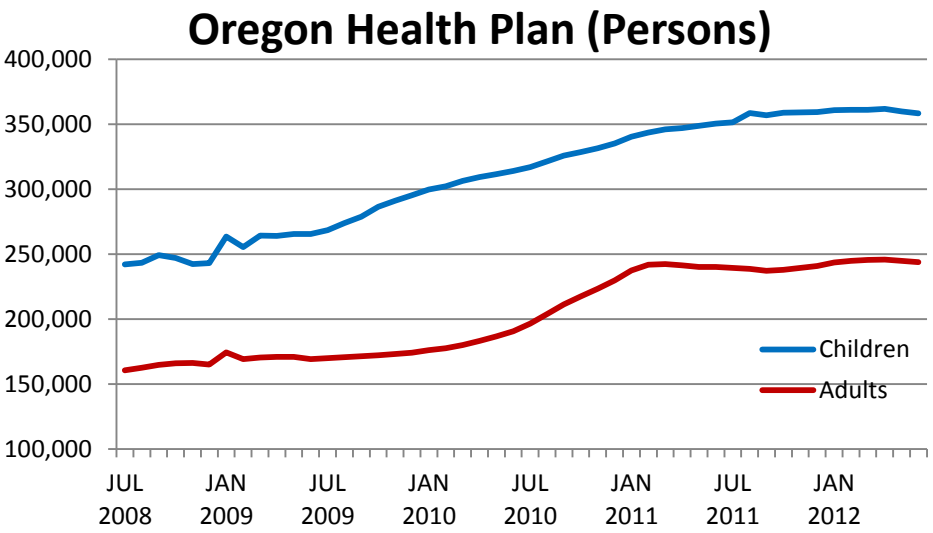
Oregon Health Authority

Caseloads: Oregon Statewide









DHS

Oregon Health Authority

INFORMATION TECHNOLOGY PROJECTS IN 2013-15

(THAT EQUAL OR EXCEED $150,000)

Agency Name:	DEPARTMENT OF HUMAN SERVICES		
Project Name:	**DHS MODERNIZATION**		
Mandated Project?	☐ Yes ☒ No		
Budget?	☐ Base ☒ POP	Which agency or state plans or goals does it align with and/or support?	KPM 05: Percentage of Temporary Assistance for Needy Families (TANF) adults placed for whom employment is a goal KPM 06: Percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment KPM 07: Percentage of children entering foster care who had received TANF cash assistance within the prior two months KPM 11: Ratio of Oregonians served by food stamps to the number of low-income Oregonians
Project Purpose	☐ Routine Lifecycle Replacement ☐ Upgrade/Enhance Existing System ☒ New System		
Project Status	☐ Concept Stage ☐ Planning Stage ☐ Ready to Implement ☒ Continuation of Existing Project		
SDC Involvement	☐ None ☒ Minor ☐ Active ☐ Participating Partner		
Estimate SDC Costs	**$ 50,000** ☒ Preliminary Estimate ☐ Project Design Estimate		

Project Description: Continuation of efforts to transform the process for enrolling people and delivering services in eligibility programs including SNAP, TANF, Medicaid and ERDC. It also expands and focuses efforts for 2013-15 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, supporting future business strategies aligned to a renewed business architecture. The result will accomplish consistency in service delivery and maximize economies of scale in social interfaces without geographically constraints, utilizing 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.

The Oracle stack procured by DHS and OHA facilitates the ability to establish a foundation based on business functions: comprehensive case management (intake, assessment, determination, authorization of services) including intelligent, informed referrals to community and provider services. With a system which tracks provider services and quality and the ability to track who we send, DHS will be able to track service success and send enhanced referrals based on outcomes. Instituting and leveraging data warehouse and master data management capabilities allows DHS to establish performance metrics and share data in ways not currently possible due to limitations of existing siloed systems. Technology solutions will enable expanded access to services which provides increased flexibility for clients through increased client touch points. The combined business service transformation and technology solutions will maximize client self service and improve client choices with respect to how much need to engage in person.

INFORMATION TECHNOLOGY PROJECTS IN 2013-15

Cost Summary							
Total estimated cost by fund (13-15):	General Fund	Lottery Funds	Other Funds	Non-Limited	Federal Funds	Non-Limited	Total Funds
	$ 4,121,232	$	$ 14,184,994	$	$ 31,655,471	$	$ 49,961,697
Total estimated cost by fund (all biennia):	$	$	$	$	$	$	$

Estimated Cost by category (13-15):	Personal Services	Services & Supplies	Capital Outlay	Special Payments	Debt Service
	$ 17,174,795	$ 32,786,902	$ 0	$ 0	$ 0
Estimated Cost by category (all biennia):	$	$	$	$	$

		Positions: Internal	98
Expected Start Date:	July 1, 2013	Contractor	20
Expected Completion Date:	June 30, 2017	FTE:	98.0

_____Agency Request X Governor's Recommended _____ Legislatively Adopted Budget Page _____

INFORMATION TECHNOLOGY PROJECTS IN 2013-15

(THAT EQUAL OR EXCEED $150,000)

Agency Name:	DHS / OHA		
Project Name:	**COMPUTER & NETWORK INFRASTRUCTURE INVESTMENTS**		
Mandated Project?	☐ Yes ☒ No		
Budget?	☐ Base ☒ POP	Which agency or state plans or goals does it align with and/or support?	
Project Purpose	☒ Routine Lifecycle Replacement ☐ Upgrade/Enhance Existing System ☐ New System		
Project Status	☐ Concept Stage ☐ Planning Stage ☒ Ready to Implement ☐ Continuation of Existing Project		
SDC Involvement	☒ None ☐ Minor ☐ Active ☐ Participating Partner		
Estimate SDC Costs	**$ 0** ☐ Preliminary Estimate ☐ Project Design Estimate		

Project Description: DHS and OHA will have up to 66% of active computers over 5 year of age which is beyond industry standard lifecycle. The SDC has also not upgraded DHS network infrastructure in over 9 years in many buildings including the Barbara Roberts and Portland State Office Buildings. Both the Network and outdated computers cause inefficient work processes due to how slow DHS systems operate on these computers and systems. In addition, as modern systems such as HIX and Eligibility Modernization are implemented, a further strain on the performance of DHS and OHA IT systems will occur. Worst case scenario is that some computers will not support these modern applications. Older computers will also not support Windows 7 and Windows XP support will be soon phased out by Microsoft. Due to DHS and OHA's reliance on IT systems to provide services and ensure safety of clients, modernizing the IT tools and Infrastructure is critical to the long term success of DHS and OHA in achieving program outcomes and ensuring safety of Oregonians.

Cost Summary	General Fund	Lottery Funds	Other Funds	Non-Limited	Federal Funds	Non-Limited	Total Funds
Total estimated cost by fund (13-15):	$1,737,806	$	$ 2,366,211	$	$ 1,737,806	$	$ 5,841,823
Total estimated cost by fund (all biennia):	$	$	$	$	$	$	$

	Personal Services	Services & Supplies	Capital Outlay	Special Payments	Debt Service
Estimated Cost by category (13-15):	$ 1,655,359	$ 3,185,824	$ 1,000,640	$	$
Estimated Cost by category (all biennia):	$	$	$	$	$

		Positions: Internal	12
Expected Start Date:	July 1, 2013	Contractor	0
Expected Completion Date:	June 30, 2015	FTE:	10.56

_____Agency Request X Governor's Recommended _____ Legislatively Adopted Budget Page _____

Please comment below on any specific features you would recommend for the State's Program for Real Property and Equipment Financings.

Please return this survey to: **Jack Kenny, Finance Manager**
Department of Administrative Services
155 Cottage Street NE, U10
Salem, OR 97301-3965

If you have any questions, please call Jack Kenny, at (503) 378-3107

STATE OF OREGON

DEPARTMENT OF ADMINISTRATIVE SERVICES
PROGRAM FOR REAL PROPERTY AND EQUIPMENT FINANCING

ARTICLE XI-Q BOND FINANCING REQUEST

Please return your response to this Survey by May 15, 2012

AGENCY: **Department of Human Services**

DIVISION: **n/a (Enterprise Initiative)**

CONTACT PERSON: **Kathryn Naugle Wilk**

TITLE: **IT Director of Business Engagement**

ADDRESS: **500 Summer Street NE, Salem, OR 97301**

TELEPHONE: **503-910-4184**

ALTERNATE CONTACT: **Trina Lee, DHS Modernization Director**

EQUIPMENT ACQUISITION FINANCING

Please specify the equipment items, which you expect to acquire using Article XI-Q Bonds or capital leases over the next biennium, beginning July 1, 2013. Please indicate the type of equipment and when funds are needed to acquire the equipment. Please note: Financing agreements are defined at ORS 286.085(4) and include any agreement to finance real or personal property that is or will be owned and operated by the state. This includes lease purchase agreements, installment sales agreements, and similar financing arrangements. Do not include operating leases on this form.

EQUIPMENT TYPE

Please list by type, amount needed, and when you will need the funds in the spaces provided (brand names are not required.)

Description of Equipment/Personal Property	Dollar Value of Financed Asset	Purchased or Developed *In-House	Date to be Placed in Service/Useful Life	2013-15 Budget Proposal (Yes or No)	Financing Method (e.g. XI-Q Bonds, Capital Lease, etc)
DHS Modernization: modifying business processes and service delivery, automation of manual business processes, replacement of aging legacy systems, creation of true case management system and data warehouse.	$50,000,000 TF $14,000,000 COP	Combination of Purchased and In-House development	Phased implementation started in 2009 continuing through 2017	Yes	COP/Federal Funds

EQUIPMENT ACQUISITION FINANCING

*For assets to be developed in house, please provide details on project cash flow or refer to Policy Option Package where that detail is provided.

REAL PROPERTY ACQUISITION OR RESTORATION FINANCING

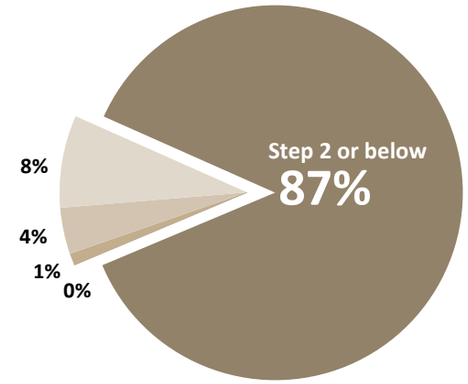
Please specify the real property and/or construction projects which you expect to finance through any form of bonds or other financing agreements over the next biennium beginning July 1, 2013. Please indicate the estimated amount needed for each project and when those funds will be required.

REAL PROPERTY AND/OR CONSTRUCTION PROJECTS

Real property acquisitions, restoration and/or construction projects.	Project Cost Estimate	2013-15 Budget Proposal (Yes or No)

Summary of new hire data

DHS NEW HIRES	COUNT	%
Step 2 or below	703	87%
Greater than step 2:		
Salary reflects one step increase over previous salary	*62*	*8%*
Salary reflects decrease from previous salary	*34*	*4%*
Salary is equal to previous salary	*6*	*1%*
Highly specialized position justified an additional step	*2*	*0%*
Total greater than step 2	104	13%
Total new hires	**807**	**100%**



All new DHS hires greater than step 2 with justification (July 2011 - December 2012)

Agy	EffDt	PosClassTitle	Step	EmplRepr	EmplClass	EmplPayOpt	EmplRngOpt	EmplRng	ApptTp	FPCd	FP%	JUSTIFICATION
10000	8/16/11	SOCIAL SERVICE SPECIALIST 1	04	OA	C6612	A	A	24	P	F	100%	Equal to pay previously received from the State in past position
10000	12/27/11	HUMAN SERVICES SPECIALIST 1	04	OA	C6657	A	A	15	P	F	100%	Equal to pay previously received from the State in past position
10000	6/25/12	HUMAN SERVICES SPECIALIST 3	03	OA	C6659	A	A	19	P	F	100%	Equal to pay previously received from the State in past position
10000	7/16/12	HUMAN SERVICES CASE MANAGER	04	OA	C6630	A	A	21	P	F	100%	Equal to pay previously received from the State in past position
10000	4/23/12	PRINCIPAL EXECUTIVE/MANAGER E	09	MMS	X7008	A	A	33	P	F	100%	Highly specialized position requiring years of experience justified an additional step
10000	10/28/12	PROGRAM ANALYST 3	09	OA	C0862	A	A	29	P	P	50%	Highly specialized position requiring years of experience justified an additional step
10000	9/11/12	INVESTIGATOR 3	08	OA	C5233	A	A	25	P	F	100%	New to Oregon State Government - Salary is equal to previous salary
10000	7/5/11	PROCUREMENT & CONTRACT SPEC 3	09	OA	C0438	A	A	29	L	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/11/11	SOCIAL SERVICE SPECIALIST 1	09	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/18/11	OFFICE SPECIALIST 2	04	OA	C0104	A	A	15	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/18/11	CLIENT CARE SURVEYOR	05	OA	C6685	A	A	28	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/1/11	SOCIAL SERVICE SPECIALIST 1	06	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/15/11	RESEARCH ANALYST 4	08	OA	C1118	A	A	30	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/18/11	VOC REHABILITATION COUNSELOR	06	OA	C6647	A	A	25	L	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/29/11	PRINCIPAL EXECUTIVE/MANAGER F	03	MMS	X7010	A	A	35	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/12/11	SOCIAL SERVICE SPECIALIST 1	09	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/28/11	VOC REHABILITATION COUNSELOR	03	OA	C6647	A	A	25	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	10/10/11	TRAINING & DEVELOPMENT SPEC 2	06	OA	C1339	A	A	27	L	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	10/17/11	OFFICE MANAGER 3	03	MMS	X0806	A	A	20	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	11/14/11	PROGRAM ANALYST 2	04	OA	C0861	A	A	27	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	12/21/11	OPERATIONS & POLICY ANALYST 3	04	OA	C0872	A	A	30	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	12/21/11	SOCIAL SERVICE SPECIALIST 1	07	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	12/27/11	SOCIAL SERVICE SPECIALIST 1	03	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	5/21/12	OPERATIONS & POLICY ANALYST 2	04	OA	C0871	A	A	27	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary

10000	6/18/12	SOCIAL SERVICE SPECIALIST 1	03	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/1/12	SOCIAL SERVICE SPECIALIST 1	06	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/17/12	OPERATIONS & POLICY ANALYST 2	05	UA	C0871	A	A	27	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/23/12	HUMAN SERVICES CASE MANAGER	03	OA	C6630	A	A	21	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/6/12	SUPPLY SPECIALIST 2	07	OA	C0759	A	A	20	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/13/12	SOCIAL SERVICE SPECIALIST 1	03	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/27/12	HUMAN SERVICES SPECIALIST 3	06	OA	C6659	A	A	19	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/4/12	SOCIAL SERVICE SPECIALIST 1	05	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/10/12	OPERATIONS & POLICY ANALYST 3	06	OA	C0872	A	A	30	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/17/12	OFFICE SPECIALIST 2	06	OA	C0104	A	A	15	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	10/15/12	OPERATIONS & POLICY ANALYST 3	05	OA	C0872	A	A	30	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	10/24/12	HUMAN SERVICES SPECIALIST 3	04	OA	C6659	A	A	19	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	11/8/12	SOCIAL SERVICE SPECIALIST 1	07	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	12/1/12	SOCIAL SERVICE SPECIALIST 1	04	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	12/17/12	SOCIAL SERVICE SPECIALIST 1	06	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/12/11	PREADMISSIONS SCREENING SPEC	03	OA	C6684	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/12/11	PREADMISSIONS SCREENING SPEC	03	OA	C6684	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/18/11	CLIENT CARE SURVEYOR	06	OA	C6685	A	A	28	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/25/11	CLIENT CARE SURVEYOR	06	OA	C6685	A	A	28	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/1/11	NURSE MANAGER	03	OA	C0872	A	A	30	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/15/11	PROCUREMENT & CONTRACT SPEC 3	08	OA	C0438	A	A	29	L	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/23/11	PRINCIPAL EXECUTIVE/MANAGER C	09	MMS	X7004	A	A	28	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/24/11	SOCIAL SERVICE SPECIALIST 1	03	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/1/11	HUMAN SERVICES ASSISTANT 2	09	OA	C6606	A	A	15	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/12/11	SOCIAL SERVICE ASSISTANT	03	OA	C6609	A	A	17	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/26/11	OFFICE SPECIALIST 2	03	OA	C0104	A	A	15	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/29/11	VOC REHABILITATION COUNSELOR	09	OA	C6647	A	A	25	L	P	50%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/1/11	SOCIAL SERVICE SPECIALIST 1	04	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/6/11	HUMAN SERVICES CASE MANAGER	04	OA	C6630	A	A	21	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/10/11	HUMAN SERVICES SPECIALIST 1	05	OA	C6657	A	A	15	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/7/11	SOCIAL SERVICE SPECIALIST 1	03	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/14/11	OPERATIONS & POLICY ANALYST 3	04	MMN	X0872	A	A	30	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/14/11	TRAINING & DEVELOPMENT SPEC 2	06	OA	C1339	A	A	27	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/15/11	OPERATIONS & POLICY ANALYST 4	04	MMN	X1338	A	A	23	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/28/11	SOCIAL SERVICE SPECIALIST 1	03	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/1/11	PRINCIPAL EXECUTIVE/MANAGER F	09	MMS	X7010	A	A	35	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/7/11	OPERATIONS & POLICY ANALYST 2	04	OA	C0871	A	A	27	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/12/11	PUBLIC SERVICE REP 3	03	OA	C0323	A	A	15	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/12/11	INVESTIGATOR 3	04	MMN	X5233	A	A	25	P	P	50%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/19/11	ADULT PROTECTIVE SERVICE SPEC	04	OA	C6616	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/19/11	PRINCIPAL EXECUTIVE/MANAGER B	04	MMS	X7002	A	A	26	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	2/13/12	OPERATIONS & POLICY ANALYST 2	03	OA	C0871	A	A	27	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	3/19/12	VOC REHABILITATION COUNSELOR	05	OA	C6647	A	A	25	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	5/7/12	EXECUTIVE SUPPORT SPECIALIST 2	06	MMN	X0119	A	A	19	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	5/14/12	GOVERNMENTAL AUDITOR 2	06	OA	C5647	A	A	26	L	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary

10000	5/21/12	SOCIAL SERVICE SPECIALIST 1	05	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	6/11/12	SOCIAL SERVICE SPECIALIST 1	09	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/16/12	OPERATIONS & POLICY ANALYST 2	03	OA	C0871	A	A	27	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/16/12	MENTAL HEALTH THERAPY TECH	04	AMG	C6710	A	A	16	L	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/30/12	HUMAN SERVICES CASE MANAGER	06	OA	C6630	A	A	21	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/1/12	CLIENT CARE SURVEYOR	03	OA	C6685	A	A	28	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/1/12	HUMAN SERVICES ASSISTANT 2	06	OA	C6606	A	A	15	L	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/6/12	OFFICE SPECIALIST 2	03	OA	C0104	A	A	15	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/13/12	HUMAN SERVICES SPECIALIST 1	04	OA	C6657	A	A	15	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/29/12	FISCAL ANALYST 3	03	OA	C1245	A	A	30	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/4/12	FISCAL ANALYST 3	03	OA	C1245	A	A	30	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/4/12	MEDICAL CONSULTANT	07	OA	U7538	A	A	39	P	P	60%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/24/12	SOCIAL SERVICE SPECIALIST 1	05	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/1/12	PRINCIPAL EXECUTIVE/MANAGER F	04	MESN	Z7010	A	A	35	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/8/12	SOCIAL SERVICE SPECIALIST 1	08	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/29/12	ADULT PROTECTIVE SERVICE SPEC	04	OA	C6616	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/9/12	OFFICE SPECIALIST 2	03	OA	C0104	A	A	15	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/13/12	SOCIAL SERVICE SPECIALIST 1	03	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/13/12	SOCIAL SERVICE SPECIALIST 1	05	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/13/12	SOCIAL SERVICE SPECIALIST 1	08	OA	C6612	A	A	24	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/10/12	NURSE MANAGER	08	OA	C0872	A	A	30	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/14/12	SOCIAL SERVICE SPECIALIST 1	03	OA	C6612	A	A	24	P	J	50%	Previous temporary position - Salary reflects decrease from previous salary
10000	8/1/12	MEDICAL CONSULTANT	08	OA	U7538	A	A	39	P	P	50%	Previous temporary position - Salary reflects decrease from previous salary
10000	9/26/11	PROGRAM ANALYST 2	04	OA	C0861	A	A	27	P	F	100%	Previous temporary position - Salary reflects equal to previous salary
10000	9/21/11	SOCIAL SERVICE SPECIALIST 1	04	OA	C6612	A	A	24	P	F	100%	Promotion from temporary employee to new position with one step increase
10000	10/21/11	SOCIAL SERVICE SPECIALIST 1	04	OA	C6612	A	A	24	P	F	100%	Promotion from temporary employee to new position with one step increase
10000	7/1/11	HUMAN SERVICES SPECIALIST 3	03	OA	C6659	A	A	19	P	F	100%	Promotion to new position with one step increase
10000	7/12/11	OPERATIONS & POLICY ANALYST 2	04	OA	C6684	A	A	24	P	F	100%	Promotion to new position with one step increase
10000	8/1/11	EXECUTIVE SUPPORT SPECIALIST 2	03	MMS	X0119	A	A	19	P	F	100%	Promotion to new position with one step increase
10000	10/10/11	ADMINISTRATIVE SPECIALIST 1	04	OA	C0107	A	A	17	P	P	50%	Promotion to new position with one step increase
10000	11/2/11	PUBLIC SERVICE REP 3	04	OA	C0323	A	A	15	P	F	100%	Promotion to new position with one step increase
10000	11/15/11	OPERATIONS & POLICY ANALYST 4	04	MMN	X1338	A	A	23	P	F	100%	Promotion to new position with one step increase
10000	3/26/12	FACILITY OPERATIONS SPEC 2	06	OA	C4015	A	A	26	P	F	100%	Promotion to new position with one step increase
10000	5/7/12	DISABILITY ANALYST 2	04	OA	C5926	A	A	23	P	F	100%	Promotion to new position with one step increase
10000	5/7/12	SOCIAL SERVICE SPECIALIST 1	07	OA	C6612	A	A	24	P	F	100%	Promotion to new position with one step increase

All new DHS hires at step 2 or below (July 2011 - December 2012)

Agy	EffDt	PosClassTitle	Step	EmplRepr	EmplClass	EmplPayOpt	EmplRngOpt	EmplRng	ApptTp	FPCd	FP%
10000	7/31/12	HUMAN SERVICES ASSISTANT 2	01	OA	C6606	A	A	15	P	F	100%
10000	12/3/12	OPERATIONS & POLICY ANALYST 2	02	OA	C0871	A	A	27	P	F	100%
10000	7/25/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%
10000	4/24/12	DISABILITY ANALYST 1	02	OA	C5926	A	A	23	P	F	100%

10000	4/1/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	10/6/11	HUMAN SERVICES CASE MANAGER	01	OA	C6630	A	A	21	P	F	100%	
10000	9/29/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	12/6/12	HUMAN SERVICES CASE MANAGER	01	OA	C6630	A	A	21	P	F	100%	
10000	7/23/12	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	7/25/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	9/19/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	10/3/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	9/6/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/7/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	7/25/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	11/19/12	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	9/10/12	PREADMISSIONS SCREENING SPEC	02	OA	C6684	A	A	24	P	F	100%	
10000	11/13/12	ADULT PROTECTIVE SERVICE SPEC	01	OA	C6616	A	A	24	P	F	100%	
10000	7/25/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	7/16/12	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	5/16/12	ADULT PROTECTIVE SERVICE SPEC	02	OA	C6616	A	A	24	P	F	100%	
10000	1/19/12	OPERATIONS & POLICY ANALYST 1	02	OA	C0870	A	A	23	P	F	100%	
10000	10/31/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	12/12/11	HUMAN SERVICES CASE MANAGER	01	OA	C6630	A	A	21	P	F	100%	
10000	10/17/11	ADMINISTRATIVE SPECIALIST 1	02	OA	C0107	A	A	17	P	F	100%	
10000	11/8/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	7/11/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/21/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	8/10/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	9/17/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	12/27/12	PRINCIPAL EXECUTIVE/MANAGER D	01	MMS	X7006	A	A	31	P	F	100%	
10000	10/1/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	8/22/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	1/3/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	9/19/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	9/19/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	10/1/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	8/15/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/1/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	7/25/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	9/26/11	ADMINISTRATIVE SPECIALIST 1	02	OA	C0107	A	A	17	P	F	100%	
10000	9/17/12	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	9/5/12	HUMAN SERVICES CASE MANAGER	02	OA	C6630	A	A	21	P	F	100%	
10000	7/9/12	ADMINISTRATIVE SPECIALIST 1	01	OA	C0107	A	A	17	P	F	100%	
10000	7/13/11	HUMAN SERVICES CASE MANAGER	02	OA	C6630	A	A	21	L	F	100%	
10000	10/3/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	11/2/11	HUMAN SERVICES CASE MANAGER	02	OA	C6630	A	A	21	P	F	100%	
10000	10/1/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	10/1/12	PREADMISSIONS SCREENING SPEC	01	OA	C6684	A	A	24	P	F	100%	

10000	7/11/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	12/20/12	ADULT PROTECTIVE SERVICE SPEC	02	OA	C6616	A	A	24	P	F	100%	
10000	11/21/11	HUMAN SERVICES CASE MANAGER	01	OA	C6630	A	A	21	P	F	100%	
10000	4/16/12	DISABILITY ANALYST 1	02	OA	C5926	A	A	23	P	F	100%	
10000	10/24/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/29/11	ADMINISTRATIVE SPECIALIST 1	01	OA	C0107	A	A	17	P	F	100%	
10000	10/24/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	12/5/11	INFO SYSTEMS SPECIALIST 6	02	OA	C1486	I	A	29	P	F	100%	
10000	10/10/11	HUMAN SERVICES CASE MANAGER	01	OA	C6630	A	A	21	P	F	100%	
10000	11/2/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	3/26/12	DISABILITY ANALYST 2	02	OA	C5927	A	A	25	P	F	100%	
10000	7/25/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	12/17/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	12/2/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	7/25/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	7/25/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	7/11/11	HUMAN SERVICES CASE MANAGER	02	OA	C6630	A	A	21	P	F	100%	
10000	12/7/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	1/9/12	CLIENT CARE SURVEYOR	02	OA	C6685	A	A	28	P	F	100%	
10000	7/9/12	ADMINISTRATIVE SPECIALIST 1	01	OA	C0107	A	A	17	P	F	100%	
10000	7/6/11	HUMAN SERVICES CASE MANAGER	01	OA	C6630	A	A	21	P	F	100%	
10000	10/15/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	7/18/11	CLIENT CARE SURVEYOR	01	OA	C6685	A	A	28	P	F	100%	
10000	10/1/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	12/6/12	HUMAN SERVICES CASE MANAGER	01	OA	C6630	A	A	21	P	F	100%	
10000	11/16/11	OPERATIONS & POLICY ANALYST 2	02	OA	C0871	A	A	27	P	F	100%	
10000	10/10/11	HUMAN SERVICES CASE MANAGER	01	OA	C6630	A	A	21	P	F	100%	
10000	10/1/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	7/2/12	HUMAN SERVICES ASSISTANT 2	01	OA	C6606	A	A	15	P	F	100%	
10000	9/18/12	OPERATIONS & POLICY ANALYST 2	01	UA	C0871	A	A	27	P	F	100%	
10000	12/1/11	HUMAN SERVICES CASE MANAGER	02	OA	C6630	A	A	21	P	F	100%	
10000	7/11/11	CLIENT CARE SURVEYOR	01	OA	C6685	A	A	28	P	F	100%	
10000	8/10/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	9/4/12	HUMAN SERVICES CASE MANAGER	01	OA	C6630	A	A	21	P	F	100%	
10000	8/8/11	ADULT PROTECTIVE SERVICE SPEC	02	OA	C6616	A	A	24	P	F	100%	
10000	11/7/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	8/12/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	5/21/12	ADMINISTRATIVE SPECIALIST 1	02	OA	C0107	A	A	17	P	F	100%	
10000	10/15/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/19/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	8/29/11	ADULT PROTECTIVE SERVICE SPEC	02	OA	C6616	A	A	24	P	F	100%	
10000	1/3/12	HUMAN SERVICES ASSISTANT 2	01	OA	C6606	A	A	15	P	F	100%	
10000	5/14/12	ADULT PROTECTIVE SERVICE SPEC	01	OA	C6616	A	A	24	P	F	100%	
10000	10/24/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	9/15/11	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	

10000	8/15/11	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	4/16/12	PROGRAM ANALYST 1	02	OA	C0860	A	A	23	P	P	50%	
10000	8/15/11	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	6/4/12	OPERATIONS & POLICY ANALYST 2	01	OA	C0871	A	A	27	L	F	100%	
10000	4/1/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	4/1/12	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	8/15/11	BOARD AND COMMISSION MEMBER	00	B	Y7500	A	E	00	P	P	0%	
10000	11/1/11	ADMINISTRATIVE SPECIALIST 1	02	OA	C0107	A	A	17	P	F	100%	
10000	10/31/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	7/11/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/1/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	7/1/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	11/21/11	HUMAN SERVICES SPECIALIST 1	00	OA	C6657	A	A	15	P	F	100%	
10000	11/14/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	12/10/12	HUMAN SERVICES ASSISTANT 2	01	OA	C6606	A	A	15	P	F	100%	
10000	11/7/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	12/27/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/7/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	12/10/12	CLIENT CARE SURVEYOR	02	OA	C6685	A	A	28	P	F	100%	
10000	10/8/12	TRAINING & DEVELOPMENT SPEC 2	02	OA	C1339	A	A	27	P	F	100%	
10000	6/25/12	EXECUTIVE SUPPORT SPECIALIST 2	02	MMN	X0119	A	A	19	P	F	100%	
10000	1/3/12	RESEARCH ANALYST 1	02	OA	C1115	A	A	19	P	F	100%	
10000	10/8/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/24/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/10/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	11/1/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/21/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	9/27/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/17/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	9/1/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	10/29/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/28/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	6/13/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/30/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/5/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/9/12	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	1/26/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/5/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/1/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	9/23/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/17/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/12/11	RESEARCH ANALYST 4	02	OA	C1118	A	A	30	P	F	100%	
10000	6/7/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/17/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/16/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	

10000	11/26/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/10/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	P	50%	
10000	8/8/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/11/11	SOCIAL SERVICE ASSISTANT	02	OA	C6609	A	A	17	P	F	100%	
10000	11/14/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	P	50%	
10000	11/26/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/29/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	9/24/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	9/28/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/26/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	1/3/12	SOCIAL SERVICE ASSISTANT	02	OA	C6609	A	A	17	P	F	100%	
10000	7/12/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/22/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	11/16/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	7/19/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	9/24/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/7/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	9/26/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/29/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	1/9/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/6/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/1/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/10/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	12/8/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/15/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/1/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/30/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/19/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/18/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/24/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	1/9/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	9/30/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	3/19/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	8/15/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/29/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	1/10/12	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	9/12/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/9/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/1/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	12/1/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/24/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	P	50%	
10000	10/8/12	HUMAN SERVICES SPECIALIST 2	01	OA	C6658	A	A	17	P	P	50%	
10000	9/26/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	11/21/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	L	P	50%	
10000	9/4/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	

10000	11/7/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	9/10/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/17/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/24/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	1/20/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/28/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/7/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/3/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/3/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	12/19/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	9/6/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	2/13/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	J	50%	
10000	10/22/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/26/12	ADMINISTRATIVE SPECIALIST 2	02	OA	C0108	A	A	19	P	F	100%	
10000	8/4/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/17/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	8/1/12	OPERATIONS & POLICY ANALYST 2	01	OA	C0871	A	A	27	P	F	100%	
10000	9/27/11	SOCIAL SERVICE ASSISTANT	02	OA	C6609	A	A	17	P	F	100%	
10000	9/19/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/31/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	5/1/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	12/5/12	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/26/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/19/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/8/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/1/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	9/19/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/5/12	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	1/20/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/1/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	7/5/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/15/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/27/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/18/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/6/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/23/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	8/8/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/20/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	4/23/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	9/10/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/7/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	2/6/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	8/15/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	8/22/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	1/3/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	

10000	9/17/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/27/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/1/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	5/23/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	3/19/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/24/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/1/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	11/9/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	11/14/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/14/11	SOCIAL SERVICE ASSISTANT	02	OA	C6609	A	A	17	P	F	100%	
10000	9/9/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/1/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/14/11	OFFICE SPECIALIST 1	01	OA	C0103	A	A	12	P	P	50%	
10000	2/9/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/11/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	P	50%	
10000	9/27/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/17/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/31/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/26/12	PRINCIPAL EXECUTIVE/MANAGER F	02	MMS	X7010	A	A	35	P	F	100%	
10000	9/26/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	12/6/12	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/21/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	10/1/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/28/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	6/26/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/7/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	5/29/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	12/4/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/3/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/28/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	9/12/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	8/15/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/14/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	10/24/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	7/8/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	1/4/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/29/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	7/13/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/26/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/16/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	8/15/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/5/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	4/25/12	OPERATIONS & POLICY ANALYST 3	02	OA	C0872	A	A	30	P	F	100%	
10000	10/29/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/27/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	

10000	5/23/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	12/28/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	9/19/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	8/23/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	P	50%	
10000	8/26/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	P	50%	
10000	11/22/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	1/3/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	7/5/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	2/6/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	9/11/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/3/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/10/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	7/16/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/1/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	8/1/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	7/1/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	1/3/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/5/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	P	50%	
10000	11/8/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	11/28/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/17/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/30/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/17/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	8/20/12	SOCIAL SERVICE ASSISTANT	02	OA	C6609	A	A	17	P	F	100%	
10000	2/10/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/24/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	2/13/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	5/14/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	8/27/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	8/31/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/3/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/21/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	8/13/12	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	10/8/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/19/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/10/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/10/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	9/10/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	8/8/12	PARALEGAL	01	OA	C1524	A	A	23	P	J	50%	
10000	4/1/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	9/12/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/20/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/5/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/7/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	9/24/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	

10000	9/19/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	9/12/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	P	50%	
10000	2/13/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/12/11	SOCIAL SERVICE ASSISTANT	02	OA	C6609	A	A	17	P	F	100%	
10000	10/17/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	6/11/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/1/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	J	50%	
10000	12/19/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	J	50%	
10000	11/2/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/21/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	L	F	100%	
10000	8/29/12	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	8/29/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/5/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/10/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	9/9/11	SOCIAL SERVICE ASSISTANT	02	OA	C6609	A	A	17	P	F	100%	
10000	2/13/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/31/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	9/12/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	12/27/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/12/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/24/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/21/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/31/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	7/22/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/26/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/18/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/28/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/24/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/12/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	10/17/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/5/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/2/11	PRINCIPAL EXECUTIVE/MANAGER C	02	MMS	X7004	A	A	28	P	P	50%	
10000	10/17/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/19/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/20/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	2/13/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	2/1/12	OPERATIONS & POLICY ANALYST 2	01	OA	C0871	A	A	27	P	F	100%	
10000	1/4/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	7/13/12	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	9/27/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	10/17/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/18/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/30/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/1/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	1/18/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	

10000	12/12/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	10/1/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/7/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/16/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/17/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/9/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/28/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	6/11/12	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/30/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	6/7/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/29/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/13/11	OFFICE SPECIALIST 1	02	OA	C0103	A	A	12	P	F	100%	
10000	10/28/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	11/19/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/3/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	P	50%	
10000	11/19/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	4/1/12	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/4/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	P	50%	
10000	10/17/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	9/9/11	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	12/19/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/12/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/6/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/3/11	SOCIAL SERVICE ASSISTANT	01	OA	C6609	A	A	17	P	F	100%	
10000	7/9/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	12/5/12	PRINCIPAL EXECUTIVE/MANAGER C	01	MMS	X7004	A	A	28	P	P	50%	
10000	10/26/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	10/22/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/17/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	11/13/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/1/12	SOCIAL SERVICE SPECIALIST 1	02	OA	C6612	A	A	24	P	F	100%	
10000	10/1/12	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	L	F	100%	
10000	8/29/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	8/11/11	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	L	P	50%	
10000	9/4/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	9/19/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	12/25/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	12/30/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/9/12	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	A	24	P	F	100%	
10000	7/1/11	PRINCIPAL EXECUTIVE/MANAGER B	01	MMS	X7002	A	A	26	P	F	100%	
10000	10/8/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	12/31/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	7/20/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	

10000	10/15/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	7/3/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	10/15/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	12/22/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	1/4/12	PREADMISSIONS SCREENING SPEC	02	OA	C6684	A	A	24	P	F	100%	
10000	11/19/12	PROGRAM ANALYST 3	02	OA	C0862	A	A	29	P	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	7/25/12	MENTAL HEALTH THERAPY TECH	02	AMG	C6710	A	A	16	L	F	100%	
10000	1/10/12	PROGRAM ANALYST 2	02	OA	C0861	A	A	27	P	F	100%	
10000	12/20/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/8/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	7/16/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/10/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	12/19/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	10/15/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	11/26/12	PRINCIPAL EXECUTIVE/MANAGER E	02	MESN	Z7008	A	A	33	P	F	100%	
10000	10/3/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/8/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/18/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	7/9/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	12/1/11	OFFICE SPECIALIST 2	02	AMG	C0104	A	A	15	P	F	100%	
10000	10/15/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	10/15/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	12/21/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/11/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	7/6/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	11/13/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/8/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/8/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	1/10/12	PROGRAM ANALYST 2	02	OA	C0861	A	A	27	P	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/29/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	HABILITATIVE TRAINING TECH 2	01	AMG	C6726	A	A	16	L	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	7/23/12	MENTAL HEALTH THERAPY TECH	02	AMG	C6710	A	A	16	L	F	100%	
10000	7/9/12	MENTAL HEALTH THERAPY TECH	02	AMG	C6710	A	A	16	L	F	100%	

10000	1/4/12	PREADMISSIONS SCREENING SPEC	01	OA	C6684	A	A	24	P	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/15/12	MENTAL HEALTH THERAPY TECH	01	AMG	C6710	A	A	16	L	F	100%	
10000	10/22/12	PROCUREMENT AND CONTRACT ASST	02	OA	C0435	A	A	19	L	P	75%	
10000	12/4/12	INVESTIGATOR 3	02	OA	C5233	A	A	25	P	F	100%	
10000	7/25/11	ADMINISTRATIVE SPECIALIST 2	01	OA	C0108	A	A	19	L	F	100%	
10000	8/10/11	PRINCIPAL EXECUTIVE/MANAGER B	01	MMS	X7002	A	A	26	P	F	100%	
10000	11/14/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	L	F	100%	
10000	3/19/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	1/3/12	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	2/1/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	9/29/11	OPERATIONS & POLICY ANALYST 3	01	MMN	X0872	A	A	30	P	F	100%	
10000	10/25/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	1/9/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	11/28/11	ACCOUNTANT 4	02	MMN	X1218	A	A	30	P	F	100%	
10000	1/18/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	9/6/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	10/25/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	7/1/11	ADMINISTRATIVE SPECIALIST 1	01	OA	C0107	A	A	17	P	F	100%	
10000	8/24/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	7/1/11	ADMINISTRATIVE SPECIALIST 2	01	OA	C0108	A	A	19	P	F	100%	
10000	7/7/11	ADMINISTRATIVE SPECIALIST 2	01	OA	C0108	A	A	19	L	F	100%	
10000	1/18/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	8/15/11	OFFICE SPECIALIST 1	01	OA	C0103	A	A	12	P	F	100%	
10000	9/12/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	1/30/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	1/3/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	3/12/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	2/6/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	11/1/11	ADMINISTRATIVE SPECIALIST 1	02	OA	C0107	A	A	17	P	F	100%	
10000	1/3/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	7/7/11	ADMINISTRATIVE SPECIALIST 2	01	OA	C0108	A	A	19	L	F	100%	
10000	2/6/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	8/17/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	9/12/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	1/18/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	L	F	100%	
10000	9/26/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	11/2/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	1/30/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	11/13/12	ADMINISTRATIVE SPECIALIST 1	01	OA	C0107	A	A	17	P	F	100%	
10000	11/2/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	9/6/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	9/14/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	10/22/12	PROCUREMENT AND CONTRACT ASST	02	OA	C0435	A	A	19	L	P	75%	

10000	8/29/11	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	2/21/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	7/7/11	ADMINISTRATIVE SPECIALIST 2	01	OA	C0108	A	A	19	L	F	100%	
10000	11/13/12	ADMINISTRATIVE SPECIALIST 1	01	OA	C0107	A	A	17	P	F	100%	
10000	12/20/11	PRINCIPAL EXECUTIVE/MANAGER B	01	MMS	X7002	A	A	26	P	F	100%	
10000	7/7/11	ADMINISTRATIVE SPECIALIST 2	01	OA	C0108	A	A	19	L	F	100%	
10000	10/4/12	PROCUREMENT & CONTRACT SPEC 3	02	OA	C0438	A	A	29	L	P	50%	
10000	1/17/12	DATA ENTRY OPERATOR	01	OA	C0501	A	A	11	P	F	100%	
10000	11/1/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	7/11/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/15/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	10/15/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	9/26/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	8/27/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/4/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/1/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/4/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	6/25/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/19/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	9/28/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	J	50%	
10000	11/1/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/28/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/1/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	12/5/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	12/5/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/21/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	7/14/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/9/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/28/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	9/4/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	8/8/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/13/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/31/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	6/27/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/24/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	9/19/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	10/10/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/29/12	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	8/10/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	12/27/11	PRINCIPAL EXECUTIVE/MANAGER B	01	MMS	X7002	A	A	26	P	F	100%	
10000	11/14/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	

10000	10/25/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/1/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/14/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/16/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	12/4/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/28/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	7/11/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/27/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	12/1/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	12/5/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	9/21/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/19/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	8/17/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/11/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/4/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	9/27/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	L	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/4/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/10/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/17/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/6/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	9/26/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	7/12/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	9/29/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	6/11/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	6/25/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	7/13/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/31/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	9/19/11	PROGRAM ANALYST 2	01	OA	C0861	A	A	27	L	P	75%	
10000	9/9/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	9/21/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/10/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	3/6/12	HUMAN SERVICES CASE MANAGER	01	OA	C6630	A	A	21	P	F	100%	
10000	10/4/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/10/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/31/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/24/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	8/8/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/14/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/21/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	

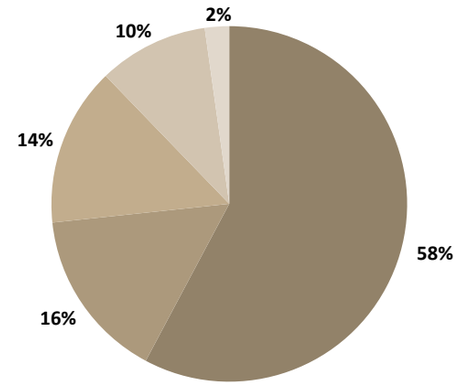
10000	11/14/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	9/26/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	7/11/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/7/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	9/26/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	10/12/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	J	50%	
10000	7/25/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/10/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/9/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/1/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	1/3/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/7/11	HUMAN SERVICES SPECIALIST 1	00	OA	C6657	A	A	15	P	F	100%	
10000	10/1/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/1/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	9/6/11	OFFICE SPECIALIST 1	02	OA	C0103	A	A	12	P	F	100%	
10000	7/16/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	9/1/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/14/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	10/11/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/1/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	9/8/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	7/21/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	7/1/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	8/14/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	8/7/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/25/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	12/5/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	4/1/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	8/21/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	9/26/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/21/11	HUMAN SERVICES SPECIALIST 1	00	OA	C6657	A	A	15	P	F	100%	
10000	9/7/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	8/1/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	9/8/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	11/21/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	11/8/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	J	50%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	9/14/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	11/17/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	3/20/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/14/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	

10000	12/5/11	PRINCIPAL EXECUTIVE/MANAGER B	02	MMS	X7002	A	A	26	P	F	100%	
10000	10/10/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	9/29/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/1/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	10/12/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/7/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	7/1/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	12/27/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/17/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	6/25/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/17/11	OFFICE SPECIALIST 1	02	OA	C0103	A	A	12	P	P	50%	
10000	12/4/12	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	10/31/11	OFFICE SPECIALIST 1	02	OA	C0103	A	A	12	P	F	100%	
10000	10/10/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/7/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	12/12/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	10/5/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	1/3/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	6/12/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/2/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	8/13/12	HUMAN SERVICES SPECIALIST 1	00	OA	C6657	A	A	15	P	F	100%	
10000	8/25/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	11/14/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/16/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	8/1/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/7/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	8/15/11	PRINCIPAL EXECUTIVE/MANAGER B	02	MMS	X7002	A	A	26	P	F	100%	
10000	8/11/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	9/28/11	OFFICE SPECIALIST 2	01	OA	C0104	A	A	15	P	F	100%	
10000	10/15/12	ADMINISTRATIVE SPECIALIST 1	02	OA	C0107	A	A	17	P	F	100%	
10000	7/7/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	8/1/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	12/27/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	9/26/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	10/8/12	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	10/24/11	OFFICE SPECIALIST 1	01	OA	C0103	A	A	12	P	F	100%	
10000	11/1/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	10/19/11	OFFICE SPECIALIST 1	02	OA	C0103	A	A	12	P	F	100%	
10000	11/7/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	10/4/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	9/26/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	J	50%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/14/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	7/11/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	

10000	1/3/12	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	9/26/11	HUMAN SERVICES SPECIALIST 3	02	OA	C6659	A	A	19	P	F	100%	
10000	10/25/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/2/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/14/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/2/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 1	01	OA	C6657	A	A	15	P	F	100%	
10000	11/30/11	OFFICE MANAGER 2	02	MMS	X0806	A	A	20	P	F	100%	
10000	10/3/11	HUMAN SERVICES SPECIALIST 3	01	OA	C6659	A	A	19	P	F	100%	
10000	11/14/11	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	8/6/12	HUMAN SERVICES SPECIALIST 1	02	OA	C6657	A	A	15	P	F	100%	
10000	11/29/12	VOC REHABILITATION COUNSELOR	02	OA	C6647	A	A	25	P	F	100%	
10000	8/1/12	VOC REHABILITATION COUNSELOR	02	OA	C6647	A	A	25	P	F	100%	
10000	11/13/12	HUMAN SERVICES ASSISTANT 2	01	OA	C6606	A	A	15	P	F	100%	
10000	9/23/11	HUMAN SERVICES ASSISTANT 2	01	OA	C6606	A	A	15	P	F	100%	
10000	8/1/11	VOC REHABILITATION COUNSELOR	01	OA	C6647	A	A	25	P	F	100%	
10000	11/17/11	VOC REHAB COUNSELOR-ENTRY	02	OA	C6646	A	A	20	P	F	100%	
10000	5/29/12	HUMAN SERVICES ASSISTANT 2	02	OA	C6606	A	A	15	P	F	100%	
10000	12/10/12	HUMAN SERVICES ASSISTANT 2	01	OA	C6606	A	A	15	P	F	100%	
10000	11/1/12	HUMAN SERVICES ASSISTANT 2	01	OA	C6606	A	A	15	L	F	100%	
10000	10/24/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	F	100%	
10000	8/29/11	VOC REHABILITATION COUNSELOR	02	OA	C6647	A	A	25	P	F	100%	
10000	9/27/11	OFFICE SPECIALIST 2	02	OA	C0104	A	A	15	P	P	60%	

Summary of DHS reclassification data

DHS RECLASSIFICATIONS	COUNT	%
Reclassified due to union grievance	*52*	*58%*
Reclassified due to statatory change under HB 4131/2020	*14*	*16%*
Reclassified up based on HR review of current duties	*13*	*14%*
Reclassified down based on HR review of current duties	*9*	*10%*
Reclassified due to reorganization of agency and duties	*2*	*2%*
Total reclassifications	**90**	**100%**



TOTAL DHS POSITION AUTHORITY = 7405
Reclassification of 90 positions represents

1%

of the agency

All new DHS hires greater than step 2 with justification (July 2011 - December 2012)

Agy	EffDt	PosID	PosClassTitle	Step	EmplRepr	EmplClass	EmplPayOpt	BaseRt	EmplRng	PayRt	ApptDt	ApptTp	DF	FPCd	FP%	Reclass Action	Reason for reclassification
10000	11/1/12	1001068	OFFICE SPECIALIST 2	09	OA	C6657	A	3,132.00	15	3,132.00	7/17/10	P		F	100%	Down	Reclassified based on HR review of current duties
10000	9/1/12	3200190	OFFICE SPECIALIST 2	09	OA	C6657	A	3,132.00	15	3,132.00	1/10/94	P		F	100%	Down	Reclassified based on HR review of current duties
10000	11/1/12	4000175	OFFICE SPECIALIST 2	01	OA	C6657	A	2,282.50	15	2,282.50	9/21/11	P		F	100%	Down	Reclassified based on HR review of current duties
10000	11/1/12	9400341	OFFICE SPECIALIST 2	01	OA	C6657	A	2,282.50	15	2,282.50	9/28/11	P		F	100%	Down	Reclassified based on HR review of current duties
10000	11/1/12	9403329	OFFICE SPECIALIST 2	01	OA	C6657	A	2,282.50	15	2,282.50	9/26/11	P		F	100%	Down	Reclassified based on HR review of current duties
10000	11/1/12	9409005	OFFICE SPECIALIST 2	02	OA	C6657	A	2,367.00	15	2,367.00	9/29/09	P		F	100%	Down	Reclassified based on HR review of current duties
10000	11/1/12	9409697	OFFICE SPECIALIST 2	01	OA	C6657	A	2,282.50	15	2,282.50	10/31/11	P		F	100%	Down	Reclassified based on HR review of current duties
10000	11/1/12	9409723	OFFICE SPECIALIST 2	01	OA	C6657	A	2,247.00	15	2,247.00	11/17/11	P		F	100%	Down	Reclassified based on HR review of current duties
10000	11/1/12	9410309	OFFICE SPECIALIST 2	01	OA	C6657	A	2,282.50	15	2,282.50	9/21/11	P		F	100%	Down	Reclassified based on HR review of current duties
10000	8/1/12	1007426	ADMINISTRATIVE SPECIALIST 1	07	OA	C0107	A	3,132.00	17	3,132.00	10/1/02	P		F	100%	Up	Reclassified based on HR review of current duties
10000	8/1/12	1010026	ADMINISTRATIVE SPECIALIST 1	01	OA	C0107	A	2,416.00	17	2,416.00	7/1/11	P	B	F	100%	Up	Reclassified based on HR review of current duties
10000	8/1/12	1010027	ADMINISTRATIVE SPECIALIST 1	08	OA	C0107	A	3,284.00	17	3,284.00	10/1/02	P		F	100%	Up	Reclassified based on HR review of current duties
10000	8/1/12	1010028	ADMINISTRATIVE SPECIALIST 1	03	OA	C0107	A	2,624.00	17	2,624.00	6/20/11	P		F	100%	Up	Reclassified based on HR review of current duties
10000	11/1/12	9402633	ADMINISTRATIVE SPECIALIST 1	05	OA	C0107	A	2,858.00	17	2,858.00	6/17/03	P	E	F	100%	Up	Reclassified based on HR review of current duties
10000	2/1/12	1008055	PROGRAM ANALYST 1	01	OA	C0861	A	3,783.00	23	3,783.00	9/18/09	P		F	100%	Up	Reclassified based on HR review of current duties
10000	8/1/11	6470070	FISCAL ANALYST 2	05	OA	C1244	A	4,495.00	27	4,495.00	12/12/06	P		F	100%	Up	Reclassified based on HR review of current duties
10000	12/12/11	1008438	SOCIAL SERVICE SPECIALIST 1	01	OA	C6612	A	3,284.00	24	3,284.00	2/24/10	P	E	F	100%	Up	Reclassified based on HR review of current duties
10000	6/18/12	0005784	VOC REHABILITATION COUNSELOR	01	OA	C6647	A	3,434.00	25	3,434.00	11/17/11	P		F	100%	Up	Reclassified based on HR review of current duties
10000	6/26/12	8300011	HABILITATIVE TRAINING TECH 2	05	AMG	C6710	A	2,851.00	16	1,425.50	8/1/10	P	J	J	50%	Up	Reclassified based on HR review of current duties
10000	8/1/12	1003373	PRINCIPAL EXECUTIVE/MANAGER C	05	MMS	X7006	A	5,756.00	31	5,756.00	4/9/03	P	E	F	100%	Up	Reclassified based on HR review of current duties
10000	9/1/12	1004117	PRINCIPAL EXECUTIVE/MANAGER E	02	MMS	X7008	A	5,487.00	33	5,487.00	7/1/08	P		F	100%	Up	Reclassified based on HR review of current duties
10000	6/1/12	2100204	PRINCIPAL EXECUTIVE/MANAGER E	08	MMS	X7008	A	7,332.00	33	7,332.00	1/1/96	P		F	100%	Up	Reclassified based on HR review of current duties
10000	6/26/12	8300011	HABILITATIVE TRAINING TECH 2	05	AMG	C6710	A	2,851.00	16	1,425.50	4/1/06	P	J	J	50%	Up	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	0000100	SUPPORT SERVICES SUPERVISOR 2	08	OA	C0108	A	3,913.00	19	3,913.00	11/15/04	P		F	100%	Down	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	1007418	SUPPORT SERVICES SUPERVISOR 3	04	MMS	X7002	A	4,302.00	26	4,302.00	4/7/08	P	E	F	100%	Up	Reclassified due to statatory change under HB 4131/2020

10000	10/1/12	1007418	SUPPORT SERVICES SUPERVISOR 3	02	MMS	X7002	A	3,913.00	26	3,913.00	1/2/07	P	B	F	100%	Up	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	9410909	EXECUTIVE SUPPORT SPECIALIST 2	05	MMC	X0870	A	4,100.00	23	4,100.00	7/19/05	P		F	100%	Up	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	4119894	PUBLIC AFFAIRS SPECIALIST 3	00	OA	C0108	A	2,925.00	19	2,925.00	3/1/04	P	E	F	100%	Down	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	0000271	PRINCIPAL EXECUTIVE/MANAGER A	00	OA	C4014	A	3,727.00	24	3,727.00	10/6/08	P		F	100%	Down	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	7700000	PRINCIPAL EXECUTIVE/MANAGER B	05	AMG	C0861	A	4,627.50	27	2,313.75	9/7/05	P		P	50%	Up	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	6190032	PRINCIPAL EXECUTIVE/MANAGER C	04	MMN	X0871	A	4,740.00	27	4,740.00	2/5/07	P		F	100%	Equal	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	1000044	PRINCIPAL EXECUTIVE/MANAGER D	06	MMN	X0872	A	6,194.50	30	6,194.50	3/1/10	P		F	100%	Equal	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	1500001	PRINCIPAL EXECUTIVE/MANAGER D	02	MMN	X0873	A	5,487.00	32	5,487.00	12/6/04	P		F	100%	Up	Reclassified due to statatory change under HB 4131/2020
10000	6/1/12	2510000	PRINCIPAL EXECUTIVE/MANAGER D	04	MMN	X7006	A	5,487.00	31	5,487.00	7/19/04	P	E	F	100%	Up	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	3300719	PRINCIPAL EXECUTIVE/MANAGER D	06	MMN	X0873	A	6,663.00	32	6,663.00	11/24/08	P	B	F	100%	Up	Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	1000059	PRINCIPAL EXECUTIVE/MANAGER E	07	MMN	X0873	A	7,162.00	32	7,162.00	3/1/08	P	B	F	100%	Equal	Reclassified due to statatory change under HB 4131/2020
10000	6/1/12	2500000	PRINCIPAL EXECUTIVE/MANAGER E	06	MMS	X7012	A	6,992.00	33	6,992.00	12/8/04	P		F	100%	Up	Reclassified employee from PEM E to PEM F due to reorganization of duties
10000	6/1/12	2650000	PRINCIPAL EXECUTIVE/MANAGER G	01	MMS	X7012	A	6,663.00	38	6,663.00	10/1/02	P		F	100%	Up	Reclassified employee from PEM E to PEM F due to reorganization of duties
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	AMG	C6710	A	2,618.00	16	2,618.00	1/14/08	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	AMG	C6710	A	2,618.00	16	2,618.00	8/29/07	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	07	AMG	C6710	A	3,127.00	16	3,127.00	1/30/01	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	8/15/12	7367719	MENTAL HEALTH THERAPY TECH	03	AMG	C6710	A	2,618.00	16	2,618.00	6/19/11	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	02	AMG	C6710	A	2,509.00	16	2,509.00	8/30/10	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	12/17/01	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	8/10/98	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	10/13/99	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	9/4/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	11/15/99	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	11/14/95	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	AMG	C6710	A	2,719.00	16	2,719.00	7/18/05	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	AMG	C6710	A	2,851.00	16	2,851.00	9/29/03	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	AMG	C6710	A	2,618.00	16	2,618.00	8/9/07	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	AMG	C6710	A	2,851.00	16	2,851.00	2/2/04	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	2/15/99	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	AMG	C6710	A	2,618.00	16	2,618.00	8/5/09	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	8/9/99	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	AMG	C6710	A	2,851.00	16	2,851.00	7/9/03	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	AMG	C6710	A	2,719.00	16	2,719.00	2/13/06	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	AMG	C6710	A	2,719.00	16	2,719.00	5/29/07	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	AMG	C6710	A	2,719.00	16	2,719.00	8/15/05	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	5/8/92	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	7/23/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	2/5/99	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	AMG	C6710	A	2,719.00	16	2,719.00	10/13/05	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	AMG	C6710	A	2,851.00	16	2,851.00	4/16/05	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	2/12/99	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	11/1/97	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	AMG	C6710	A	2,719.00	16	2,719.00	10/13/05	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	AMG	C6710	A	2,618.00	16	2,618.00	3/14/11	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	02	AMG	C6710	A	2,509.00	16	2,509.00	9/2/10	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	AMG	C6710	A	2,719.00	16	2,719.00	3/3/06	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	12/1/04	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	02	AMG	C6710	A	2,509.00	16	2,509.00	1/15/10	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	AMG	C6710	A	2,719.00	16	2,719.00	6/15/05	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance

10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	AMG	C6710	A	2,618.00	16	2,618.00	8/5/09	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	5/5/00	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	11/22/99	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	9/1/12	7367719	MENTAL HEALTH THERAPY TECH	02	AMG	C6710	A	2,509.00	16	2,509.00	4/19/11	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	AMG	C6710	A	2,719.00	16	2,719.00	11/24/06	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	9/9/96	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	2/12/99	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	2/8/99	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	2/14/00	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	10/14/96	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	AMG	C6710	A	2,851.00	16	2,851.00	11/17/04	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	AMG	C6710	A	2,851.00	16	2,851.00	7/6/03	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	7/23/12	7367719	MENTAL HEALTH THERAPY TECH	02	AMG	C6710	A	2,509.00	16	2,509.00	7/23/12	L	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	7/9/12	7367719	MENTAL HEALTH THERAPY TECH	02	AMG	C6710	A	2,509.00	16	2,509.00	7/9/12	L	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	AMG	C6710	A	2,618.00	16	2,618.00	8/4/09	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	AMG	C6710	A	2,618.00	16	2,618.00	3/20/08	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	07	AMG	C6710	A	3,127.00	16	3,127.00	8/21/00	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	AMG	C6710	A	3,429.00	16	3,429.00	7/24/95	P	E	F	100%	Up	Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance

Agy	EffDt	AuthID	PosID	RDC	PDC	PosRepr	PosClass	PosPayOpt	PosRngOpt	PosRng	PosRngSfx	Step	OR No	Empl	EmplRepr	EmplClass		EmplPayOpt	EmplRngOpt	EmplRng	EmplRngSfx	ApptTp	TempReas	DF	FPCd	FP%
44300	7/7/11	000127570	0526062	722	65641	MNSN	Z7518	A	A	50		01	OR0029207	ABBOTT, LISA D	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	12/12/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0074801	ABRAHAM, TIMMY LEE JR	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/17/11	000153880	2401007	672	65617	MMS	X9119	A	A	18		04	OR0202673	ADAMSON, MICHAEL	MMS	X9119	SUPERVISING COOK	A	A	18		P			F	1
44300	9/19/11	000127570	0526062	65D	65681	MNSN	Z7518	A	A	50		03	OR0202183	ALBERS, RONALD C	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	9/19/11	001093760	1007615	660	65606	OA	C0108	A	A	19		01	OR0202221	ALBRECHT, NATASHA	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		P			F	1
44300	9/19/11	001085830	1006251	655	65670	AMH	C6208	A	A	28		03	OR0202184	ALCANTARA, STEVEN A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	3/19/12	000127570	0526062	652	65659	MNSN	Z7518	A	A	50		01	OR0203871	ALEMERU, DEBORAH ISIOM	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0206454	ALEMERU, PETER	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	11/7/11	000154760	2503002	674	65619	OA	C4116	A	A	12		01	OR0202928	ALMER, ZACHARY N	OA	C4116	LABORER/STUDENT WORKER	A	A	12		L	1	E	F	1
44300	5/14/12	000978160	1002771	70I	65640	AMP	U7517	A	A	49		06	OR0204215	ALVAREZ, LYNN	AMP	U7517	PHYSICIAN SPECIALIST	A	A	49		P			F	1
44300	4/2/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203920	ANDERSON, JOHN M JR	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	11/28/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203031	ANGERILLO, JOSEPH ANTH	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/25/11	000156790	5601069	705	65641	MMS	X6209	A	A	32		04	OR0127656	APPEL, HEATHER M	MMS	X6209	MENTAL HEALTH SUPERVISING RN	A	A	32		P			F	1
44300	7/5/11	001084320	1006100	666	65606	OA	C6612	A	A	24		01	OR0201087	AQUINAS, MALCOLM M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
44300	1/9/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		03	OR0203511	ARIFIN, EVI	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	7/25/11	000127570	0526062	719	65642	MNSN	Z7518	A	A	50		01	OR0201413	ARKLANDER, EMILY	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	8/8/11	001086880	1006356	70D	65665	AMH	C6208	A	A	28		02	OR0201624	ASH, STEPHANIE A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	12/12/11	000158060	5606023	665	65606	OA	C6295	A	A	32		02	OR0203311	ASKWITH, THEODORE	OA	C6294	CLINICAL PSYCHOLOGIST 1	A	A	30		P			F	1
44300	10/3/11	000127570	0526062	65I	65686	MNSN	Z7518	A	A	50		03	OR0202503	ATIEMO, FELICIA O	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	8/20/12	001083940	1006064	672	65617	OA	C9101	A	A	10		02	OR0205812	AVILA, TIMOTHY	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	9/12/11	000127570	0526062	65G	65684	MNSN	Z7518	A	A	50		03	OR0202071	AYERS, REBECCA L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	12/5/11	000127570	0526062	697	65635	MNSN	Z7518	A	A	50		02	OR0203205	BACKUS, DIDI	MMS	X6241	NURSE MANAGER	A	A	36		P		E	F	1
44300	12/12/11	000127570	0526062	715	65650	MNSN	Z7518	A	A	50		03	OR0203315	BAILEY-GALLAGHER, BARB	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	7/21/12	001084450	1006113	672	65617	OA	C9101	A	A	10		02	OR0205404	BARBER, WANDA	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	1/9/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203522	BARNETT, STEPHANIE	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	1/9/12	000127570	0526062	65C	65680	MNSN	Z7518	A	A	50		03	OR0203564	BARTON-FRANCKS, MELIND	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	12/12/11	000127570	0526062	65D	65681	MNSN	Z7518	A	A	50		03	OR0203293	BASHAM, RONALD W	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	5/14/12	001083950	1006065	672	65617	OA	C9101	A	A	10		02	OR0204251	BAUER, ANDREW	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	8/20/12	001093870	1007626	673	65618	OA	C4101	A	A	10		02	OR0205707	BECK, MATTHEW K	OA	C4101	CUSTODIAN	A	A	10		P		E	F	1
44300	12/10/12	001084770	1006145	659	65605	OXN	C6708	A	A	17		02	OR0207012	BECK, RYAN	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1
44300	7/11/11	000153490	0501010	668	65614	OA	C6260	A	A	39		08	OR0201257	BEDNAR, JUSTIN	OA	C6260	PHARMACIST	A	A	39		P			F	1
44300	8/27/12	000163560	5150130	735	67701	OA	C4103	A	A	13		02	OR0205819	BEERS, DANITA D	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	1/9/12	000127570	0526062	65G	65684	MNSN	Z7518	A	A	50		03	OR0203514	BERUBE, VIRGINIA D	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	10/31/11	000127570	0526062	65K	65688	MNSN	Z7518	A	A	50		03	OR0202767	BISCHOFF, NANCY L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	8/15/11	001013080	1003655	65D	65681	AMH	C6208	A	A	28		02	OR0201701	BLAIR, DAMION S	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	7/11/11	000127570	0526062	672	65617	MNSN	Z7518	A	A	50		01	OR0201310	BOATWRIGHT, JAMES	OA	C9116	COOK 1	A	A	13		P		E	F	1
44300	1/23/12	000127880	0536203	654	65669	AMH	C6208	A	A	28		03	OR0203576	BOEHM, NICOLE L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	12/19/11	000127570	0526062	675	65620	MNSN	Z7518	A	A	50		07	OR0203437	BOSIK, VICTORIA L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		L	1	E	F	1
44300	8/6/12	000154420	2501009	673	65618	OA	C4101	A	A	10		02	OR0205565	BOUNDS, ROCKY	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	8/15/11	000854030	0103032	721	65656	AMH	C6219	A	A	30		02	OR0118827	BREEDLOVE, MELANIE J	AMH	C6219	RN EPIDEMIOLOGIST	A	A	30		P			F	1
44300	1/9/12	001094150	1007654	659	65605	OXN	C6101	A	A	16		01	OR0199280	BREYER, CHRISTOPHER M	OXN	C6101	TRANSPORTING MENTAL HLTH AIDE	A	A	16		P			F	1
44300	8/1/11	000154770	2601001	675	65620	MMS	X7008	A	A	33	X	05	OR0201550	BROWN, MICHAEL F	MMS	X7008	PRINCIPAL EXECUTIVE/MANAGER E	A	A	33	X	P			F	1
44300	7/18/11	000127570	0526062	719	65642	MNSN	Z7518	A	A	50		02	OR0201327	BROWN, SEHALA K	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	8/6/12	000154580	2501025	673	65618	OA	C4101	A	A	10		02	OR0205569	BROWNING, REGAN	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	1/9/12	000127570	0526062	718	65625	MNSN	Z7518	A	A	50		02	OR0082414	BRUCE, RONDA C	OA	C6811	LABORATORY TECHNICIAN 2	A	A	17		P		E	F	1
44300	7/11/11	000127570	0526062	668	65614	MNSN	Z7518	A	A	50		08	OR0201259	BRYANT, PETE	OA	C6260	PHARMACIST	A	A	39		P		E	F	1
44300	11/14/11	000127570	0526062	65H	65685	MNSN	Z7518	A	A	50		03	OR0202994	BUCK, DANIELLE N	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	10/3/11	000127570	0526062	72A	65629	MNSN	Z7518	A	A	50		04	OR0202496	BUEL, COURTNEY ALTA BE	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		L	6	E	F	1
44300	12/5/11	000127570	0526062	65J	65687	MNSN	Z7518	A	A	50		03	OR0203204	BURBANK, MELECIA C	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	4/16/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204008	BURGESS, JEFF C	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	11/7/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0120377	BURNETT, LEONA	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/3/11	001083920	1006062	668	65614	OA	C6386	A	A	14		02	OR0202193	BUSHMAN, ZACK J	OA	C6386	PHARMACY TECHNICIAN 2	A	A	14		P			F	1
44300	3/19/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0000677	BYLSMA, VALORIE N	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	1/23/12	000127570	0526062	713	65648	MNSN	Z7518	A	A	50		03	OR0203588	CASPER, KIRSTIN	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	8/1/11	001084810	1006149	70D	65665	AMH	C6208	A	A	28		02	OR0201533	CASTILLO, SUSANA	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	9/13/11	001094620	1007701	70E	65666	OXN	C6710	A	A	15		01	OR0202073	CASTRO, JOSE	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	7/18/11	000160850	6703031	712	65647	OXN	C6710	A	A	15		01	OR0201326	CHEYNE, JASMIN T	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	7/23/12	001088480	1006516	70D	65665	AMP	U7517	A	A	49		05	OR0205332	CHIKRIZOV, VITALY	AMP	U7517	PHYSICIAN SPECIALIST	A	A	49		P			F	1
44300	8/8/11	000156730	5601063	693	65631	AMH	C6208	A	A	28		02	OR0201648	CHILDERS, SARA J	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	10/17/11	000127570	0526062	65G	65684	MNSN	Z7518	A	A	50		03	OR0202707	CLAYTON, RACHEL	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	10/17/11	000157480	5603025	666	65630	OA	C6720	A	A	28		03	OR0202765	CLEMENTS, LINDA	OA	C6720	PSYCHIATRIC SOCIAL WORKER	A	A	28		P			F	1
44300	10/11/11	000127570	0526062	718	65625	MNSN	Z7518	A	A	50		06	OR0177602	CLEVENGER, ADRIANNE N	OA	C6811	LABORATORY TECHNICIAN 2	A	A	17		P		E	F	1
44300	1/9/12	001081460	1005816	660	65672	AMP	U7517	A	A	49		06	OR0203541	CLOAK, NANCY	AMP	U7517	PHYSICIAN SPECIALIST	A	A	49		P			P	0.5
44300	5/14/12	001083110	1005981	672	65617	OA	C9101	A	A	10		02	OR0045732	COCHRAN, WILLIAM E	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	11/14/11	000127570	0526062	65J	65687	MNSN	Z7518	A	A	50		02	OR0202977	COFFELT, TRACI G	OA	C6135	LICENSED PRACTICAL NURSE	A	A	20	S	P		E	F	1
44300	10/17/11	001088120	1006480	666	65606	OA	C6720	A	A	28		02	OR0202656	COFFEY, MELODY	OA	C6720	PSYCHIATRIC SOCIAL WORKER	A	A	28		P			F	1
44300	10/3/11	000127570	0526062	693	65631	MNSN	Z7518	A	A	50		03	OR0202500	COLE, ADRIANA J	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	9/19/11	000127570	0526062	672	65617	MNSN	Z7518	A	A	50		02	OR0202192	COLE, CYNTHIA J	MMS	X6268	CLINICAL DIETICIAN	A	A	23		P		E	F	1
44300	9/19/11	000127570	0526062	680	65621	MNSN	Z7518	A	A	50		04	OR0009238	COLLINS, CHERYL	OA	C0015	MEDICAL RECORDS SPECIALIST	A	A	18		P		E	F	1
44300	4/2/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203919	CONTRERAS, GRISELDA C	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	9/26/11	000928850	1002203	634	64540	MMN	X0873	A	A	32		02	OR0202251	CORBIN LAWSON, NICOLE	MMN	X0873	OPERATIONS & POLICY ANALYST 4	A	A	32		P			F	1
44300	5/17/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204175	CORCORAN, ANGELA	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/1/11	000162050	6801003	653	65601	OA	C6295	A	A	32		02	OR0201553	CORNELL, ANTHONY	OA	C0861	PROGRAM ANALYST 2	A	A	27		P		E	F	1
44300	1/9/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203519	CORSON, MERLE A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/1/11	000153960	2401015	672	65617	OA	C9101	A	A	10		02	OR0121741	COSTELLO, DEANA	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	10/17/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0202708	CRAFT, MARTHA M	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/22/11	000127570	0526062	722	65601	MNSN	Z7518	A	A	50		02	OR0201337	CROCKER, LAURA D	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	10/8/12	000123180	5520000	629	64540	MMN	X5248	A	A	29		02	OR0206353	CROSBY, PETER B	MMN	X5248	COMPLIANCE SPECIALIST 3	A	A	29		P			F	1
44300	12/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0194085	CROWE, CATHERINE E	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/6/12	001083930	1006063	672	65617	OA	C9101	A	A	10		02	OR0205557	CULPOVICH, KARA	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	7/18/11	001089770	1006639	664	65609	OA	C6508	A	A	25		08	OR0201332	CURRY, REBECCA L	OA	C6508	OCCUPATIONAL THERAPIST	A	A	25		P			F	1

44300	11/28/11	000127570	0526062	653	65603	MNSN	Z7518	A	A	50		03	OR0203133	DAHLSTROM, HEATHER D	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	7/11/11	000127570	0526062	672	65617	MNSN	Z7518	A	A	50		01	OR0179193	DANIELS, DAVID B	OA	C4116	LABORER/STUDENT WORKER	A	A	12		P		E	F	1
44300	11/14/11	000127570	0526062	65C	65680	MNSN	Z7518	A	A	50		03	OR0116148	DAVIDSON, CYNDI L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	8/1/11	001088260	1006494	672	65617	OA	C9101	A	A	10		02	OR0011314	DEANE, SUZANNE L	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	8/28/12	000160160	6104029	666	65606	OA	C6720	A	A	28		01	OR0205826	DEHLER, BRADLEY PATRIC	OA	C6720	PSYCHIATRIC SOCIAL WORKER	A	A	28		P			F	1
44300	9/17/12	001172710	1010705	655	65670	OXN	C6712	A	A	19		02	OR0206015	DEM, SAIDOU I	OXN	C6711	MENTAL HEALTH THERAPIST 1	A	A	17		P			F	1
44300	9/12/11	000127570	0526062	65G	65684	MNSN	Z7518	A	A	50		03	OR0202069	DIALS, ANGELA M	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	6/10/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204471	DIAZ, ASHLEY L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/31/11	000127570	0526062	70G	65638	MNSN	Z7518	A	A	50		03	OR0202773	DICKINSON, MICHELLE R	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	2/21/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203675	DIGESUALDO, MELISSA J	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/5/11	000162970	8991090	712	65647	AMH	C6208	A	A	28		03	OR0203216	DODAK, ANGELA J	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	1/9/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203520	DOOLITTLE, ANGELA	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/17/11	000727850	9799172	656	65671	AMH	C6208	A	A	28		03	OR0202660	DRAKE, JESSICA M	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	10/31/11	000160800	6703023	715	65650	AMH	C6208	A	A	28		03	OR0202778	DRAKEFORD, ANTOINE L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	2/11/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203674	DROFYAK, ALEKSANDR	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/17/12	000726890	5967113	739	67701	OA	C6711	A	A	18	S	08	OR0101001	DUFFY, OWEN J	OA	C6711	MENTAL HEALTH THERAPIST 1	A	A	18	S	P			F	1
44300	9/10/12	000184060	4065330	639	65602	MESN	Z7014	A	A	40	X	01	OR0206076	EAGLESON, MEGAN L	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	6	E	F	1
44300	7/18/11	001093730	1007612	677	65661	OA	C1117	A	A	26		08	OR0177128	EASTMAN, JOHN A	OA	C1117	RESEARCH ANALYST 3	A	A	26		P			F	1
44300	8/16/11	000166810	5150011	736	67701	OA	C9102	A	A	13		02	OR0198626	EDISON, CHEYLAN MICHAE	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	4/16/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203944	EDMUND, JOHN JR	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/17/11	000127570	0526062	65I	65686	MNSN	Z7518	A	A	50		03	OR0202645	EGGERT, JOSHUA L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	10/31/11	001013140	1003725	65E	65682	AMH	C6208	A	A	28		03	OR0202774	ELDREDGE, ELIZABETH A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	12/5/11	000154820	2602004	675	65620	OA	C4116	A	A	12		02	OR0203217	ELLISON, JEREMY	OA	C4116	LABORER/STUDENT WORKER	A	A	12		L	1	E	F	1
44300	7/25/11	001084590	1006127	672	65617	OA	C9116	A	A	13		01	OR0201425	ENRIQUEZ, ASHLEY	OA	C9116	COOK 1	A	A	13		P			F	1
44300	7/11/11	001083810	1006051	668	65614	OA	C6260	A	A	39		08	OR0201255	ERORITA, MELODY	OA	C6260	PHARMACIST	A	A	39		P			P	0.5
44300	12/12/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203313	ESCOBAR, ELENA D	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/25/11	001089660	1006628	659	65605	OXN	C6708	A	A	17		02	OR0159955	ESLINGER, BRANDEN	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1
44300	8/1/11	000162050	6801003	653	65601	OA	C6295	A	A	32		02	OR0201588	EURTO, BRANDY	OA	C0861	PROGRAM ANALYST 2	A	A	27		P		E	F	1
44300	7/18/11	000127570	0526062	70D	65665	MNSN	Z7518	A	A	50		02	OR0201334	EVELOVE-ESPINOZA, SHAN	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	11/28/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203132	EVERETT, SANDREIA	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/29/11	001081440	1005814	70H	65639	AMP	U7517	A	A	47		08	OR0201950	FARIVAR, MICHEL	AMP	U7517	PHYSICIAN SPECIALIST	A	A	47		P		B	F	1
44300	3/19/12	000127570	0526062	652	65659	MNSN	Z7518	A	A	50		01	OR0203870	FARMER, STACY J	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0205643	FARRELL, KYLE J	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/10/12	000159170	5613002	684	65674	OXN	C6708	A	A	17		02	OR0207011	FARRELL, QUINN	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1
44300	12/17/12	000726810	5660239	739	67701	NME	C6208	A	A	28		04	OR0207082	FAUGHT, JANIS MARIE	NME	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	1/23/12	001013130	1003724	70I	65640	AMH	C6208	A	A	28		03	OR0203573	FIERRO, MARISOL	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	11/14/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203002	FILLEY, JENNIFER T	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/1/11	000852390	0103038	698	65657	MMS	X6209	A	A	32		04	OR0201531	FISCHER, SANDRA M	MMS	X6209	MENTAL HEALTH SUPERVISING RN	A	A	32		P			F	1
44300	10/17/11	001082110	1005882	657	65672	AMH	C6208	A	A	28		03	OR0202661	FISHER, CRISTINA E	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	11/14/11	001083490	1006019	65G	65684	OA	C6135	A	A	20	S	06	OR0202976	FISHER, NINA R	OA	C6135	LICENSED PRACTICAL NURSE	A	A	20	S	P			F	1
44300	10/17/11	000127570	0526062	69B	65634	MNSN	Z7518	A	A	50		06	OR0202642	FIX, PAMELA VIVAN	MMS	X6241	NURSE MANAGER	A	A	36		P		E	F	1
44300	9/4/12	000158840	5610020	666	65606	OA	C6720	A	A	28		01	OR0039916	FLORA, HARMONY D	OA	C6720	PSYCHIATRIC SOCIAL WORKER	A	A	28		P			F	1
44300	7/18/11	001087270	1006395	659	65605	OA	C6520	A	A	17		02	OR0199762	FORTY, JEFFREY MYRON	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1
44300	10/3/11	001093610	1007600	668	65614	OA	C6386	A	A	14		09	OR0202431	FRANCE, CHRISTIE	OA	C6386	PHARMACY TECHNICIAN 2	A	A	14		P			F	1
44300	5/1/12	001083100	1005980	672	65617	OA	C9101	A	A	10		02	OR0203330	FRANCOIS, CHARLES RAYM	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	7/5/11	000159560	6102031	72A	65629	MMS	X6209	A	A	32		05	OR0201188	FREEMAN, CORY A	MMS	X6209	MENTAL HEALTH SUPERVISING RN	A	A	32		P			F	1
44300	6/11/12	001093980	1007637	673	65618	OA	C4101	A	A	10		02	OR0204652	GAY, CHRISTOPHER	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	3/3/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203794	GEARY, KRISTINA C	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	11/6/12	000166810	5150011	736	67701	OA	C9102	A	A	13		01	OR0206736	GETZ, DENA M	OA	C9102	FOOD SERVICE WORKER 3	A	A	13		P			F	1
44300	7/25/11	000127570	0526062	719	65641	MNSN	Z7518	A	A	50		01	OR0201417	GLENDINNING, JAMIE L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	8/8/11	000153120	0101001	660	65601	MESN	Z7018	P	A	44	X	09	OR0139384	GOETZ, RUPERT	MESN	Z7018	PRINCIPAL EXECUTIVE/MANAGER J	P	A	44	X	P			F	1
44300	10/31/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0202769	GONZALEZ BIORATO, PATR	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	4/16/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0204003	GONZALEZ, SERGIO H	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	11/7/11	000162050	6801003	704	65601	OA	C6295	A	A	32		02	OR0203055	GRABOW, JULI	OA	C0861	PROGRAM ANALYST 2	A	A	27		P		E	F	1
44300	9/24/12	000123320	5408132	626	64540	MMN	X0872	A	A	30		02	OR0206077	GRINSTEAD, RUSHA	OA	C6217	EPIDEMIOLOGIST 2	A	A	29		L	1		F	1
44300	4/16/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0107988	GROVES, MARGARET I	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	4/16/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0042425	GUERRERO, GILBERT E	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/19/11	001088550	1006523	660	65603	AMP	U7517	A	A	47		06	OR0203391	GUNDROO, RUBINA	AMP	U7517	PHYSICIAN SPECIALIST	A	A	47		P			F	1
44300	11/7/11	001086910	1006359	70D	65665	AMH	C6208	A	A	28		03	OR0202909	GUNTER, KEITH D	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	4/2/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203917	HAAS, JAMES S	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/17/11	000127570	0526062	65C	65680	MNSN	Z7518	A	A	50		03	OR0202643	HAASE, ARIANE G	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	7/25/11	001087280	1006396	659	65605	OA	C6520	A	A	17		01	OR0092911	HALES, ZACHARY S	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1
44300	10/31/11	000127570	0526062	70D	65665	MNSN	Z7518	A	A	50		03	OR0202639	HALVERSON, RJORK L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	4/16/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204009	HAMEL, CASSANDRA L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	11/14/11	001093240	1007563	697	65635	OA	C0104	A	A	15		07	OR0202998	HAMILL, TERRY L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
44300	11/13/12	000129250	2360787	680	65621	MMN	X5248	A	A	29		08	OR0206719	HANDRAHAN, ANGELA	OA	C5248	COMPLIANCE SPECIALIST 3	A	A	29		P			F	1
44300	12/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0205293	HARRIS, DESTINY	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/12/11	000127570	0526062	693	65631	MNSN	Z7518	A	A	50		03	OR0203312	HASKIN, SARA R	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	11/7/11	000127570	0526062	65G	65684	MNSN	Z7518	A	A	50		03	OR0202908	HAWBOLT, LEAH A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	11/7/11	001093820	1007621	673	65674	OA	C4101	A	A	10		02	OR0203028	HEARD, DAVID J	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	2/8/12	000164190	5860232	740	67701	NME	C6208	A	A	28		03	OR0203710	HEARN, MELANIE RACHAEL	NME	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	6/6/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204469	HEDGE, ANNIE R	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/29/12	000184060	4065330	639	65602	MESN	Z7014	A	A	40	X	02	OR0204585	HEINTZ, SHARON L	OA	C1116	RESEARCH ANALYST 2	A	A	23		L	6	E	F	1
44300	10/31/11	000612540	9999006	665	65606	OA	C6531	A	A	24		04	OR0202762	HEMMERT, ROGER G	OA	C6531	MENTAL HEALTH SPECIALIST	A	A	24		P			F	1
44300	8/22/11	000853000	0103084	65K	65688	AMH	C6208	A	A	28		02	OR0201654	HEMSTREET, DAWN D	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	9/19/11	000127570	0526062	65K	65688	MNSN	Z7518	A	A	50		03	OR0202185	HENRY, LAURIE M	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	8/30/12	000991050	1003000	741	67701	OA	C6710	A	A	16	S	02	OR0163671	HERBERT, RICHARD ALLAN	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	11/14/11	000161270	6705009	65C	65680	OA	C6135	A	A	20	S	09	OR0202978	HERMES, ALISHA L	OA	C6135	LICENSED PRACTICAL NURSE	A	A	20	S	P			F	1
44300	12/12/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203294	HERNANDEZ, ANTHONY	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	P	0
44300	12/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0205530	HERNANDEZ, JULIANNA GU	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	6/11/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204475	HERNANDEZ, RAUL A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	1/9/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203524	HERNANDEZ, SHERINA L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1

44300	2/6/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203524	HERNANDEZ, SHERINA L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	P	0
44300	7/11/11	001089920	1006654	664	65651	OA	C6520	A	A	17		02	OR0075293	HERRING, JOHN W	OA	C6520	RECREATIONAL SPECIALIST	A	A	17		P			F	1
44300	9/10/12	000163950	5760011	740	67701	OA	C6710	A	A	16	S	02	OR0205950	HILDING, MICHAEL P	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	12/5/11	000127570	0526062	677	65661	MNSN	Z7518	A	A	50		02	OR0203305	HILLIER, SCOTT	OA	C1117	RESEARCH ANALYST 3	A	A	26		P		E	F	1
44300	9/17/12	000126180	0426010	655	65670	OXN	C6711	A	A	17		01	OR0206014	HOCKETT, KRYSTALYN	OXN	C6711	MENTAL HEALTH THERAPIST 1	A	A	17		P			F	1
44300	1/23/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203589	HOFFMAN, LINDSAY K	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/1/11	000127570	0526062	705	65641	MNSN	Z7518	A	A	50		02	OR0174434	HONSE, DEANNA MARIE L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	12/8/11	001088360	1006504	672	65617	OA	C9116	A	A	13		01	OR0203447	HOOP, GREGORY S	OA	C9116	COOK 1	A	A	13		P			F	1
44300	9/12/11	000127570	0526062	65C	65680	MNSN	Z7518	A	A	50		03	OR0202072	HOPPER, ERIN L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	8/16/12	000154560	2501023	673	65618	OA	C4101	A	A	10		02	OR0205672	HORTON, CHARLES W JR	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	3/19/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203865	HUBBARD, KATHRYN A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/12/11	000794040	9799215	665	65606	OA	C6531	A	A	24		02	OR0203438	HUBBARD, MICHAEL	OA	C6531	MENTAL HEALTH SPECIALIST	A	A	24		P			F	1
44300	7/14/11	001087810	1006449	70I	65640	OXN	C6711	A	A	17		02	OR0201250	HUGHET, ERIN R	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	11/21/11	000127570	0526062	650	65601	MNSN	Z7518	A	A	50		02	OR0201755	HULLINGER, REBECKA A	MMN	X0119	EXECUTIVE SUPPORT SPECIALIST 2	A	A	19		P		E	F	1
44300	12/5/11	000127570	0526062	70H	65639	MNSN	Z7518	A	A	50		03	OR0203198	HURLIMAN, ALICIA	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	7/23/12	000852850	5967109	740	67701	OA	C6710	A	A	16	S	01	OR0205231	HUSSEY, TONEY DAWN	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	7/20/12	001084600	1006128	672	65617	OA	C9116	A	A	13		01	OR0205352	HUSTOLES, CELINE	OA	C9116	COOK 1	A	A	13		P			F	1
44300	11/14/11	000158350	5608011	65F	65683	OA	C6135	A	A	20	S	07	OR0202979	HUSTON, CRYSTAL A	OA	C6135	LICENSED PRACTICAL NURSE	A	A	20	S	P			F	1
44300	12/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0205939	HUYNH, DEP THI	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	9/12/11	001086930	1006361	70G	65638	AMH	C6208	A	A	28		03	OR0202065	HYLTON, TRACEY	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	4/2/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203922	JACKSON, LAUREN L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	P	0
44300	4/16/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204006	JANKE, MARA F	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/5/11	000127570	0526062	70D	65665	MNSN	Z7518	A	A	50		03	OR0203199	JECK, CAITLIN K	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	12/10/12	001172120	1010646	659	65605	OXN	C6708	A	A	17		02	OR0207013	JETER, SCOTT	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1
44300	10/24/11	000183990	4065312	626	64540	MMN	X0862	A	A	29		02	OR0202761	JOHNSON, APRIL R	MMN	X0862	PROGRAM ANALYST 3	A	A	29		P			F	1
44300	11/7/11	000162060	6807001	667	65613	OA	C6391	A	A	15		03	OR0076022	JOHNSON, RACHEAL M	OA	C6391	DENTAL ASSISTANT	A	A	15		P			F	1
44300	11/28/11	000978170	1002772	683	65624	AMP	U7517	A	A	47		06	OR0203174	JOHNSTON, JOANNE	AMH	C6255	NURSE PRACTITIONER	A	A	32		P			P	0.8
44300	4/16/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0047306	JONES, BARBARA E	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/17/12	000184060	4065330	639	64540	MESN	Z7014	A	A	40	X	02	OR0202886	JOWOSIMI, BABATUNDE E	OA	C1216	ACCOUNTANT 2	A	A	23		L	6	E	P	0.95
44300	8/20/12	001094000	1007639	673	65618	OA	C4101	A	A	10		02	OR0205709	JOYNSON, KATRINA	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	3/5/12	001013070	1003654	70I	65640	AMH	C6208	A	A	28		03	OR0203796	JUTZY, GEOFFREY E	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	6/10/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204473	KAHN-BASS, KELLY	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/2/12	001083740	1006044	65J	65687	OA	C6135	A	A	20	S	01	OR0206459	KAPURURA, VICTORIA	OA	C6135	LICENSED PRACTICAL NURSE	A	A	20	S	P			F	1
44300	9/1/11	000852850	5967109	740	67701	OA	C6710	A	A	16	S	01	OR0175885	KAST, HEIDI B	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	12/12/11	000127570	0526062	72A	65604	MNSN	Z7518	A	A	50		02	OR0203292	KAUR, POONAMJIT	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	11/14/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203004	KAUR, RAJWINDER	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/22/11	000127570	0526062	65C	65680	MNSN	Z7518	A	A	50		02	OR0201830	KELLY, CRYSTAL A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	8/15/11	000156640	5601050	705	65641	AMH	C6208	A	A	28		02	OR0072794	KENDALL, MARLIN	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	11/28/11	000127570	0526062	65I	65686	MNSN	Z7518	A	A	50		03	OR0203042	KERR, DEBBIE	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	7/11/11	000194310	1007670	722	65641	OXN	C6710	A	A	15		01	OR0201245	KETTOR, LYDIA G	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	8/1/11	000128530	1000021	707	65643	AMH	C6208	A	A	28		02	OR0201532	KINNISON, BARBARA E	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	11/7/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0202986	KLINE, JEANNIE M	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/19/11	001084700	1006138	695	65633	OA	C0104	A	A	15		02	OR0199794	KNIGHT, HEIDE L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
44300	7/5/11	001089750	1006637	658	65673	OA	C6508	A	A	25		08	OR0198777	KOHUT, DOROTHY	OA	C6508	OCCUPATIONAL THERAPIST	A	A	25		P			F	1
44300	8/26/11	001025290	1004009	70I	65640	OXN	C6710	A	A	15		02	OR0101115	KOLMAN, JERZY	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	6/25/12	000991030	1002998	741	67701	OA	C6710	A	A	16	S	01	OR0204935	KOSKENMAKI, ANDREW JOH	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	6/25/12	000991000	1002995	741	67701	OA	C6710	A	A	16	S	02	OR0204937	KOSKENMAKI, DANIEL SCO	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	5/14/12	000128310	0727028	666	65606	OA	C6720	A	A	28		02	OR0204185	KRUEBBE, CHRISTOPHER	OA	C6720	PSYCHIATRIC SOCIAL WORKER	A	A	28		P			F	1
44300	12/13/12	001083940	1006064	672	65617	OA	C9101	A	A	10		02	OR0207080	KRUEGER, TREVA J	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	11/7/11	000127570	0526062	65H	65685	MNSN	Z7518	A	A	50		03	OR0202910	KUESTER, DANE A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	3/19/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203863	LANDAKER, MYLENE FAY	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/22/11	000127570	0526062	65K	65688	MNSN	Z7518	A	A	50		03	OR0201691	LANGTON, JOHN C	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	8/22/11	000127570	0526062	70H	65639	MNSN	Z7518	A	A	50		02	OR0201734	LAUKKANEN, SHARLO	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	7/25/11	000127570	0526062	719	65641	MNSN	Z7518	A	A	50		01	OR0201419	LAURENT, KATHY S	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	12/12/11	001088470	1006515	660	65669	AMP	U7517	A	A	49		05	OR0203449	LEE, SANYUP	AMP	U7517	PHYSICIAN SPECIALIST	A	A	49		P			F	1
44300	9/19/11	000127570	0526062	65C	65680	MNSN	Z7518	A	A	50		03	OR0202186	LEMON, ERIN L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	7/11/11	001094640	1007703	70D	65665	OXN	C6710	A	A	15		01	OR0201248	LEMUS, NADIA J	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	7/6/11	000127570	0526062	722	65655	MNSN	Z7518	A	A	50		01	OR0162683	LEVERMAN, JOELEEN M	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	11/28/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203034	LEWIS, JEREMY R	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	9/12/11	000127570	0526062	65C	65680	MNSN	Z7518	A	A	50		03	OR0202068	LEWIS, MICAH A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	10/31/11	000127570	0526062	718	65625	MNSN	Z7518	A	A	50		09	OR0092228	LEWIS, PAMELA J	OA	C6811	LABORATORY TECHNICIAN 2	A	A	17		P		E	F	1
44300	11/14/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203005	LOOSE, LOREN F	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	11/28/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203035	LOPEZ MARTINEZ, THERES	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/18/11	001088270	1006495	672	65617	OA	C9101	A	A	10		02	OR0201412	LOPEZ, BEVERLEY	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	4/2/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203914	LOPPNOW, ERIN E	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/18/11	000127570	0526062	719	65632	MNSN	Z7518	A	A	50		02	OR0201336	LULAY, DELLA D	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	10/3/11	000127570	0526062	65D	65681	MNSN	Z7518	A	A	50		03	OR0202498	LUMBARD, NATHANIEL	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	4/5/12	001093940	1007633	673	65618	OA	C4101	A	A	10		02	OR0202964	LY, SINOUN	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	8/8/11	001081200	1005790	706	65642	AMH	C6208	A	A	28		02	OR0201646	LYNCH, DAVID G	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	10/10/11	000182220	0002518	633	64540	OA	C0107	A	A	17		06	OR0202576	MACK, LETITIA M	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
44300	9/19/11	000127570	0526062	65F	65683	MNSN	Z7518	A	A	50		03	OR0202187	MACKOVJAK, ANYA	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	10/31/11	000156610	5601042	653	65603	AMH	C6208	A	A	28		03	OR0202775	MALLARI, JUSTINE	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	1/9/12	000127570	0526062	652	65659	MNSN	Z7518	A	A	50		01	OR0203513	MANIZAN, CHRISTIAN Y	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/15/11	001086290	1006297	709	65655	AMH	C6208	A	A	28		03	OR0201551	MARCHIO, HELEN A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	11/6/12	000164040	5760230	741	67701	NME	C6208	A	A	28		03	OR0206721	MARKER, REBECCA ANN	NME	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	3/5/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203797	MARTINEZ, GABRIELA	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	3/5/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203798	MARTINEZ, SILVIA	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/17/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0202709	MARTUSHEFF, ARTIMON A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/5/11	000127570	0526062	677	65661	MNSN	Z7518	A	A	50		05	OR0203163	MARTZ, ERIN	OA	C1117	RESEARCH ANALYST 3	A	A	26		P		E	F	1
44300	7/25/11	001089670	1006629	659	65605	OXN	C6708	A	A	17		02	OR0201440	MATHERS, BRADLEY A	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1
44300	12/5/11	000127570	0526062	674	65619	MNSN	Z7518	A	A	50		01	OR0203262	MAUCH, STEPHEN	OA	C4116	LABORER/STUDENT WORKER	A	A	12		L	1	E	F	1
44300	7/25/11	001084680	1006136	672	65617	OA	C9116	A	A	13		01	OR0201418	MAY, JERED	OA	C9116	COOK 1	A	A	13		P			F	1

44300	8/15/11	001084980	1006166	705	65632	AMH	C6208	A	A	28		02	OR0172592	MCBRIDE, SUSAN	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	7/18/11	000126170	0426009	654	65669	OXN	C6711	A	A	17		01	OR0201335	MCCARTHY, GLENN R	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	9/12/11	000127570	0526062	665	65606	MNSN	Z7518	A	A	50		06	OR0201963	MCCOLLUM, KIMBERLY REN	OA	C6295	CLINICAL PSYCHOLOGIST 2	A	A	32		P		E	F	1
44300	9/19/11	000760570	9901022	697	65635	AMH	C6208	A	A	28		03	OR0202188	MCDOWELL, JANIS	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	10/3/11	000127570	0526062	665	65606	MNSN	Z7518	A	A	50		02	OR0202435	MCGHEE, CHAD H	OA	C6294	CLINICAL PSYCHOLOGIST 1	A	A	30		P		E	F	1
44300	7/25/11	000127570	0526062	707	65643	MNSN	Z7518	A	A	50		02	OR0201414	MCGRADY, ELIZABETH A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	4/30/12	000128250	0727002	666	65671	OA	C6720	A	A	28		02	OR0204158	MCJUNKIN, TODD E	OA	C6720	PSYCHIATRIC SOCIAL WORKER	A	A	28		L	1	E	F	1
44300	12/9/12	000125540	0205301	672	65617	OA	C9101	A	A	10		02	OR0207019	MCVAY, TAMELA	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	1/9/12	000127570	0526062	65G	65684	MNSN	Z7518	A	A	50		04	OR0203515	METLER, STEPHANIE A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	7/23/12	000643940	5767110	739	67701	OA	C6711	A	A	18	S	01	OR0205430	MILLER, HEITH ALAN	OA	C6711	MENTAL HEALTH THERAPIST 1	A	A	18	S	P			F	1
44300	8/27/12	000726840	5570373	745	67701	OA	C6720	A	A	28		02	OR0205822	MILLER, JOHN CLARK	OA	C6720	PSYCHIATRIC SOCIAL WORKER	A	A	28		P			F	1
44300	12/12/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0187421	MILLER, KIMBERLY M	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	3/5/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203799	MILLER, LINDSEY C	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/25/11	001088230	1006491	672	65617	OA	C9101	A	A	10		02	OR0201420	MILLER, MICHAEL	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	9/12/11	000127570	0526062	72A	65629	MNSN	Z7518	A	A	50		02	OR0202089	MINTEN, TERESA A	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		L	6	E	F	1
44300	12/12/11	000127570	0526062	714	65649	MNSN	Z7518	A	A	50		03	OR0203316	MITCHINER, EMILY M	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	11/16/11	001081440	1005814	660	65666	AMP	U7517	A	A	47		07	OR0203052	MITTAL, MUKESH	AMP	U7517	PHYSICIAN SPECIALIST	A	A	47		P		E	F	1
44300	8/8/11	000127570	0526062	70G	65638	MNSN	Z7518	A	A	50		02	OR0201537	MITZNER, JEFFREY P	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	5/14/12	000127570	0526062	652	65659	MNSN	Z7518	A	A	50		01	OR0204169	MOHAMMEDNUR, ABDUSELAM	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/12/11	001084540	1006122	672	65617	OA	C9101	A	A	10		02	OR0203309	MONJAR, KAREN A	OA	C9101	FOOD SERVICE WORKER 2	A	A	10		P			F	1
44300	8/22/11	001087020	1006370	664	65609	OA	C6508	A	A	25		09	OR0201847	MORRIS, SUSAN	OA	C6508	OCCUPATIONAL THERAPIST	A	A	25		P			F	1
44300	11/28/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0114743	MOSBRUCKER, JESSICA A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/31/11	001012900	1003635	640	64249	UA	C0015	A	A	18		06	OR0202723	MOSS, KACIE AUGUST	OA	C0015	MEDICAL RECORDS SPECIALIST	A	A	18		P			F	1
44300	9/27/11	000580090	5300008	633	64540	OA	C0107	A	A	17		05	OR0202299	MOYER, MARY CATHERINE	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
44300	10/3/11	001093640	1007603	660	65643	AMH	C6255	A	A	32		09	OR0202634	MURPHY, KATHRYN	AMH	C6255	NURSE PRACTITIONER	A	A	32		P			F	1
44300	9/13/11	001094610	1007700	70E	65666	OXN	C6710	A	A	15		01	OR0201961	MURPHY, ROBERT G	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	3/5/12	001171960	1010630	65F	65683	AMH	C6208	A	A	28		03	OR0203795	NAMGUNG, CHANNY	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	7/1/11	001081730	1005842	666	65612	MMN	X6680	A	A	23		01	OR0201272	NERIO, JOSE L	MMN	X6680	CHAPLAIN	A	A	23		P		E	F	1
44300	12/12/11	001082320	1005899	665	65606	MMS	X7008	A	A	33	X	09	OR0002092	NEWBILL, WILLIAM A M	MMS	X7008	PRINCIPAL EXECUTIVE/MANAGER E	A	A	33	X	P			F	1
44300	10/17/11	000127570	0526062	72A	65629	MNSN	Z7518	A	A	50		02	OR0202640	NEWTON, HILLARY	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		L	6	E	F	1
44300	11/2/11	001093740	1007613	677	65661	OA	C1116	A	A	23		08	OR0202896	NEWTON, KATHLEEN A	OA	C1116	RESEARCH ANALYST 2	A	A	23		P			F	1
44300	8/22/11	000127570	0526062	65K	65688	MNSN	Z7518	A	A	50		02	OR0201789	NGUYEN, NGAN THI BICH	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	11/14/11	000160890	6703036	712	65647	AMH	C6208	A	A	28		03	OR0057753	O CONNOR, ERIN R	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	4/23/12	000125190	0032001	686	65627	MMS	X7008	A	A	33	X	08	OR0203470	O GLASSER, LAWRENCE A	MMS	X7008	PRINCIPAL EXECUTIVE/MANAGER E	I	A	33	X	P			F	1
44300	6/25/12	000126050	0415028	673	65618	OA	C4101	A	A	10		02	OR0168624	OBERTAS, IRINA	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	7/25/11	001087230	1006391	659	65605	OA	C6520	A	A	17		02	OR0201441	OBRIEN, MARK	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1
44300	10/3/11	001081400	1005810	660	65671	AMH	C6255	A	A	32		09	OR0202635	OGLESBY-JUNK, BROOKS	AMH	C6255	NURSE PRACTITIONER	A	A	32		P			F	1
44300	1/23/12	000127570	0526062	652	65659	MNSN	Z7518	A	A	50		01	OR0203577	OKORO, DESTINY I	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	9/12/11	000127570	0526062	65F	65683	MNSN	Z7518	A	A	50		03	OR0042944	OLDENBURG, MELANIE	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	1/9/12	000127570	0526062	719	65659	MNSN	Z7518	A	A	50		01	OR0203565	OLUWALEYE, OLUWAFUNKE	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	9/12/11	001085900	1006258	70D	65665	AMH	C6208	A	A	28		03	OR0202067	ONEAL, PARMARIESSA D	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	8/22/11	000700860	9799058	710	65646	OXN	C6710	A	A	15		01	OR0198862	ORICK, JOSEPH WILLIAM	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	11/13/12	000161270	6705009	65C	65680	OA	C6135	A	A	20	S	02	OR0206718	ORTA, DENISE	OA	C6135	LICENSED PRACTICAL NURSE	A	A	20	S	P			F	1
44300	4/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204056	ORTIZ, RENAE A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/15/11	000127570	0526062	666	65606	MNSN	Z7518	A	A	50		01	OR0201397	OULLETTE BLAIR, KATHER	OA	C6720	PSYCHIATRIC SOCIAL WORKER	A	A	28		P		E	F	1
44300	9/1/11	000991040	1002999	740	67701	OA	C6710	A	A	16	S	01	OR0199875	PACK, ALEXA	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	9/12/11	000127570	0526062	70C	65663	MNSN	Z7518	A	A	50		06	OR0141546	PAGE, GARETH	MMS	X7006	PRINCIPAL EXECUTIVE/MANAGER D	A	A	31	X	P		E	F	1
44300	8/1/11	000162050	6801003	653	65601	OA	C6295	A	A	32		02	OR0138621	PARKER, DEBORAH	OA	C0861	PROGRAM ANALYST 2	A	A	27		P		E	F	1
44300	8/22/11	000127570	0526062	70I	65640	MNSN	Z7518	A	A	50		02	OR0201733	PARKER, JODI R	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	12/12/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203300	PATELESIO, KASSIE D	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/10/11	000127570	0526062	670	65620	MNSN	Z7518	A	A	50		02	OR0092300	PATTON, MICHELLE K	MMN	X1345	SAFETY SPECIALIST 1	A	A	23		P		E	F	1
44300	12/12/11	000127570	0526062	683	65617	MNSN	Z7518	A	A	50		01	OR0203308	PEARL-BEEBE, JULIANA S	MMS	X6268	CLINICAL DIETICIAN	A	A	23		P		E	F	1
44300	1/9/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203516	PELLETIER, STEVEN J	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	9/6/12	000184060	4065330	639	65602	MESN	Z7014	A	A	40	X	01	OR0205980	PERDUE, MORIAH L	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		L	6	E	F	1
44300	12/12/11	000127570	0526062	652	65659	MNSN	Z7518	A	A	50		01	OR0203302	PETE, SARAH E	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/12/11	000127570	0526062	715	65650	MNSN	Z7518	A	A	50		03	OR0203314	PHAM, RICHARD T	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	12/17/12	000852800	5967106	741	67701	OA	C6710	A	A	16	S	02	OR0207026	PHIFER, DARLENE LYNN	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	8/22/11	000127570	0526062	665	65606	MNSN	Z7518	A	A	50		02	OR0201788	PHILLIPS, SARA NICOLE	OA	C6294	CLINICAL PSYCHOLOGIST 1	A	A	30		P		E	F	1
44300	11/7/11	000154760	2503002	674	65619	OA	C4116	A	A	12		01	OR0202927	PIERCEALL, JEFFREY D	OA	C4116	LABORER/STUDENT WORKER	A	A	12		L	1	E	F	1
44300	11/15/11	001012290	1003575	640	64249	UA	C6208	A	A	28		03	OR0087871	PINKHAM, KENDRA	NMP	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	4/2/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203918	PINNEY, BRITNI R	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/15/11	000127570	0526062	672	65617	MNSN	Z7518	A	A	50		02	OR0201873	PLASTER, SUSAN	MMS	X6268	CLINICAL DIETICIAN	A	A	23		P		E	F	1
44300	1/14/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203530	POLLY, RANDA G	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/1/11	000853010	0103085	706	65642	AMH	C6208	A	A	28		02	OR0201529	POPE, DAWN D	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	10/3/11	000164060	5760232	740	67701	NME	C6208	A	A	28		03	OR0202516	PORTER, MINDI SUZANNE	NME	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	10/3/11	000164060	5760232	740	67701	NME	C6208	A	A	28		03	OR0202512	PRINCE, DEEANNA	NME	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	9/19/11	000727770	9799164	655	65670	AMH	C6208	A	A	28		03	OR0202189	PULLOM, FLORTASHA L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	1/9/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203521	RADISH, RONALD A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/23/12	001088510	1006519	660	65684	AMP	U7517	A	A	49		05	OR0205334	RANGANATHAN, POORNIMA	AMP	U7517	PHYSICIAN SPECIALIST	A	A	49		P			F	1
44300	12/17/12	000852780	5967104	741	67701	OA	C6710	A	A	16	S	02	OR0207025	REEDY, DONNA ANN	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	7/18/11	000896110	1001243	664	65609	OA	C6521	A	A	24		02	OR0201411	REES, JENNIFER	OA	C6521	REHABILITATION THERAPIST	A	A	24		P			F	1
44300	10/3/11	000127570	0526062	65C	65680	MNSN	Z7518	A	A	50		03	OR0202497	REESE, SYDIRIA A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	1/10/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203526	REMIOR, WILLIAM D	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	4/2/12	001012790	1003624	640	64249	UA	C6711	A	A	18	S	02	OR0204046	REMY, WILLIAM T JR	OXN	C6711	MENTAL HEALTH THERAPIST 1	A	A	17		P		E	F	1
44300	7/25/11	000127570	0526062	719	65642	MNSN	Z7518	A	A	50		01	OR0201331	RENAULT, TARA M	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	9/8/11	001042710	1004604	633	64540	OA	C0118	A	A	17		07	OR0202018	RHODES, DEBBIE A	OA	C0118	EXECUTIVE SUPPORT SPECIALIST 1	A	A	17		P			F	1
44300	1/9/12	001085830	1006251	655	65670	AMH	C6208	A	A	28		07	OR0203533	RIAN, BRANDI T	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	11/14/11	000158300	5608006	65K	65688	OA	C6135	A	A	20	S	06	OR0202980	RICE, MICHAEL R	OA	C6135	LICENSED PRACTICAL NURSE	A	A	20	S	P			F	1
44300	12/5/11	001086930	1006361	70E	65666	AMH	C6208	A	A	28		03	OR0203201	RICKETT, LAURA	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	1/25/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203574	ROBERTS, RICHARD A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/25/11	000159170	5613002	659	65605	OXN	C6708	A	A	17		02	OR0041819	RODRIGUEZ, ANTONIO JR	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1
44300	9/12/11	000127570	0526062	70E	65666	MNSN	Z7518	A	A	50		03	OR0202070	RODRIGUEZ, MOLLY JO	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1

44300	4/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204055	RODRIGUEZ-AUSTIN, JESS	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/3/11	000127570	0526062	65F	65683	MNSN	Z7518	A	A	50		03	OR0202505	ROMIKE, LORI L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	9/12/11	000158880	5611003	662	65607	OA	C6647	A	A	25		05	OR0202150	ROSS, KIMBERLY	OA	C6647	VOC REHABILITATION COUNSELOR	A	A	25		P			F	1
44300	7/11/11	000127570	0526062	698	65657	MNSN	Z7518	A	A	50		05	OR0201243	RUFF, DEBRA R	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	11/14/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203001	RUMMELL, PAMELA J	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	1/9/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203517	SAECHAO, LIAW C	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/27/12	000726850	5967100	739	67701	OA	C6710	A	A	16	S	01	OR0205820	SALING, LARRY ALLEN	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	10/22/12	000726850	5967100	739	67701	OA	C6710	A	A	16	S	01	OR0206542	SANCHEZ, AMANDA KAE	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	11/14/11	000896140	1001246	65H	65685	AMH	C6208	A	A	28		03	OR0203000	SAUCEDO, NICOLE	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	9/19/11	000159620	6103004	654	65669	AMH	C6208	A	A	28		03	OR0202190	SCHAFFER, JON P	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	7/6/11	000127570	0526062	722	65655	MNSN	Z7518	A	A	50		01	OR0201237	SCHMITT, VIRGINIA L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	10/3/11	001086320	1006300	65E	65682	AMH	C6208	A	A	28		03	OR0202502	SCHOENBORN, CHRISTI D	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	4/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204048	SCHRAMMECK, HANNAH M	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/3/11	000127570	0526062	668	65614	MNSN	Z7518	A	A	50		02	OR0202432	SELLERS, CAMILLE	OA	C6386	PHARMACY TECHNICIAN 2	A	A	14		P		E	F	1
44300	10/31/11	001082070	1005878	70D	65665	AMH	C6208	A	A	28		03	OR0202766	SHEPHERD, JOSHUA L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	12/12/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203319	SHIELDS, MARK A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0205646	SHIKE, JESSICA L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/15/11	000127570	0526062	709	65655	MNSN	Z7518	A	A	50		02	OR0201555	SHILTS, CHERI	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	10/31/11	000896150	1001247	697	65635	AMH	C6208	A	A	28		06	OR0202776	SHIPPEY, KRISTINA	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	3/19/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203864	SHIRLEY, JONATHAN R	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	4/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0192898	SHIRLEY, KATHRINE	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/3/11	000127570	0526062	65J	65687	MNSN	Z7518	A	A	50		03	OR0202504	SIMPSON, JASON P	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	3/1/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		04	OR0203793	SMITH, HEATHER N	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	10/31/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0202771	SMITH, KARISSA A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/31/11	001093940	1007633	673	65674	OA	C4101	A	A	10		02	OR0195698	SMITH, LAWRENCE J	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	1/12/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203538	SMITHA, MICHAEL E	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/3/11	000127570	0526062	65H	65685	MNSN	Z7518	A	A	50		03	OR0202494	SNEGIREFF, MARINA	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	7/2/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0205054	SOTO, JUDY J	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	6/11/12	000184060	4065330	639	65602	MESN	Z7014	A	A	40	X	01	OR0204603	SPEAR, MARY M	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	1	E	F	1
44300	12/19/11	000166560	2700520	731	67701	MMS	X7004	A	A	28	X	09	OR0203362	SPEARS, SCOTT WILLIAM	MMS	X7004	PRINCIPAL EXECUTIVE/MANAGER C	A	A	28	X	P			F	1
44300	6/27/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204476	SPEER, EDEN R	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/17/12	000164190	5860232	741	67701	NME	C6208	A	A	28		03	OR0207084	SPENST, ROSEMARIE GAIL	NME	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	12/12/11	000162050	6801003	665	65606	OA	C6295	A	A	32		02	OR0203310	STAFFORD, DANIELLE	OA	C6294	CLINICAL PSYCHOLOGIST 1	A	A	30		P			F	1
44300	7/11/11	000127570	0526062	705	65641	MNSN	Z7518	A	A	50		02	OR0201242	STEINER, CHERIE L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	1/23/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0050104	STEWART, THERESA J	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/17/11	000127570	0526062	65G	65684	MNSN	Z7518	A	A	50		03	OR0202657	STIBOLT-VALLE, PORTIA	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	10/17/11	000127570	0526062	65F	65683	MNSN	Z7518	A	A	50		03	OR0202644	STRASSER, MISTY R	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	6/7/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0204470	STREET, SARAH L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/30/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0205533	STROM, JOAN	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/25/11	000127570	0526062	709	65655	MNSN	Z7518	A	A	50		06	OR0004934	STUCK, FAITH ANNE	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	6/11/12	000159360	6102010	666	65649	OA	C6720	A	A	28		01	OR0204468	STUEBER, KAREN LYNN	OA	C6720	PSYCHIATRIC SOCIAL WORKER	A	A	28		P		E	F	1
44300	8/4/11	000184060	4065330	639	65601	MESN	Z7014	A	A	40	X	01	OR0201583	STUPFEL, KELLY L	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	6	E	F	1
44300	12/5/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203215	STURN, BRENDA L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/11/11	001094340	1007673	70H	65639	OXN	C6710	A	A	15		01	OR0104104	SUSEE, BRIAN C	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	10/3/11	000127570	0526062	72A	65629	MNSN	Z7518	A	A	50		02	OR0202495	SUTTON, GEORGE REGINAL	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		L	6	E	F	1
44300	7/25/11	001083580	1006028	70E	65666	OA	C6135	A	A	20	S	02	OR0201415	SYLVIA, DANIELLE	OA	C6135	LICENSED PRACTICAL NURSE	A	A	20	S	P			F	1
44300	11/28/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203137	TAVARY, TRICIA A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	P	0
44300	9/19/11	000631370	9999018	653	65603	AMH	C6208	A	A	28		03	OR0109311	TAYLOR, PATRICIA F	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	7/18/11	001092750	1004398	70E	65666	OXN	C6710	A	A	15		02	OR0190532	TEICHROEB, LAURA J	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	11/28/11	000127570	0526062	70I	65640	MNSN	Z7518	A	A	50		03	OR0203045	THOMPSON, JENNIFER	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	7/23/12	000164060	5760232	740	67701	NME	C6208	A	A	28		03	OR0024953	THOMPSON, LISA ROSE	NME	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	10/22/12	000991020	1002997	741	67701	OA	C6710	A	A	16	S	01	OR0200240	THORNTON, SHANNON R	OA	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	P			F	1
44300	12/17/12	000163860	5660231	741	67701	NME	C6208	A	A	28		04	OR0207081	TINAWI, AHMAD	NME	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	10/3/11	000127570	0526062	65E	65682	MNSN	Z7518	A	A	50		03	OR0202501	TOBIAS, ANGELA	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	1/9/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		03	OR0203512	TOWERY, KARI L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	11/14/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0079145	TRAVIS, VICKI L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	2/6/12	000127570	0526062	652	65659	MNSN	Z7518	A	A	50		01	OR0203663	TUFA, GEMECHU A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/12/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203318	TUNISON, TOBIN R	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	1/23/12	000631440	9999025	697	65635	OA	C0104	A	A	15		02	OR0079078	TURNER, ELISABETH JEAN	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
44300	8/15/11	001093280	1007567	659	65605	OXN	C6708	A	A	17		02	OR0201653	TYRREL, SCOTT JR	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1
44300	10/31/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0202768	UDEAGWU, JOSIAH E	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	4/2/12	000127570	0526062	652	65659	MNSN	Z7518	A	A	50		01	OR0039682	VALDEZ, JAMIE J	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	8/6/12	000154400	2501007	673	65618	OA	C4101	A	A	10		02	OR0205566	VALDEZ, JESUS	OA	C4101	CUSTODIAN	A	A	10		P			F	1
44300	8/20/12	001088530	1006521	660	65638	AMP	U7517	A	A	47		09	OR0205864	VAN WESENBEECK, DAWN	AMH	C6255	NURSE PRACTITIONER	A	A	32		P			P	0.6
44300	3/5/12	000127570	0526062	652	65659	MNSN	Z7518	A	A	50		01	OR0203820	VERMILLION, COLBY D	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	1/31/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203575	VILLASENOR, LYNDON D	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	11/28/11	000156720	5601062	70I	65640	MMS	X6209	A	A	32		05	OR0203074	VOIGHT, DYANA S	MMS	X6209	MENTAL HEALTH SUPERVISING RN	A	A	32		P			F	1
44300	4/2/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203921	VRLICAK, AMANDA	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	1/27/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0090545	WALL, DANIELLE D	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	4/16/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0204005	WALLACE, BRANDON E	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	12/12/11	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0079701	WALLIMAN, SCOTT A	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	7/11/11	000126590	0426078	654	65669	OXN	C6710	A	A	15		02	OR0201252	WANJIRU, MAUREEN G	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P			F	1
44300	8/8/11	000896180	1001250	709	65655	AMH	C6208	A	A	28		02	OR0201649	WARD, ALISA A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	1/9/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		02	OR0203518	WARD, BRITTANY M	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	4/16/12	000127570	0526062	719	65604	MNSN	Z7518	A	A	50		01	OR0204002	WATSON, KELLY L	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		L	1	E	F	1
44300	10/3/11	000127570	0526062	65H	65685	MNSN	Z7518	A	A	50		03	OR0202499	WEAR, DAVID	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	8/8/11	000967130	1002412	687	65644	OA	C0108	A	A	19		02	OR0201625	WEATHERMON, STACY F	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		P			F	1
44300	11/28/11	000127570	0526062	70E	65666	MNSN	Z7518	A	A	50		03	OR0203044	WEIGEL, SWASTIKA M	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		L	1	E	F	1
44300	9/19/11	000127570	0526062	65I	65686	MNSN	Z7518	A	A	50		03	OR0202191	WEST, KRISTEN M	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	11/14/11	001013020	1003649	65H	65685	AMH	C6208	A	A	28		03	OR0202996	WILLIAMS, KELSEY	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	9/12/11	001086270	1006295	65C	65680	AMH	C6208	A	A	28		03	OR0202066	WILLIAMSON, THERESA A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
44300	12/10/12	001172200	1010654	659	65605	OXN	C6708	A	A	17		02	OR0207014	WILSON, JACOB	OXN	C6708	MENTAL HEALTH SECURITY TECH	A	A	17		P			F	1

44300	10/17/11	000127570	0526062	65C	65680	MNSN	Z7518	A	A	50		03	OR0202717	WOMACK, TRACI L	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P		E	F	1
44300	1/9/12	000127570	0526062	719	65659	MNSN	Z7518	A	A	50		01	OR0203534	WONG, MEGAN M	OXN	C6710	MENTAL HEALTH THERAPY TECH	A	A	15		P		E	F	1
44300	7/18/11	000130090	9960931	664	65661	OA	C6506	A	A	18		02	OR0201329	WOODEN, SHANNON R	OA	C6520	RECREATIONAL SPECIALIST	A	A	17		P			F	1
44300	11/28/11	000157010	5601092	70E	65666	AMH	C6208	A	A	28		03	OR0159916	WOODS, LORRI A	AMH	C6208	MENTAL HEALTH REGISTERED NURSE	A	A	28		P			F	1
10000	7/31/12	001103060	1008025	966	76294	OA	C6606	A	A	15		01	OR0203080	ALVIDREZ, ESTHER M	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		P			F	1
10000	12/3/12	000954950	1001157	822	70530	OA	C0871	A	A	27		02	OR0206928	AMOS, DANIEL M	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		P			F	1
10000	7/25/12	000187160	4110040	807	70530	B	Y7500	A	E	00		00	OR0206204	APPLEGATE STRAND, JUDI	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	4/24/12	000386240	0008054	889	75763	OA	C5927	A	A	25		02	OR0204044	BALL, JEFFREY	OA	C5926	DISABILITY ANALYST 1	A	A	23		P			F	1
10000	4/1/12	000518220	1000161	805	70258	B	Y7500	A	E	00		00	OR0204029	BARBER, JOSIAH	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	7/16/12	000188670	4112221	937	72242	OA	C6630	A	A	21		04	OR0117484	BAUTISTA, ALEXANDRA	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	10/6/11	001102550	1007972	966	76294	OA	C6630	A	A	21		01	OR0202450	BELSHER, CORA A	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	9/29/11	000189890	4117025	948	76207	OA	C0104	A	A	15		01	OR0202396	BJORNSTAD, CAITLIN R	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	12/6/12	000581650	4119748	950	76199	OA	C6630	A	A	21		01	OR0206952	BLACK, JENNIFER L	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	10/15/12	000972980	1002586	815	70907	OA	C0872	A	A	30		05	OR0206378	BLUMENSON, RANDI	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		P			F	1
10000	7/23/12	000903810	1001713	933	76170	OA	C6659	A	A	19		02	OR0205331	BRADFIELD, KATHLEEN A	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	7/25/12	000187160	4110040	807	70530	B	Y7500	A	E	00		00	OR0206198	BREY, PEGGY J	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	9/19/11	000974570	1002689	941	46268	OA	C6660	A	A	22		02	OR0202176	BUSH, LISA M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/3/11	001102350	1007952	966	76294	OA	C0104	A	A	15		01	OR0196155	BUSSE, AUTEM M	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/6/11	001014890	1003024	953	76211	OA	C6659	A	A	19		01	OR0201973	BUSTILLOS, JOSE L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/7/11	000974290	1002661	933	72175	OA	C0104	A	A	15		01	OR0202920	CARDILLO, DENA J	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	7/25/12	000187160	4110040	807	70530	B	Y7500	A	E	00		00	OR0206199	CHA, LEE P	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	11/19/12	000189890	4117025	948	76207	OA	C0104	A	A	15		01	OR0206870	CLARK, BONNIE E	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/10/12	000974620	1002694	941	76107	OA	C0860	A	A	23		02	OR0206146	COX, SHIRLENE E	OA	C6684	PREADMISSIONS SCREENING SPEC	A	A	24		P			F	1
10000	11/13/12	000838840	4111395	953	76211	OA	C6616	A	A	24		01	OR0206815	DANIEL, MISTY D	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	A	A	24		P			F	1
10000	7/25/12	000187160	4110040	807	70530	B	Y7500	A	E	00		00	OR0067978	DAVIS, JAMES A	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	7/16/12	000839320	4111448	954	11213	OA	C6659	A	A	19		02	OR0205309	DICKINSON, BRENDA F	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	6/25/12	000191240	4119155	946	76194	OA	C6659	A	A	19		03	OR0062444	DURFEE, DIANA D	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	5/16/12	001014980	1003009	933	72175	OA	C6616	A	A	24		02	OR0204282	EATON, GREGORY M	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	A	A	24		P			F	1
10000	1/19/12	000582210	4118512	823	72532	OA	C0870	A	A	23		02	OR0203612	ECK, JEREMY L	OA	C0870	OPERATIONS & POLICY ANALYST 1	A	A	23		P			F	1
10000	10/31/11	000973510	1002566	933	76170	OA	C6659	A	A	19		01	OR0202674	ELYE, BETH M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	12/12/11	000838580	4111369	939	72246	OA	C6630	A	A	21		01	OR0203329	FOFANAH, ABDUL	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	10/17/11	000188260	4111220	933	72175	OA	C0107	A	A	17		02	OR0202584	FRAMBES, MURIEL A	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
10000	11/8/11	000955050	1001177	962	76237	OA	C0104	A	A	15		01	OR0202853	GALLARDO, ELIZABETH	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	7/18/11	000189440	4114426	814	71262	OA	C6685	A	A	28		06	OR0064438	GAMBLE, LENA M	OA	C6685	CLIENT CARE SURVEYOR	A	A	28		P			F	1
10000	8/27/12	000802240	4111942	939	72246	OA	C6659	A	A	19		06	OR0131428	GARCIA-OTTENS, KURT M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	7/11/11	000191040	4119135	941	76107	OA	C6659	A	A	19		01	OR0201103	GIBSON, KATHLEEN M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	8/1/12	000187560	4111139	812	71262	OA	C6685	A	A	28		03	OR0205444	GILL, DONALD	OA	C6685	CLIENT CARE SURVEYOR	A	A	28		P			F	1
10000	11/21/11	000622640	4119953	952	76204	OA	C0104	A	A	15		02	OR0132124	GONZALES, CINDY L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	8/10/12	000187160	4110040	807	70530	B	Y7500	A	E	00		00	OR0206200	GREENMAN, JOSEPH	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	9/17/12	000796570	4118018	953	76211	OA	C6659	A	A	19		01	OR0075811	HAMMOND, OLEAVIA L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	12/27/12	000206090	0791018	957	76222	MMS	X7006	A	A	31	X	01	OR0161279	HARVILL, MARTA A	MMS	X7006	PRINCIPAL EXECUTIVE/MANAGER D	A	A	31	X	P			F	1
10000	10/1/12	000518220	1000161	807	70258	B	Y7500	A	E	00		00	OR0206709	HENDERSON, CINDY	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	7/23/12	000190220	4119014	948	76207	OA	C6630	A	A	21		03	OR0205442	HENDERSON, JAY D	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	8/22/11	000191210	4119152	944	76282	OA	C0104	A	A	15		01	OR0201807	HODGE, HEATHER	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	5/7/12	000563970	0008048	885	75759	OA	C5927	A	A	25		04	OR0204115	HOOPER, LISA	OA	C5926	DISABILITY ANALYST 1	A	A	23		P			F	1
10000	1/3/12	001103020	1008021	965	76293	OA	C6659	A	A	19		01	OR0203482	JACOBS, JULIE	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	9/19/11	001102340	1007951	966	76294	OA	C0104	A	A	15		01	OR0202178	JAMES, KATHLEEN	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/19/11	000921020	1002128	944	76282	OA	C6659	A	A	19		02	OR0202255	JOHNSON, ANGELA DAWN	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/6/11	001102540	1007971	966	76294	OA	C6630	A	A	21		04	OR0196371	JOHNSON, JILLIAN	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	10/1/12	000518220	1000161	807	70258	B	Y7500	A	E	00		00	OR0206710	JOYCE, ANDEE	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	8/15/11	000839390	4111455	951	76202	OA	C6659	A	A	19		01	OR0201686	JOYNER, ANGELA N	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/1/11	000191240	4119155	946	76194	OA	C6659	A	A	19		01	OR0202912	KOCHER, REBECCA L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	7/25/12	000187160	4110040	807	70530	B	Y7500	A	E	00		00	OR0206201	KRISSEL, PAUL D	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	9/26/11	000188650	4112218	823	72532	OA	C0107	A	A	17		02	OR0202273	LAFFERRY, KEYAM L	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P		E	F	1
10000	9/17/12	000903770	1001709	953	76211	OA	C6659	A	A	19		02	OR0206278	LAFLEUR, CORALENE	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	9/5/12	000190050	4118813	945	76174	OA	C6630	A	A	21		02	OR0206072	LAFOSSE, COLETTE H	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	7/9/12	000188910	4112251	823	75522	OA	C0107	A	A	17		01	OR0205112	LAIL, MARCI LENORE	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
10000	7/30/12	000758410	4115084	937	72242	OA	C6630	A	A	21		06	OR0080646	LAWRENCE, JENNIFER A	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	7/13/11	000581610	4119744	938	72233	OA	C6630	A	A	21		02	OR0201261	LEE, SANG	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		L	6	E	F	1
10000	10/3/11	000765530	4119297	953	76211	OA	C0104	A	A	15		02	OR0202522	LEON HERRERA, DORYBEL	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/2/11	000802050	4111923	952	76204	OA	C6630	A	A	21		02	OR0202915	LOHMANN, DREW	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	10/1/12	000518220	1000161	807	70258	B	Y7500	A	E	00		00	OR0206717	LONDAHL, KAAREN	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	10/1/12	001030700	1004203	946	76194	OA	C6684	A	A	24		01	OR0206289	MAIER, JENNIFER	OA	C6684	PREADMISSIONS SCREENING SPEC	A	A	24		P			F	1
10000	7/11/11	001102950	1008014	967	76292	OA	C6659	A	A	19		01	OR0201129	MARTINEZ, HOLLY	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	12/20/12	001014980	1003009	933	72175	OA	C6616	A	A	24		02	OR0207079	MATHEWS, SCOTT	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	A	A	24		P			F	1
10000	11/21/11	000190250	4119017	936	72187	OA	C6630	A	A	21		01	OR0202942	MAY, JOSHUA D	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	4/16/12	000387120	0008200	888	75762	OA	C5927	A	A	25		02	OR0204061	MAYNARD, AARON	OA	C5926	DISABILITY ANALYST 1	A	A	23		P			F	1
10000	10/24/11	000191570	4119189	942	76179	OA	C0104	A	A	15		01	OR0202744	MCCLELLAN, KELLI D	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/29/11	000973080	1002596	823	75522	OA	C0107	A	A	17		01	OR0156826	MCMILLEN, DONNA M	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
10000	10/24/11	000861210	4111613	812	71262	OA	C0104	A	A	15		02	OR0202751	MCWHIRT OWEN, BETTY D	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/4/12	000385980	0008023	882	75756	OA	U7538	A	A	39		07	OR0205914	MEYERS, SHARON A	OA	U7538	MEDICAL CONSULTANT	A	A	39		P			P	0.6
10000	7/18/11	000189460	4114428	814	71238	OA	C6685	A	A	28		05	OR0201293	MIRANDA, NILDA	OA	C6685	CLIENT CARE SURVEYOR	A	A	28		P			F	1
10000	12/5/11	000979310	1002820	823	72532	OA	C1487	I	A	31		02	OR0203167	MYERS, BRIAN D	OA	C1486	INFO SYSTEMS SPECIALIST 6	I	A	29		P			F	1
10000	10/10/11	001102500	1007967	966	76294	OA	C6630	A	A	21		01	OR0197795	NORRIS, KIRSTEN	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	11/2/11	000903790	1001711	952	76204	OA	C6659	A	A	19		02	OR0202914	ORME, KAREN D	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	3/26/12	000385960	0008021	888	75762	OA	C5927	A	A	25		02	OR0165974	PARK, ALINA G	OA	C5927	DISABILITY ANALYST 2	A	A	25		P			F	1
10000	7/25/12	000187160	4110040	807	70530	B	Y7500	A	E	00		00	OR0206202	PIERCE, NANCY	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	12/17/12	001102930	1008012	965	76293	OA	C6659	A	A	19		01	OR0207103	PIERCY, HEATHER C	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	12/2/11	000191620	4119194	936	72186	OA	C6659	A	A	19		01	OR0203233	PINTARELLI, KELLY A	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	7/25/12	000187160	4110040	807	70530	B	Y7500	A	E	00		00	OR0206203	PURCELL, SARAH M	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	7/25/12	000187160	4110040	807	70530	B	Y7500	A	E	00		00	OR0071180	PUTMAN, M KEITH	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	7/11/11	000838520	4111363	933	76170	OA	C6630	A	A	21		02	OR0194679	RADFORD, KAREEMA NAUME	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1

10000	12/7/11	000592820	4119817	948	76207	OA	C6659	A	A	19		01	OR0203290	REED, TERESA	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	1/9/12	000187850	4111178	814	71238	OA	C6685	A	A	28		02	OR0203494	REES, SONYA	OA	C6685	CLIENT CARE SURVEYOR	A	A	28		P			F	1
10000	7/9/12	000973080	1002596	823	75522	OA	C0107	A	A	17		01	OR0040736	RICHARDSON, MELISSA C	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
10000	12/19/11	001042910	1004622	953	76211	OA	C6616	A	A	24		04	OR0203359	ROTE, GREGORY A	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	A	A	24		P			F	1
10000	7/6/11	000190070	4118815	939	72246	OA	C6630	A	A	21		01	OR0201228	SARMIENTO, AMAURY	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	10/15/12	000921020	1002128	942	76179	OA	C6659	A	A	19		01	OR0206511	SCHAEFER JR, DONALD L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	7/18/11	001014770	1003037	814	71262	OA	C6685	A	A	28		01	OR0183317	SIDER, REBECCA	OA	C6685	CLIENT CARE SURVEYOR	A	A	28		P			F	1
10000	10/1/12	000518220	1000161	807	70258	B	Y7500	A	E	00		00	OR0206711	SISK, NOELLE	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	12/6/12	000581680	4119751	950	76199	OA	C6630	A	A	21		01	OR0206954	SMITH, LANEYA M	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	11/16/11	001118380	1008653	823	72532	OA	C0871	A	A	27		02	OR0203026	SPRINGER, DONALD M	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		P		E	F	1
10000	10/10/11	001102620	1007980	966	76294	OA	C6630	A	A	21		01	OR0199608	STEVENS, TOSHA LYNN	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	10/1/12	000518220	1000161	807	70258	B	Y7500	A	E	00		00	OR0206712	STRINGER, REBECCAANN	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	7/2/12	001103100	1008029	965	76293	OA	C6606	A	A	15		01	OR0205061	TAFOYA, MICHELLE MARIE	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		P			F	1
10000	9/18/12	001118370	1008652	821	70905	UA	C0871	A	A	27		01	OR0206148	TERRETT, LINDSAY R	UA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		P			F	1
10000	12/1/11	000593140	4119869	949	76196	OA	C6630	A	A	21		02	OR0203190	THOMASON, PATRICIA A	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	7/11/11	000123960	6266853	810	71406	OA	C6685	A	A	28		01	OR0180279	UNDERWOOD, CHRISTA N	OA	C6685	CLIENT CARE SURVEYOR	A	A	28		P			F	1
10000	8/10/12	000187160	4110040	807	70530	B	Y7500	A	E	00		00	OR0206197	USSERY BOYDSTON, SUZET	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	9/4/12	000581860	4119769	935	72188	OA	C6630	A	A	21		01	OR0206071	VANDEVENDER, GEORGE F	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	8/8/11	000904220	1001739	936	72187	OA	C6616	A	A	24		02	OR0201617	VOLLRATH, SHAWN DANIEL	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	A	A	24		P			F	1
10000	11/7/11	001103000	1008019	964	76291	OA	C6659	A	A	19		01	OR0202929	VON BARGEN, KELLY	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	8/12/11	000622700	4119949	948	76207	OA	C0104	A	A	15		02	OR0060663	WALLING, SHELBY	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	5/21/12	000188420	4111236	960	76227	OA	C0107	A	A	17		02	OR0204302	WEST, JODI RENAE	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
10000	10/15/12	000973500	1002565	936	72186	OA	C6659	A	A	19		01	OR0206495	WHIPKEY, KIMBERLY S	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	8/1/12	000856560	0008333	882	75756	OA	U7538	A	A	39		08	OR0201519	WIGGINS, LLOYD	OA	U7538	MEDICAL CONSULTANT	A	A	39		P			P	0.5
10000	11/19/12	000903800	1001712	957	76222	OA	C6659	A	A	19		01	OR0206819	WILGUS, ALLISON A	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	7/25/11	000189420	4114424	814	71238	OA	C6685	A	A	28		06	OR0164566	WILLIAMS, JUDITH	OA	C6685	CLIENT CARE SURVEYOR	A	A	28		P			F	1
10000	10/24/12	000191640	4119196	936	72186	OA	C6659	A	A	19		04	OR0206512	WILSON, CHARLES R	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	8/29/11	000920380	1002066	944	76174	OA	C6616	A	A	24		02	OR0184070	WOOD, KIMBERLY A	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	A	A	24		P			F	1
10000	1/3/12	001043030	1004633	960	76227	OA	C6606	A	A	15		01	OR0203477	WOOLDRIDGE, NICOLE	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		P			F	1
10000	10/29/12	000904220	1001739	936	72187	OA	C6616	A	A	24		04	OR0206637	YOUNG, SHARI A	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	A	A	24		P			F	1
10000	5/14/12	000581670	4119750	948	76207	OA	C6616	A	A	24		01	OR0204245	ZIEGLER, BRITTANY M	OA	C6616	ADULT PROTECTIVE SERVICE SPEC	A	A	24		P			F	1
10000	10/24/11	000973540	1002569	957	76222	OA	C6659	A	A	19		01	OR0202742	ZURITA, OLIVER H	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	9/15/11	000187160	4110040	802	70530	B	Y7500	A	E	00		00	OR0202440	BARTHOLOMEW, JONATHAN	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	8/15/11	000187160	4110040	802	70530	B	Y7500	A	E	00		00	OR0202199	BEHRENS, JOHN D	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	4/16/12	000124230	6408130	801	70258	OA	C0860	A	A	23		02	OR0204033	CRAVEN, BRANDON L	OA	C0860	PROGRAM ANALYST 1	A	A	23		P			P	0.5
10000	8/15/11	000187160	4110040	802	70530	B	Y7500	A	E	00		00	OR0202198	HURLEY, MARY RITA	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	6/4/12	000621880	1400004	801	70258	OA	C0871	A	A	27		01	OR0204288	JAMES, SHANNON L	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	2	E	F	1
10000	4/1/12	000518220	1000161	801	70258	B	Y7500	A	E	00		00	OR0181205	LARSEN, KIMBERLY D	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	9/10/12	000898200	1000901	801	70530	MMS	X0872	A	A	30		06	OR0206019	LILLY, ROBERTA E	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		P			F	1
10000	4/1/12	000518220	1000161	801	70258	B	Y7500	A	E	00		00	OR0204030	REESE, KENNETH	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
10000	5/21/12	000621880	1400004	801	70258	OA	C0871	A	A	27		04	OR0204438	SUTTON, LESLIE J	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		P		E	F	1
10000	8/15/11	000187160	4110040	802	70530	B	Y7500	A	E	00		00	OR0202197	VIEGAS, KENNETH	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P		E	P	0
44300	11/14/11	001071330	1007394	05B	65615	MMN	X1319	A	A	18		02	OR0203025	BUEFORD, ROSEMARIE B	MMN	X0118	EXECUTIVE SUPPORT SPECIALIST 1	A	A	17		P			F	1
44300	6/4/12	000182610	0003035	043	33541	MMN	X0873	A	A	32		02	OR0173263	ENNIS, KRISTEN MARIE	MMN	X0873	OPERATIONS & POLICY ANALYST 4	A	A	32		P			F	1
10000	11/14/11	000182100	0001055	056	31550	MMN	X1339	A	A	27		06	OR0143774	JOHNSON, SARAH	OA	C1339	TRAINING & DEVELOPMENT SPEC 2	A	A	27		P			F	1
10000	11/1/11	000746280	0799104	056	31550	OA	C0107	A	A	17		02	OR0202807	MAINORD, DONNA M	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P		E	F	1
10000	8/29/12	000562550	9410295	01V	32522	OA	C1245	A	A	30		03	OR0169833	BASTIEN, LAURA LEE	OA	C1245	FISCAL ANALYST 3	A	A	30		P			F	1
10000	9/4/12	000123740	6108134	01V	32522	OA	C1245	A	A	30		03	OR0205891	BLAIR, STEPHEN C	OA	C1245	FISCAL ANALYST 3	A	A	30		P			F	1
44300	7/29/11	000808330	1410004	01T	32531	OA	C1245	A	A	30		04	OR0201492	KODIROV, SUKHROB	OA	C1245	FISCAL ANALYST 3	A	A	30		P		E	F	1
44300	11/28/11	000963490	1002335	01T	32531	OA	C1245	A	A	30		01	OR0203222	TAYLOR, PAULA A	OA	C1245	FISCAL ANALYST 3	A	A	30		P		E	F	1
44300	10/17/11	000808390	1410010	216	17300	OA	C0322	A	A	12		01	OR0202631	BLANDON, MARTHA I	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P		E	F	1
10000	10/31/11	000894530	1001022	547	16290	OA	C6659	A	A	19		01	OR0058332	GUTIERREZ, ADRIAN	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	7/11/11	000895620	1001083	547	16290	OA	C6657	A	A	15		02	OR0201234	IXTACUA, CASSANDRA R	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/1/12	001104300	1008405	547	16248	OA	C6657	A	A	15		02	OR0206403	KNAPP, RICHARD	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	7/1/11	001104710	1008357	547	16290	OA	C6659	A	A	19		02	OR0065102	MCCRAW, VANA K	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/21/11	000247030	9405699	547	16290	OA	C0323	A	A	15		00	OR0200399	MOORE, KRYSTAL A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/14/11	000899210	1000865	547	16290	OA	C6659	A	A	19		01	OR0203010	PATANJO, SUSAN M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	12/10/12	000383070	0003201	172	08185	OA	C6606	A	A	15		01	OR0206978	PRUITT, SERENA EILLEEN	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		P			F	1
44300	10/17/11	000808390	1410010	216	17300	OA	C0322	A	A	12		01	OR0202632	REEDER, JEREMY A	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P		E	F	1
10000	11/7/11	000895600	1001081	547	16290	OA	C6657	A	A	15		02	OR0202856	RIVERA, GARDA S	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
44300	10/17/11	000808390	1410010	216	17300	OA	C0322	A	A	12		01	OR0131527	RUSCO, PENNY S	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P		E	F	1
10000	12/27/11	001079730	1007369	547	16290	OA	C6659	A	A	19		01	OR0203464	TAYLOR, VANESSA J	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/7/11	001100910	1007919	547	16290	OA	C6659	A	A	19		02	OR0202894	THORNBERRY, SHERRY L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
44300	10/17/11	000808390	1410010	216	17300	OA	C0322	A	A	12		01	OR0202628	VINEYARD, JAIME A	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P		E	F	1
10000	8/29/12	000562550	9410295	01V	32522	OA	C1245	A	A	30		03	OR0169833	BASTIEN, LAURA LEE	OA	C1245	FISCAL ANALYST 3	A	A	30		P			F	1
10000	9/4/12	000123740	6108134	01V	32522	OA	C1245	A	A	30		03	OR0205891	BLAIR, STEPHEN C	OA	C1245	FISCAL ANALYST 3	A	A	30		P			F	1
44300	6/18/12	000915650	1000675	007	55890	MMN	X0862	A	A	29		02	OR0204685	CASTRO, MARIA	MMN	X0862	PROGRAM ANALYST 3	A	A	29		P		B	F	1
44300	11/21/11	000915650	1000675	007	55890	MMN	X0862	A	A	29		02	OR0109483	CERVANTES, ERICK R	MMN	X0862	PROGRAM ANALYST 3	A	A	29		P			F	1
10000	12/12/11	000760000	1370009	009	55406	MMN	X5233	A	A	25		04	OR0203321	COOLEY, TODD	MMN	X5233	INVESTIGATOR 3	A	A	25		P		E	P	0.5
44300	10/17/11	000808240	0001012	007	55890	MMN	X0862	A	A	29		08	OR0202720	DAS, SHELLEY	OA	C0861	PROGRAM ANALYST 2	A	A	27		P			F	1
10000	12/10/12	000729650	6190019	01F	71406	OA	C6685	A	A	28		02	OR0207004	FORD, ANDREA D	OA	C6685	CLIENT CARE SURVEYOR	A	A	28		P		E	F	1
44300	7/1/12	000915650	1000675	007	55890	MMN	X0862	A	A	29		05	OR0197797	GILMER, RACHEL	OA	C0861	PROGRAM ANALYST 2	A	A	27		L	2	E	F	1
10000	10/8/12	000802640	1370011	01C	55406	MMN	X0873	A	A	32		02	OR0037236	HADDAN, VIKTORIA	OA	C1339	TRAINING & DEVELOPMENT SPEC 2	A	A	27		P		E	F	1
44300	4/23/12	000122390	2270040	006	55890	MMN	X0872	A	A	30		05	OR0204155	HARTFIELD, SEAN L	MMN	X0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	1	E	F	1
10000	6/25/12	000382970	0003111	004	30520	MMN	X0119	A	A	19		02	OR0204797	KENT, GAIL SUZANNE	MMN	X0119	EXECUTIVE SUPPORT SPECIALIST 2	A	A	19		P			F	1
44300	7/29/11	000808330	1410004	01T	32531	OA	C1245	A	A	30		04	OR0201492	KODIROV, SUKHROB	OA	C1245	FISCAL ANALYST 3	A	A	30		P		E	F	1
10000	11/15/11	000802640	1370011	009	55406	MMN	X0873	A	A	32		04	OR0203017	MACEIRA, TILA M	MMN	X1338	TRAINING & DEVELOPMENT SPEC 1	A	A	23		P		E	F	1
44300	10/31/11	000122390	2270040	006	55890	MMN	X0872	A	A	30		05	OR0200150	MEADOWS, CHRISTINE MAR	MMN	X0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	1	E	F	1
44300	5/21/12	000122390	2270040	006	55890	MMN	X0872	A	A	30		02	OR0204373	O NEAL, JANICE	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	1	E	F	1
10000	1/3/12	000974840	1002581	009	55406	OA	C1115	A	A	19		02	OR0203475	POTTS, MYNDEE MCNEIL	OA	C1115	RESEARCH ANALYST 1	A	A	19		P			F	1
44300	11/28/11	000963490	1002335	01T	32531	OA	C1245	A	A	30		01	OR0203222	TAYLOR, PAULA A	OA	C1245	FISCAL ANALYST 3	A	A	30		P		E	F	1
10000	11/15/11	000802640	1370011	009	55406	MMN	X0873	A	A	32		04	OR0203018	THOMPSON, CHRISTOPHER	MMN	X1338	TRAINING & DEVELOPMENT SPEC 1	A	A	23		P		E	F	1

10000	10/1/12	000199230	0601000	01C	55406	MESN	Z7010	A	A	35	X	04	OR0206388	THOMPSON, JOHN S	MESN	Z7010	PRINCIPAL EXECUTIVE/MANAGER F	A	A	35	X	P			F	1
44300	11/1/11	001019930	1003714	007	55890	MMN	X0863	A	A	31		08	OR0202857	WANG, EMILY L	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		P			F	1
44300	12/17/12	000915650	1000675	006	55890	MMN	X0862	A	A	29		07	OR0207114	YAP, ANITA M	MMN	X0862	PROGRAM ANALYST 3	A	A	29		L	2	E	F	1
10000	10/8/12	000807160	0799903	546	16245	OA	C6612	A	A	24		01	OR0206433	ABAD, MICHELLE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/24/12	000747340	0799141	546	16245	OA	C6612	A	A	24		01	OR0206241	AGUILAR, CLAUDIA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/10/11	001105960	1008505	357	05162	OA	C6609	A	A	17		01	OR0202530	AGUIRRE, PAMELA	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	11/1/11	000217610	9231503	479	12220	OA	C6612	A	A	24		01	OR0202847	ALEXANDER, MICHELLE R	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/21/11	000744240	0799012	266	02112	OA	C0104	A	A	15		01	OR0184805	ALEXANDER, TIMOTHY D	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	12/17/12	000744430	0799023	398	08189	OA	C6612	A	A	24		06	OR0206951	ANDERSON WHIPPLE, JENN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/27/11	000219580	9330516	479	12220	OA	C6612	A	A	24		01	OR0202309	ARAUJO, CARLOTA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/17/11	000216330	9116300	546	16245	OA	C0104	A	A	15		02	OR0202685	ARCHER, CAMARAE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/1/11	000895540	1001076	537	15239	OA	C0104	A	A	15		02	OR0195993	ARRINGTON, ASHLEY J	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/29/12	000635550	1195012	261	02123	OA	C6612	A	A	24		01	OR0206636	ASHMORE, SARA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/28/11	000703710	0797510	342	04158	OA	C6612	A	A	24		01	OR0201613	AUBORN, JAMIE M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	6/13/12	000745310	0799066	546	16245	OA	C6612	A	A	24		01	OR0204622	AUDI, ABDULRAHIM	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/30/12	000744520	0799029	342	04158	OA	C6612	A	A	24		01	OR0205107	BAKER, BRENNA NICOLE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/5/11	000692320	0797069	329	04150	OA	C6612	A	A	24		01	OR0163959	BALL, DAVID	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/11/11	000210870	4100451	267	02114	OA	C6612	A	A	24		09	OR0201450	BARNES, LAUREL E	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/21/11	000818510	0701012	315	03144	OA	C6612	A	A	24		07	OR0076523	BAROCIO, BLANCA E	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/10/12	000726060	1297001	115	47520	MMS	X6241	A	A	36		08	OR0207043	BEAUBRIAND, HEIDI	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		P			F	1
10000	7/9/12	001106010	1008526	242	01106	OA	C0104	A	A	15		01	OR0199744	BECK, KAREN	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	6/18/12	000213340	5100510	537	15239	OA	C6612	A	A	24		03	OR0204465	BECKER, KELLI A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	1/26/12	000901390	1000553	315	03144	OA	C6612	A	A	24		01	OR0203162	BECKETT, JOSHUA M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/5/11	000699840	0797170	482	12215	OA	C0104	A	A	15		01	OR0203192	BELL, ROXANNE LYNNE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/1/11	000561750	0793279	237	01108	OA	C0104	A	A	15		02	OR0200492	BELLANTE, BELINDA ROSA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/21/11	000212050	4500558	263	02129	OA	C6612	A	A	24		04	OR0000426	BELLAVIA, STACY A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/23/11	000902040	1001584	536	15241	OA	C6612	A	A	24		02	OR0201298	BERGMANS, JENNIFER M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P		B	F	1
10000	10/17/11	000213220	4800644	398	08189	OA	C6612	A	A	24		01	OR0202718	BERNADAS-LEWIS, GERI L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/12/11	000234520	3100737	127	49520	OA	C1118	A	A	30		02	OR0202177	BHATTACHARYA, TANMOY	OA	C1118	RESEARCH ANALYST 4	A	A	30		P			F	1
10000	10/1/11	000213520	5500527	536	15241	OA	C6612	A	A	24		04	OR0199365	BIGEAGLE, BRENDA JO	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	6/7/12	000213520	5500527	536	15241	OA	C6612	A	A	24		02	OR0202947	BOETTCHER, TIMOTHY B	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/17/11	000206010	0791010	358	05161	OA	C6612	A	A	24		01	OR0202618	BOLISH, JAMIE E	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/16/12	000901400	1000554	315	03144	OA	C6612	A	A	24		02	OR0205064	BONHAM, MISTY M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/26/12	000640010	0793255	260	02128	OA	C6612	A	A	24		02	OR0206820	BOOKER, CORNELIUS	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/10/11	000639700	9116504	379	07177	OA	C6612	A	A	24		01	OR0202622	BOSSINGHAM, LAUREN D	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			P	0.5
10000	8/23/11	000213030	4700747	262	02119	MMS	X7004	A	A	28	X	09	OR0201762	BOWYER, VICTORIA	MMS	X7004	PRINCIPAL EXECUTIVE/MANAGER C	A	A	28	X	P			F	1
10000	8/8/11	000689630	0797010	405	08182	OA	C6612	A	A	24		01	OR0039899	BOYUM, KIMANH	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/11/11	001029980	1004344	315	03144	OA	C6609	A	A	17		02	OR0201121	BRADLEY, KIMBERLY A	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	11/14/11	000744490	0799026	421	09265	OA	C0104	A	A	15		01	OR0203069	BRANDT, JILL AMANDA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			P	0.5
10000	11/26/12	000201710	0781224	262	02119	OA	C6612	A	A	24		02	OR0206920	BRAUER, LISA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/29/12	000901620	1000660	237	01108	OA	C6612	A	A	24		02	OR0206490	BRENNAN, ROBERT J III	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/24/12	000692470	0797084	434	10206	OA	C6612	A	A	24		02	OR0206238	BROWER, KATHY L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/28/11	000212180	4500631	358	05161	OA	C6612	A	A	24		01	OR0202387	BROWN, KAREN L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/26/12	000217900	9306516	379	07177	OA	C6612	A	A	24		01	OR0153549	BROWN, VICKI D	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	1/3/12	001029290	1004287	537	15239	OA	C6609	A	A	17		02	OR0203382	BROWNING, ERIN B	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	7/12/12	000689610	0797008	329	04150	OA	C6612	A	A	24		01	OR0205041	BRYAN, EMILY A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P		E	F	1
10000	10/22/12	001105830	1008492	364	06169	OA	C6612	A	A	24		02	OR0206582	BUELL, JULIE L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/16/11	000689810	0797028	462	11210	OA	C0104	A	A	15		01	OR0203056	BURGESS, MELISSA A	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	7/19/12	000203260	0787040	267	02114	OA	C6612	A	A	24		02	OR0205131	BURTON, VICTORIA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/16/12	000726100	1297006	128	49520	OA	C0871	A	A	27		03	OR0205132	BUSHEK, RYAN	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		P			F	1
10000	9/24/12	001015800	1003123	242	01106	OA	C6612	A	A	24		01	OR0206244	CARLIN, SHAUN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/7/11	000215950	7600105	315	03144	OA	C0104	A	A	15		01	OR0202941	CARLSON, ZACHARI D	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/26/11	000201980	0785013	358	05161	OA	C6612	A	A	24		01	OR0202237	CASEY, ERIN K	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/29/11	000744550	0799032	237	01108	OA	C6612	A	A	24		02	OR0202461	CHAMBERS, RYAN ASHLEY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	1/9/12	000549400	0793195	315	03144	OA	C6612	A	A	24		01	OR0203502	CHAN VASQUEZ, VILMA E	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/6/11	000902500	1001630	434	10206	OA	C0104	A	A	15		01	OR0201432	CHANDLER, LISA A	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/1/12	000211250	4100636	358	05161	OA	C6612	A	A	24		01	OR0206345	CHAPMAN, CHANDRA E	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/10/12	001105410	1008451	295	03136	OA	C6612	A	A	24		02	OR0205973	CHAPMAN, LINDSEY M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/8/11	000699610	0797147	261	02123	OA	C6612	A	A	24		02	OR0203422	CHENEY, DENINE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/15/12	001105820	1008491	364	06169	OA	C6612	A	A	24		01	OR0206554	CHENEY, MICHELLE LOUIS	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/1/12	000635640	1195021	434	10206	OA	C6612	A	A	24		01	OR0205057	CHRISTIANSEN, MINDY L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/30/11	000901690	1001550	490	13226	OA	C6612	A	A	24		01	OR0024966	CLEVELAND, SUSAN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/19/11	000204470	0789070	405	08182	OA	C6612	A	A	24		02	OR0201391	CLOUD, KATHERINE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/18/11	000818780	0701036	405	08182	OA	C0104	A	A	15		01	OR0202655	COATES, LISA JUNE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/24/11	001106200	1008545	358	05161	OA	C0104	A	A	15		01	OR0202782	CODDINGTON, KATRINA R	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	1/9/12	000212340	4500671	260	02128	OA	C6612	A	A	24		02	OR0018465	COLONICA, DESIREE ANN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/30/12	000210750	4100423	486	13224	OA	C6612	A	A	24		01	OR0206235	COLTON, REBECCA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	3/19/12	000689550	0797002	537	15239	OA	C6612	A	A	24		02	OR0203832	COOPER, CINDY LYNN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/15/12	000547130	9410278	448	10200	OA	C6657	A	A	15		01	OR0205670	COURT, VICKI L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/29/12	000703860	0797525	386	07174	OA	C6612	A	A	24		01	OR0206575	CRAIG, CHARLES	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	1/10/12	000205530	0789278	357	05162	OA	C0104	A	A	15		01	OR0203546	CRANMER, JENNIFER LYNN	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/12/11	000210570	4100252	398	08189	OA	C6612	A	A	24		01	OR0202129	CRENSHAW, DEBORAH ALEN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/9/12	000204410	0789064	342	04158	OA	C6612	A	A	24		01	OR0203260	CRONKHITE, COREY JAMES	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/1/11	001106030	1008528	266	02112	OA	C0104	A	A	15		01	OR0202588	CROW, KELLY	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	12/1/11	000692730	0797110	462	11210	OA	C6612	A	A	24		01	OR0203200	D OLIVO, ANNA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/14/12	000901450	1000559	329	04150	OA	C6612	A	A	24		03	OR0038184	DAVIS, JAMIE LYNN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P		J	J	0.5
10000	10/24/11	000567140	0793374	334	04155	OA	C0104	A	A	15		02	OR0198630	DAWSON, LAURA L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			P	0.5
10000	10/8/12	000532490	0492023	379	07177	OA	C6658	A	A	17		01	OR0206401	DAY, CARA L	OA	C6658	HUMAN SERVICES SPECIALIST 2	A	A	17		P			P	0.5
10000	9/26/11	000216820	9205301	329	04150	OA	C6609	A	A	17		01	OR0193164	DAY, TIFFANY M	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	11/21/11	000217800	9306201	329	04150	OA	C6612	A	A	24		01	OR0092650	DEAN WASHINGTON, CHRIS	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		L	2	E	P	0.5
10000	9/4/12	000218460	9315503	398	08189	OA	C6612	A	A	24		01	OR0205768	DELONG, MENDY JEAN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/7/11	001106320	1008557	536	15241	OA	C0104	A	A	15		02	OR0202956	DOBRZYNSKI, CHRISTINA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1

10000	9/10/12	000204420	0789065	229	01102	OA	C6612	A	A	24		02	OR0205946	DODSON, AMANDA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/17/11	000644440	0795693	357	05162	OA	C0104	A	A	15		01	OR0202691	DOMINGUE, DANIELLE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/24/11	000901010	1001659	358	05161	OA	C6612	A	A	24		01	OR0202663	ENRIGHT, MIKE J	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	1/20/12	000692580	0797095	342	04158	OA	C6612	A	A	24		01	OR0203590	ESLINGER, ROSE MARIE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/28/11	000584980	0795122	462	11210	OA	C6612	A	A	24		01	OR0203142	ESTES, KADI A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/7/11	000636040	1195061	498	13227	OA	C0104	A	A	15		01	OR0202860	EVANS, CHRISTOPHER M	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/3/11	000219540	9330510	479	12220	OA	C6612	A	A	24		01	OR0200039	FARRELL, ALISHA R	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/3/11	001029540	1004310	329	04150	OA	C6609	A	A	17		01	OR0202521	FAULKNER, AUTUMN B	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	12/19/11	000202880	0787002	329	04150	OA	C6612	A	A	24		02	OR0203434	FLEMING, CRYSTAL	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/13/12	000201410	0781161	315	03144	OA	C6612	A	A	24		08	OR0206693	FONOIMOANA, TRISHA L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/8/12	000219250	9322510	262	02119	OA	C6612	A	A	24		07	OR0206818	FORREST, CATHERINE M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/6/11	000902690	1001649	466	11213	OA	C0104	A	A	15		01	OR0202085	FRANK, JESSICA J	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	2/13/12	001011080	1003692	119	47520	OA	C6612	A	A	24		02	OR0203716	FRASER, PATRICIA D	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P		J	J	0.5
10000	10/22/12	000212180	4500631	358	05161	OA	C6612	A	A	24		01	OR0206494	FREEMAN, MARCIE A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/26/12	000571310	9409799	116	49520	OA	C0119	A	A	19		02	OR0206650	FRONK, LAUREN J	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		P		E	F	1
10000	8/4/11	000901120	1001668	541	16243	OA	C6612	A	A	24		01	OR0201548	FUENTES, MIGUEL A III	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/17/11	001106340	1008559	546	16245	OA	C0104	A	A	15		02	OR0202680	FURR, GREGORY	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	8/1/12	000726100	1297006	128	49520	OA	C0871	A	A	27		01	OR0059262	FYFE, SHARRIE L	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		P			F	1
10000	9/27/11	001029620	1004318	260	02128	OA	C6609	A	A	17		02	OR0182799	GALGALO, MARIAM HARO	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	8/6/12	000635760	1195033	260	02128	OA	C0104	A	A	15		03	OR0205519	GANT, SARAH	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/19/11	000201620	0781207	398	08189	OA	C0104	A	A	15		01	OR0202130	GARCIA, GRACE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/2/11	001010510	1003308	263	02129	OA	C0323	A	A	15		04	OR0202836	GARDINER, MOLLY A	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P			F	1
10000	10/31/11	000561600	0793264	379	07177	OA	C6612	A	A	24		02	OR0195458	GARRETT, SHAUN C	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	5/1/12	001015840	1003127	342	04158	OA	C6612	A	A	24		02	OR0178437	GAUTNEY, MANDY SUE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/5/12	000217780	9306032	379	07177	OA	C0104	A	A	15		01	OR0206207	GAVRAS, ELIZABETH	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/26/11	000751100	0799344	379	07177	OA	C0104	A	A	15		01	OR0202792	GIDDINGS, DALE R	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/19/11	000212740	4600092	358	05161	OA	C0104	A	A	15		01	OR0202681	GLOVER, KIMBERLI D	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/8/12	000916150	1001978	358	05161	OA	C6612	A	A	24		01	OR0206291	GOULD, CINDI DENISE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/8/12	000205340	0789259	242	01106	OA	C6612	A	A	24		08	OR0206292	GRAY, SARA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/1/11	001106250	1008550	536	15241	OA	C0104	A	A	15		02	OR0202926	GREENE, KATHRYN A	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/19/11	000215850	7500601	364	06169	OA	C6612	A	A	24		01	OR0202297	GREY, TIFFANY ROSE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/5/12	000699600	0797146	261	02123	OA	C0104	A	A	15		01	OR0206670	HACKETT, ZACHARY	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	1/20/12	000901890	1001569	242	01106	OA	C6612	A	A	24		01	OR0203037	HADAR-ZIADY, ANA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/1/11	000212210	4500642	421	09265	OA	C6612	A	A	24		02	OR0202560	HALL, BRUCE F	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/5/11	000746440	0799115	358	05161	OA	C6612	A	A	24		02	OR0201106	HAMMOND, STEPHEN A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/15/12	000692850	0797122	261	02123	OA	C6612	A	A	24		01	OR0206572	HANCOCK, LOUISE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/27/11	000218070	9310037	434	10205	OA	C0104	A	A	15		01	OR0196278	HARGOUS, MICHELLE C	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/18/11	000990540	1002914	546	16245	OA	C6612	A	A	24		01	OR0196328	HASTINGS, LAURA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/6/11	000213900	6100584	358	05161	OA	C6612	A	A	24		01	OR0201197	HASTINGS, LAWRENCE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/23/12	000901350	1000549	315	03144	OA	C6612	A	A	24		02	OR0205248	HATHAWAY, JAMES L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/8/11	000218570	9315527	462	11210	OA	C6612	A	A	24		01	OR0201616	HERMANN, JOSEPH D	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/20/11	000204240	0789047	266	02112	OA	C6612	A	A	24		02	OR0202793	HERNANDEZ, VIVIANA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	4/23/12	000807220	0779928	342	04158	OA	C6612	A	A	24		02	OR0204128	HERTLING, RYAN S	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/10/12	000217860	9306502	379	07177	OA	C6612	A	A	24		01	OR0200419	HOGG, REGINA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/29/11	000200700	0779253	111	47520	MMS	X7010	A	A	35	X	03	OR0201922	HOLLANDS, AISHA LA	MMS	X7010	PRINCIPAL EXECUTIVE/MANAGER F	A	A	35	X	P		E	F	1
10000	12/7/11	000552780	0793237	405	08182	OA	C0104	A	A	15		01	OR0203296	HOLLISTER, YULIYA NIKO	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	2/6/12	000212070	4500574	262	02119	OA	C6612	A	A	24		02	OR0200941	HOLT, CHRISTINE M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/15/11	000215690	7400514	379	07177	OA	C6612	A	A	24		01	OR0201678	HOMENICK, TED WILLIAM	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/22/11	000219870	9334546	479	12220	OA	C6612	A	A	24		01	OR0201688	HORNING, HEATHER C	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	1/3/12	000901090	1001665	434	10206	OA	C6612	A	A	24		01	OR0203501	HORTON, JESSICA A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/17/12	000928550	1002181	398	08189	OA	C6612	A	A	24		01	OR0206115	HUCK, NICOLE DAWN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/1/12	000746400	0799113	262	02119	OA	C6612	A	A	24		06	OR0205081	HUDDLESTON, MAGGIE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/27/11	000213890	6100583	358	05161	OA	C6612	A	A	24		01	OR0202337	HYATT, AMY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/1/12	000901290	1000543	295	03136	OA	C6612	A	A	24		02	OR0206306	IVERSON, LINDA L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	5/23/12	000901650	1000663	434	10206	OA	C6612	A	A	24		01	OR0204294	JACOBS, JENNIFER	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	3/19/12	000990450	1002874	398	08189	OA	C6612	A	A	24		01	OR0203882	JAGGERS DANRICH, TIA C	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/24/11	000902480	1001628	357	05162	OA	C0104	A	A	15		01	OR0202780	JANZ, LEANNE L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/10/11	000205430	0789268	263	02129	OA	C0107	A	A	17		04	OR0202590	JARRETT, NATHAN	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			P	0.5
10000	11/1/11	000549460	0793201	536	15241	OA	C6612	A	A	24		02	OR0202907	JENKINS, KATHERINE R	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P		E	F	1
10000	11/9/11	000916190	1001982	536	15241	OA	C6609	A	A	17		01	OR0202989	JOHNSON, JENNIFER L	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	8/16/11	000746400	0799113	262	02119	OA	C6612	A	A	24		04	OR0113025	JOHNSON, RENAY I	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/14/11	000215990	7600113	315	03144	OA	C0104	A	A	15		01	OR0202948	KAEHLER, KATINA I	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/24/12	001021010	1003917	262	02119	OA	C6612	A	A	24		05	OR0206279	KASE, LUCILA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/14/11	000201300	0781110	357	05162	OA	C6609	A	A	17		02	OR0203021	KEEN, STACIE L	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	11/28/11	000692850	0797122	261	02123	OA	C6612	A	A	24		03	OR0203194	KENNEDY, SHANNON	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/9/11	000991060	1002862	329	04150	OA	C6612	A	A	24		01	OR0200032	KILBORN, KARISTEN R	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/1/12	000203180	0787032	358	05161	OA	C6612	A	A	24		01	OR0206293	KIMBELL, BRYAN M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/14/11	000219670	9334102	315	03144	OA	C0103	A	A	12		01	OR0202945	KING, SHANNON L	OA	C0103	OFFICE SPECIALIST 1	A	A	12		P			P	0.5
10000	2/9/12	000901540	1000629	315	03144	OA	C6612	A	A	24		01	OR0203671	KIPKO, ANASTASIYA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/15/11	000121790	2710002	127	49520	OA	C1118	A	A	30		08	OR0201761	KLEINSCHMIT, SARA JANE	OA	C1118	RESEARCH ANALYST 4	A	A	30		P			F	1
10000	10/11/11	001016220	1003154	379	07177	OA	C0104	A	A	15		01	OR0202609	KNAPP, SARAH N	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			P	0.5
10000	9/27/11	000818460	0701007	434	10206	OA	C6612	A	A	24		02	OR0046529	KOCH, LORE A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/17/11	000203610	0787075	357	05162	OA	C0104	A	A	15		01	OR0202690	KOENEN, KAREN M	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/31/11	000692320	0797069	329	04150	OA	C6612	A	A	24		01	OR0202837	KRZYANIAK, HOLLY ANN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/26/12	001165370	1010362	111	47520	MMS	X7010	A	A	35	X	02	OR0206933	LAKE, STACY L	MMS	X7010	PRINCIPAL EXECUTIVE/MANAGER F	A	A	35	X	P		E	F	1
10000	9/26/11	000218060	9310036	364	06169	OA	C0104	A	A	15		01	OR0201390	LAMONTE, LACEY JEAN	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	12/6/12	000210530	4100065	379	07177	OA	C0104	A	A	15		01	OR0206949	LARSEN, KITINA L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/21/11	000200810	0779323	462	11285	OA	C6609	A	A	17		01	OR0203111	LASSETT EGBERT, MARY L	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	10/1/11	001106040	1008529	266	02112	OA	C0104	A	A	15		01	OR0173812	LEAUPEPE, JULIE SAO	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/28/11	000725390	0797206	329	04150	OA	C6612	A	A	24		01	OR0203160	LEON, FEDERICO C JR	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	6/26/12	000211310	4100675	541	16243	OA	C6612	A	A	24		01	OR0204668	LIGHTNER, KAIG	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/12/11	000744940	0799046	261	02123	OA	C6612	A	A	24		09	OR0202026	LLOYD, MELISSA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1

10000	7/7/11	000900490	1000623	358	05161	OA	C6612	A	A	24		01	OR0201110	LOBOY, STACEY A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	5/29/12	000549460	0793201	537	15239	OA	C6612	A	A	24		02	OR0204419	LOFTIS, ERIN D	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/4/12	000818600	0701021	448	10201	OA	C6612	A	A	24		01	OR0206938	LOGAN, JEREMY D	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/3/12	000916130	1001976	358	05161	OA	C6612	A	A	24		01	OR0206937	LONGO, KIM L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/28/11	001021180	1003934	358	05161	OA	C0104	A	A	15		01	OR0203547	LOWDER, LISA GELENE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/12/11	000197100	0390032	260	02128	OA	C6612	A	A	24		02	OR0202010	LUENGO-BASTARRICA, LEI	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/15/11	000901430	1000557	329	04150	OA	C6612	A	A	24		01	OR0200002	MACIEL MANZO, JOSE A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P		E	F	1
10000	11/14/11	001021190	1003935	537	15239	OA	C0104	A	A	15		02	OR0203032	MADDALENA, TAMMY L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/24/11	001105970	1008506	398	08189	OA	C6609	A	A	17		01	OR0202781	MADIGAN, MICHELLE JEAN	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	8/24/11	000219820	9334525	260	02128	OA	C6612	A	A	24		03	OR0201886	MADRIGAL, ARACELY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/8/11	000990420	1002871	398	08189	OA	C6612	A	A	24		01	OR0201044	MAILE DELSMAN, JENNIFE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	1/4/12	000217700	9233502	421	09265	OA	C6612	A	A	24		01	OR0203566	MARK, JESSICA JOANN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/29/11	000902260	1001606	434	10206	OA	C0104	A	A	15		01	OR0201305	MARTIN, KERRI ANN	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	7/13/11	000549480	0793203	462	11210	OA	C6612	A	A	24		01	OR0201262	MARTINEZ, LYNETTE M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/26/12	000217260	9223503	521	14236	OA	C6612	A	A	24		01	OR0206806	MARTINEZ, MOSES T	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/16/12	000204430	0789066	379	07177	OA	C6612	A	A	24		02	OR0205066	MASON, THOMAS MICHAEL	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/15/11	000901410	1000555	379	07177	OA	C6612	A	A	24		01	OR0201680	MAY, DUSTIN LEE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/5/12	000218800	9317515	398	08189	OA	C6612	A	A	24		01	OR0205771	MCBEE, SARAH MARIE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	4/25/12	001165410	1010366	106	47520	OA	C0872	A	A	30		02	OR0203988	MCCLEOD, LETHA M	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		P			F	1
10000	10/29/12	000807300	0799980	546	16245	OA	C6612	A	A	24		01	OR0206652	MCCONNELL, MADELEINE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/27/11	000902470	1001627	315	03144	OA	C0104	A	A	15		01	OR0203430	MCDONALD, CAMMA M	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	5/23/12	000901230	1000537	237	01108	OA	C6612	A	A	24		02	OR0204401	MCDONOUGH, IAN JOSEPH	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/28/11	000197040	0390026	358	05161	OA	C6612	A	A	24		02	OR0203476	MCGARRY, SHELLI M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/19/11	000636000	1195057	398	08189	OA	C6609	A	A	17		01	OR0202223	MCKNIGHT, PATRICK EUGE	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	8/23/11	000567150	0793375	498	13227	OA	C0104	A	A	15		01	OR0201933	MCQUISTEN, LINDSEY	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			P	0.5
10000	8/26/11	000747370	0799143	443	10198	OA	C6612	A	A	24		01	OR0201888	MCVICKER, GREGGORY B	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			P	0.5
10000	11/22/11	000635730	1195030	260	02128	OA	C0104	A	A	15		02	OR0203097	MENDOZA, MARCO	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	1/3/12	000729800	0798002	262	02119	OA	C6612	A	A	24		02	OR0071942	MEZA-PERFECTO, JAVIER	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/5/11	000901840	1001564	546	16245	OA	C6612	A	A	24		02	OR0201157	MILLS, RACHEL	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	2/6/12	000205930	0791002	267	02114	OA	C6612	A	A	24		02	OR0203759	MILNE, DAVID	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/17/12	000902600	1001640	315	03144	OA	C0104	A	A	15		06	OR0041620	MINDEN, JEFFREY E	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/11/12	000703700	0797509	229	01102	OA	C6612	A	A	24		01	OR0205945	MINER, KATHERINE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/3/12	000213630	5700204	262	02119	OA	C6612	A	A	24		02	OR0206969	MOORE, CHARLOTTE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/10/11	000203400	0787054	536	15241	OA	C6612	A	A	24		02	OR0196204	MOORE, DANIELLE MARIE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/16/12	001105660	1008475	237	01108	OA	C6612	A	A	24		02	OR0205118	MOORE, SANDRA GAIL	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/1/11	000218510	9315514	398	08189	OA	C6612	A	A	24		01	OR0202615	MOORE, TAWNYA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/1/11	000746500	0799119	357	05162	OA	C0104	A	A	15		01	OR0201512	MOREIRA, ANGELICA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	7/1/12	000549370	0793192	434	10206	OA	C6612	A	A	24		01	OR0205042	MOSTUE, ALISON L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	1/3/12	000635670	1195024	443	10198	OA	C6612	A	A	24		01	OR0203490	NANEZ, DANIEL Z	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/5/11	000635720	1195029	486	13224	OA	C6609	A	A	17		01	OR0201171	NEFF, BRIDGET L	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			P	0.5
10000	11/8/11	000699700	0797156	536	15241	OA	C0104	A	A	15		02	OR0202957	NICHOLS, TINA M	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/28/11	000219330	9322525	342	04158	OA	C6612	A	A	24		01	OR0201670	NIKOLEISHVILI, STEPHAN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/17/11	000549370	0793192	434	10206	OA	C6612	A	A	24		01	OR0202741	OLDHAM, DEANNA J	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/30/12	000549230	0793178	462	11210	OA	C6612	A	A	24		02	OR0205434	PALESANO, BRANNEN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/17/11	000899290	1000949	546	16245	OA	C0104	A	A	15		02	OR0202678	PANIAGUA, LUIS	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	8/20/12	001029960	1004342	315	03144	OA	C6609	A	A	17		02	OR0205668	PATTON, ROBERT E	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	2/13/12	000955630	1000449	128	49520	OA	C0871	A	A	27		03	OR0203701	PAYNE, MICHAEL	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		P			F	1
10000	2/10/12	000901640	1000662	424	09194	OA	C6612	A	A	24		01	OR0203712	PEREZ, ANDY S	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/24/11	000585040	0795128	479	12216	OA	C0104	A	A	15		01	OR0201838	PEREZ, TAYLOR L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	2/13/12	000818470	0701008	315	03144	OA	C6612	A	A	24		01	OR0195914	PETERS, RACHEL M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	5/14/12	000215520	7100545	398	08189	OA	C6612	A	A	24		01	OR0204292	PETERSON, ADAM WAYNE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/27/12	000213220	4800644	398	08189	OA	C6612	A	A	24		01	OR0205770	PETERSON, LUCINDA GUER	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/31/11	000212320	4500666	537	15239	OA	C6612	A	A	24		01	OR0201974	PETRIE, HOLLIE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/3/11	000689660	0797013	462	11210	OA	C6612	A	A	24		01	OR0202424	PHILLIPS, SAMANTHA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/1/11	000901500	1000603	358	05161	OA	C6612	A	A	24		06	OR0201514	PIERCE, ENDA C	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/21/12	000585050	0795129	358	05162	OA	C6612	A	A	24		01	OR0206748	PIERCE, REBECCA S	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/26/11	000692660	0797103	260	02128	OA	C0104	A	A	15		03	OR0202324	PORTER, CHARITY	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	8/13/12	001106050	1008530	260	02128	OA	C0104	A	A	15		02	OR0205521	PRICE, CHRISTEN	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/8/12	000219320	9322524	364	06169	OA	C6612	A	A	24		01	OR0206408	PRIMROSE, SHANNON ELIZ	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/19/11	000218960	9318308	434	10206	OA	C6612	A	A	24		01	OR0191951	PULIOFF, STEPHANIE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/10/12	000901730	1001554	536	15241	OA	C6612	A	A	24		02	OR0206040	PUTMAN, BAYLEY N	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/10/11	001030040	1004349	357	05162	OA	C6609	A	A	17		01	OR0202464	QUILLAN, KRISTEN T	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	9/10/12	001105440	1008454	364	06169	OA	C6612	A	A	24		01	OR0206043	RACKLEY, JOELENE MARIE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/8/12	000977970	1002743	424	09194	OA	C1524	A	A	23		01	OR0205609	RADCLIFFE, JAMIE L	OA	C1524	PARALEGAL	A	A	23		P		J	J	0.5
10000	4/1/12	000201490	0781169	315	03144	OA	C6612	A	A	24		02	OR0203909	RAMIREZ, ELVA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/12/11	000219310	9322522	329	04150	OA	C6612	A	A	24		01	OR0202098	RASSMANN, JEFFREY A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/20/11	000220030	9336513	357	05161	OA	C6612	A	A	24		01	OR0194723	RAY, DANIEL	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/5/11	000218880	9318025	521	14236	OA	C0104	A	A	15		01	OR0203235	RAY, DEANNE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/7/11	000902610	1001641	315	03144	OA	C0104	A	A	15		01	OR0202940	RAYNES, SARAH E	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/24/12	000549450	0793200	329	04150	OA	C6612	A	A	24		02	OR0206075	RENTERIA, CARLOS	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/19/11	000745130	0799060	462	11210	OA	C0104	A	A	15		01	OR0202238	REYES, SULIANA B	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/12/11	000692410	0797078	398	08189	OA	C0104	A	A	15		01	OR0197208	REZ, GLORIA J	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			P	0.5
10000	2/13/12	000902030	1001583	315	03144	OA	C6612	A	A	24		01	OR0203682	RICARDS, MARTINA ROSE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/12/11	000213280	5100303	536	15241	OA	C6609	A	A	17		02	OR0193264	RICE, JUSTINE	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	9/12/11	000217380	1000074	398	08189	OA	C6609	A	A	17		03	OR0202101	RICH, SANDRA MARY	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	10/17/11	000197550	0390077	386	07174	OA	C0104	A	A	15		02	OR0198300	RICHARDS, KRYSTAL JEAN	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	6/11/12	000204330	0789056	315	03144	OA	C6612	A	A	24		01	OR0204464	RICHARDSON, NEXUS N	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/1/11	000215900	7600028	541	16243	OA	C0104	A	A	15		01	OR0201687	ROBBINS, CASSANDRA M	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P		J	J	0.5
10000	12/19/11	000211440	4200601	263	02129	OA	C6612	A	A	24		01	OR0001035	ROBERTSON, LEANNE M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P		J	J	0.5
10000	11/2/11	000215960	7600107	315	03144	OA	C0104	A	A	15		01	OR0202859	ROGERS, ASHLEE P	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/7/11	000901240	1000538	229	01102	OA	C6612	A	A	24		03	OR0203061	ROMERO, WILLIAM GUILLE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/21/11	000611180	0795591	116	47520	OA	C0104	A	A	15		01	OR0203168	ROSE, DEBORAH M	OA	C0104	OFFICE SPECIALIST 2	A	A	15		L	6	E	F	1

10000	8/29/12	000818750	0701033	315	03144	OA	C0104	A	A	15		01	OR0204164	RUIZ CEJA, MARIA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	12/27/11	000212000	4500537	358	05161	OA	C6612	A	A	24		03	OR0203462	RUNDLES-GARCIA, DOROTH	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/29/11	000901770	1001558	537	15239	OA	C6612	A	A	24		01	OR0199072	RUSSELL, KATHERINE YVO	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/5/12	000747270	0799136	334	04155	OA	C6612	A	A	24		02	OR0206716	SAKAMOTO-GUNTON, CHIHO	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/10/11	001029480	1004305	357	05162	OA	C6609	A	A	17		01	OR0202474	SALAZAR, INDRA C	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	9/9/11	001030110	1004356	537	15239	OA	C6609	A	A	17		02	OR0194043	SANDBERG, KELLY A	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	2/13/12	000818530	0701014	315	03144	OA	C6612	A	A	24		01	OR0203669	SCHIEDLER, MELINDA R	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/31/12	000211990	4500526	536	15241	OA	C6612	A	A	24		02	OR0205408	SCHMIDT, MATTHEW M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/12/11	000201600	0781205	398	08189	OA	C0104	A	A	15		01	OR0202121	SCHNEE, DARCIE D	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	12/27/11	000205520	0789277	462	11210	OA	C6612	A	A	24		01	OR0203466	SCHNUR, AMANDA B	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	5/21/12	000202940	0787008	398	08189	OA	C6612	A	A	24		05	OR0204291	SCHUMACHER, HEATHER A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/12/11	000703840	0797523	462	11210	OA	C6612	A	A	24		01	OR0203339	SCHWEIGER, DANIELL C	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/24/11	000211460	4200686	358	05161	OA	C6612	A	A	24		01	OR0202620	SEILER, SHARON R	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/21/11	000212250	4500650	266	02112	OA	C6612	A	A	24		02	OR0202606	SERVELLON, MARIO	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/31/11	000210910	4100458	260	02128	OA	C6612	A	A	24		02	OR0202935	SHAFER, THOMAS S	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/22/12	000216430	9132501	490	13226	OA	C6612	A	A	24		01	OR0205266	SHELTON, MITCHELL D	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/26/12	000916000	1001963	358	05161	OA	C6612	A	A	24		01	OR0206821	SHOEMAKER, STEPHANIE L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/18/11	000818450	0701006	434	10206	OA	C6612	A	A	24		02	OR0202321	SIMMONS, KARA M K	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/28/11	000990510	1002880	315	03144	OA	C6612	A	A	24		01	OR0201387	SIMONS, AARON MICHAEL	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/9/12	000212810	4600127	261	02123	OA	C0104	A	A	15		03	OR0206715	SIMS, DAVINA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/13/12	000901940	1001574	315	03144	OA	C6612	A	A	24		03	OR0206676	SLAUGHTER, DIANA L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/24/11	000745820	0799081	462	11210	OA	C6612	A	A	24		01	OR0202794	SLEZAK, DANNE M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/12/11	001105980	1008507	537	15239	OA	C6609	A	A	17		01	OR0200256	SMITH, HEATHER E	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	8/1/11	000726060	1297001	115	47520	MMS	X6241	A	A	36		03	OR0201618	SMITH, ROXANNE	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		P			F	1
10000	10/17/11	000247010	9405695	541	16243	OA	C0104	A	A	15		01	OR0202567	SNOW, KRYSTAL A	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/5/12	000205710	0789297	242	01106	OA	C6612	A	A	24		01	OR0206707	SOLER-YORK, PATRICIA	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/2/11	000689860	0797033	386	07177	MMS	X7004	A	A	28	X	02	OR0202835	SPITAEL, CONNIE	MMS	X7004	PRINCIPAL EXECUTIVE/MANAGER C	A	A	28	X	P			P	0.5
10000	10/17/11	000746320	0799107	358	05161	OA	C6612	A	A	24		01	OR0202617	STANASEL, DORIAN V	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/19/11	000901370	1000551	364	06169	OA	C6612	A	A	24		01	OR0202296	STANTON, LINDSEY ANNE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/20/12	000215490	7100530	315	03144	OA	C6612	A	A	24		01	OR0205264	STEELE, LINDSEY B	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	2/13/12	000818430	0701005	315	03144	OA	C6612	A	A	24		01	OR0203670	STEERE, CHARLOTTE J	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	2/1/12	000726080	1297004	128	49520	OA	C0871	A	A	27		01	OR0180460	STEPHENS, LACEY EVELYN	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		P		B	F	1
10000	1/4/12	000629710	0795880	262	02119	OA	C6612	A	A	24		02	OR0203584	STILES, JEFFREY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/13/12	000219950	9336300	315	03144	OA	C6609	A	A	17		01	OR0205227	STODDARD, BERNADETTE B	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	9/27/11	001029770	1004331	379	07177	OA	C6609	A	A	17		01	OR0202333	STORM, KATHERINE	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	10/17/11	000704090	0797548	541	16243	OA	C0104	A	A	15		01	OR0202629	STURR, SEAN F	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/18/11	000807300	0799980	546	16245	OA	C6612	A	A	24		01	OR0202797	SUMMER, JEFFREY S	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P		E	F	1
10000	9/30/11	000214160	6500545	386	07174	OA	C6612	A	A	24		01	OR0202110	SWANSON, KELSEY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/1/11	000215880	7600004	315	03144	OA	C0104	A	A	15		01	OR0202850	TAYLOR, MELISSA K	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/13/12	000201490	0781169	315	03144	OA	C6612	A	A	24		05	OR0206695	THOMPSON, MARCUS M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	1/18/12	000928580	1002184	434	10206	OA	C6612	A	A	24		02	OR0203582	THOMPSON, MELISSA A	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/12/11	001106020	1008527	261	02123	OA	C0104	A	A	15		02	OR0153972	TINNON, ALISSA A	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/1/11	000699680	0797154	536	15241	OA	C6612	A	A	24		01	OR0201524	TOLIVER, BRENDAN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/7/11	000217830	9306304	398	08189	OA	C6612	A	A	24		01	OR0202990	TORRES, MAYRA L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/16/12	000744020	0799003	229	01102	OA	C6612	A	A	24		01	OR0205212	TROST, TIMOTHY J	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/17/12	000217650	9231520	486	13224	OA	C6612	A	A	24		01	OR0207038	TRUMP, TRACY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/9/12	000818410	0701004	315	03144	OA	C6612	A	A	24		01	OR0202672	UERLINGS, HEATHER N	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/21/11	000211280	4100656	261	02114	OA	C6612	A	A	24		04	OR0200280	VALENTE, ELIZABETH	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/28/11	000210440	4000103	434	10206	OA	C0104	A	A	15		01	OR0193346	VANASEN, THERESA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	6/11/12	000216540	9202028	434	10206	OA	C0104	A	A	15		01	OR0204648	VANKLOOTWYK, STEPHANIE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/30/11	000219710	9334310	448	10201	OA	C6612	A	A	24		01	OR0203180	VAUGHAN, RYAN B	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	6/7/12	001021150	1003931	546	16245	OA	C6612	A	A	24		01	OR0204678	VEGA, BETSY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	8/13/12	000567040	0793354	537	15239	OA	C6612	A	A	24		03	OR0205606	VERNOOY, LINDSEY R	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/29/12	000746290	0799105	266	02112	OA	C6612	A	A	24		02	OR0206624	VILLA, LIBBY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/13/11	000636020	1195059	266	02112	OA	C0103	A	A	12		02	OR0192095	VINOKUROV, ILYA	OA	C0103	OFFICE SPECIALIST 1	A	A	12		P			F	1
10000	9/4/12	000901680	1000666	486	13224	OA	C6612	A	A	24		05	OR0205947	VIOLETTE, HANNAH C	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/28/11	000205510	0789276	315	03144	OA	C6612	A	A	24		01	OR0193892	WADSWORTH, RACHEL K	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	11/19/12	000212210	4500642	421	09265	OA	C6612	A	A	24		01	OR0206826	WAGENAAR, KATIE MAY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/3/11	000202750	0785218	443	10198	OA	C0104	A	A	15		01	OR0202459	WALSH, BARBARA M	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			P	0.5
10000	11/19/12	000635650	1195022	434	10206	OA	C6612	A	A	24		01	OR0206708	WAMPLER, TYLER M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	4/1/12	000611180	0795591	115	47520	OA	C0104	A	A	15		01	OR0201980	WARBURTON, JEFFREY I	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P		E	F	1
10000	10/4/12	000219500	1000081	364	06169	OA	C6612	A	A	24		01	OR0206395	WAYBRANT, ERIK L	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			P	0.5
10000	10/17/11	001105870	1008496	358	05161	OA	C6612	A	A	24		01	OR0202619	WEAVER, HOLLY LEE	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	9/9/11	000218160	9310305	405	08182	OA	C6612	A	A	24		02	OR0199269	WEBER, RAPHEL D	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/19/11	000213880	6100582	358	05161	OA	C6612	A	A	24		01	OR0203441	WERTZ, KITTY M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/12/11	000216210	9107504	434	10206	OA	C6612	A	A	24		01	OR0203188	WHITE, JOANNE M	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/6/12	000217520	9229503	237	01108	OA	C6612	A	A	24		02	OR0205124	WILEY, KATHERINE KELLY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/3/11	000561550	0793259	364	06169	OA	C6609	A	A	17		01	OR0202523	WILMOT, RONALD E	OA	C6609	SOCIAL SERVICE ASSISTANT	A	A	17		P			F	1
10000	7/9/12	000901140	1001670	546	16245	OA	C6612	A	A	24		01	OR0205269	WILSON, CAITLIN C	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	5/7/12	000990400	1002869	398	08189	OA	C6612	A	A	24		07	OR0204224	WILSON, TERRY D	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/5/12	000689860	0797033	379	07177	MMS	X7004	A	A	28	X	01	OR0206948	WISELY, HEATHER M	MMS	X7004	PRINCIPAL EXECUTIVE/MANAGER C	A	A	28	X	P			P	0.5
10000	10/26/12	000213960	6100614	358	05161	OA	C6612	A	A	24		01	OR0047104	WITZIG, JOHANNA E	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/22/12	000745980	0799090	342	04158	OA	C6612	A	A	24		02	OR0206633	WOODS-WILLIAMS, CATHER	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	12/1/12	000216710	9204500	229	01102	OA	C6612	A	A	24		04	OR0206738	WOODY-CARMEN, TRACI	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/17/11	001106150	1008540	289	03131	OA	C0104	A	A	15		02	OR0202604	WORTHINGTON, DEBORAH	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/13/12	000219330	9322525	342	04158	OA	C6612	A	A	24		01	OR0206794	WYANT, AUBREY JEAN	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/1/12	000204420	0789065	229	01102	OA	C6612	A	A	24		02	OR0205070	ZIMMER, TONI	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	10/1/12	001106360	1008561	200	22520	OA	C0104	A	A	15		01	OR0204000	BRISENO, TERESA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		L	6	E	F	1
10000	8/29/12	001011400	1003470	200	22520	OA	C0323	A	A	15		02	OR0204461	CALVILLO, VALENTE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/11/11	000196950	0390017	245	02121	OA	C6612	A	A	24		01	OR0201765	COLANGELO, FELICITY	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		L	2	E	P	0.5
10000	12/1/11	000211550	4300713	410	09194	MMS	X7010	A	A	35	X	09	OR0203338	FLAUMITSCH, TYLER A	MMS	X7010	PRINCIPAL EXECUTIVE/MANAGER F	A	A	35	X	P			F	1
10000	9/4/12	001011420	1003472	200	22520	OA	C0323	A	A	15		01	OR0205886	MOUSSA, LINDSAY	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1

10000	9/19/11	000692400	0797077	245	02121	OA	C0104	A	A	15		02	OR0200281	NIM, DANIEL	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	5/7/12	000186180	9406379	200	22520	MMN	X0119	A	A	19		06	OR0204189	THOMPSON, LORENA E	MMN	X0119	EXECUTIVE SUPPORT SPECIALIST 2	A	A	19		P			F	1
10000	11/14/11	000856860	1410179	375	07172	OA	C0861	A	A	27		04	OR0136462	VOSHELL, LAURIE E	OA	C0861	PROGRAM ANALYST 2	A	A	27		P			F	1
10000	7/12/11	000977660	1002466	828	03142	OA	C6684	A	A	24		03	OR0201238	APPLETON, NICOLE	OA	C6684	PREADMISSIONS SCREENING SPEC	A	A	24		P		E	F	1
10000	12/25/12	000758270	8500016	857	74438	AMG	C6726	A	A	16		01	OR0205422	ARNOLD, BREANNA	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1		F	1
10000	10/15/12	000687320	7230016	870	74451	AMG	C6710	A	A	16	S	01	OR0004313	AVANTS, DORN A	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	12/30/12	000687560	7310019	864	74442	AMG	C6726	A	A	16		01	OR0204279	BABAUTA, BRYAN G	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	10/9/12	000921320	1002031	834	72287	OA	C0871	A	A	27		01	OR0206366	BALES, SARA J	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/1/11	000124940	7367300	874	74433	MMS	X7002	A	A	26	X	01	OR0073660	BASTON, TESSA K	MMS	X7002	PRINCIPAL EXECUTIVE/MANAGER B	A	A	26	X	P			F	1
10000	10/8/12	000124880	7367269	861	74445	AMG	C6710	A	A	16	S	01	OR0043358	BENZ, HEATHER S	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	12/31/12	000642920	7367712	843	74424	AMG	C6726	A	A	16		01	OR0205216	BOOTHBY, AARON B	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1		F	1
10000	10/15/12	000642910	7367711	870	74451	AMG	C6710	A	A	16	S	01	OR0040871	BRADBURY, TERESA A	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	7/20/12	000527710	7667280	854	74438	AMG	C6710	A	A	16	S	01	OR0200361	BRADLEY, MICHAEL LEONA	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	6	E	F	1
10000	10/15/12	000685980	7120010	872	74436	AMG	C6726	A	A	16		01	OR0200021	BRALEY, CONSTANCE R	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	7/3/12	000758700	8700010	872	74436	AMG	C6726	A	A	16		01	OR0201905	BRANDT, DAVID LYNN	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1		F	1
10000	10/15/12	000687300	7230014	872	74436	AMG	C6726	A	A	16		01	OR0074424	BROEKE, TONYA RENAE	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	12/22/12	000802580	9400032	857	74438	AMG	C6726	A	A	16		01	OR0205423	BURKLUND, JANELLE LISA	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1		F	1
10000	10/15/12	000687450	7310008	857	74438	AMG	C6726	A	A	16		01	OR0206522	CRAIN, MICHAEL E	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1		F	1
10000	10/15/12	000758820	8800005	870	74451	AMG	C6710	A	A	16	S	01	OR0200360	CRICK, TARA K	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	1/4/12	000977660	1002466	828	72142	OA	C6684	A	A	24		02	OR0203485	DE LA MORA, ROBIN	OA	C6684	PREADMISSIONS SCREENING SPEC	A	A	24		P			F	1
10000	11/19/12	000582120	4118503	833	72533	OA	C0862	A	A	29		02	OR0206772	DEEKS, NATHAN A	OA	C0862	PROGRAM ANALYST 3	A	A	29		P			F	1
10000	10/15/12	000643090	7367731	849	74430	AMG	C6726	A	A	16		01	OR0200357	DJERF, CRYSTAL H	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1		F	1
10000	7/25/12	000642990	7367719	843	74424	AMG	C6710	A	A	16	S	02	OR0199281	DOI, KIMBERLY S	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	6	E	F	1
10000	1/10/12	000729530	6190007	834	72287	OA	C0861	A	A	27		02	OR0203495	DOSS, ALICIA A	OA	C0861	PROGRAM ANALYST 2	A	A	27		P		E	F	1
10000	12/20/12	000643850	7367804	842	74423	AMG	C6710	A	A	16	S	01	OR0177781	FOSTER, LISA R	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	10/8/12	000687070	7220011	843	74424	AMG	C6726	A	A	16		01	OR0109054	FOWLER, JESSICA E	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1		F	1
10000	10/15/12	000686330	7210015	857	74438	AMG	C6726	A	A	16		01	OR0198873	FREITAG, SUSANNE	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	B	F	1
10000	10/15/12	000643350	7367755	842	74423	AMG	C6710	A	A	16	S	01	OR0206524	FRIEZE, PATRICIA A	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	6/11/12	001026220	1004185	834	72287	OA	C6612	A	A	24		09	OR0204308	FULTON, VANESSA R	OA	C6612	SOCIAL SERVICE SPECIALIST 1	A	A	24		P			F	1
10000	7/16/12	000756670	7700011	870	74451	AMG	C6710	A	A	16	S	01	OR0201323	GRAHAM, CHAD T	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	6		F	1
10000	10/10/12	000643110	7367733	859	74440	AMG	C6710	A	A	16	S	01	OR0065322	HAMOR, EDWARD LEROY	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	7/12/11	000164550	0760700	828	03142	MMS	X0871	A	A	27		04	OR0073773	HERRERA, ROSE K	OA	C6684	PREADMISSIONS SCREENING SPEC	A	A	24		P			F	1
10000	12/19/12	000687290	7230013	859	74440	AMG	C6710	A	A	16	S	01	OR0206024	HESTER, ROBERT E	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	10/15/12	000758030	8400010	872	74436	AMG	C6726	A	A	16		01	OR0200548	HODGES, JULIE ANNETTE	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	12/21/11	000124080	6270007	833	72533	OA	C0872	A	A	30		04	OR0203404	HOLLUMS, DORRIS A	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		P			F	1
10000	10/28/12	000124000	6308130	833	72533	OA	C0862	A	A	29		09	OR0074093	HUBER, JULIE L	OA	C0862	PROGRAM ANALYST 3	A	A	29		P			P	0.5
10000	10/15/12	000643490	7367769	871	74452	AMG	C6726	A	A	16		01	OR0198577	JAMES, KIMBERLEE ANN	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	11/26/12	000124250	6470060	826	70258	MESN	Z7008	A	A	33	X	02	OR0206785	JOHNSTON-DAIGNAULT, JA	MESN	Z7008	PRINCIPAL EXECUTIVE/MANAGER E	A	A	33	X	P		E	F	1
10000	10/3/12	000642990	7367719	854	74439	AMG	C6710	A	A	16	S	01	OR0198580	JONES, LAURA RUTH	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	6	E	F	1
10000	10/8/12	000686410	7210019	843	74424	AMG	C6726	A	A	16		01	OR0206426	KEEBLER, MICHAEL	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1		F	1
10000	10/15/12	000757630	8200007	873	74433	AMG	C6726	A	A	16		01	OR0206527	KING, LORI P	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	7/16/12	000643020	7367722	857	74438	AMG	C6710	A	A	16	S	04	OR0169691	LAVOY, ADAH G	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	6	E	F	1
10000	7/18/11	001026180	1004181	834	72287	OA	C0104	A	A	15		04	OR0197814	LOPEZ, CELESTE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/15/12	000687120	7220016	870	74451	AMG	C6710	A	A	16	S	01	OR0199768	MCGUIRE, MICHAEL L	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	10/18/12	000686330	7210015	857	74438	AMG	C6726	A	A	16		01	OR0166841	NAVIA, CARLOS GEORGE	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1		F	1
10000	7/9/12	000758160	8500005	849	74430	AMG	C6726	A	A	16		01	OR0197201	NEAL, SHANE R	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	12/1/11	000644010	7367810	838	74405	AMG	C0104	A	A	15		02	OR0203223	NICOLAI, RUSSELL T	AMG	C0104	OFFICE SPECIALIST 2	A	A	15		P		E	F	1
10000	10/15/12	000643540	7367774	871	74452	AMG	C6726	A	A	16		01	OR0204526	PARR, KECIA L	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	10/15/12	000124820	7367263	850	74431	AMG	C6726	A	A	16		01	OR0200359	PARSEGIAN, DANA M	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	12/21/12	000687720	7410016	849	74430	AMG	C6726	A	A	16		01	OR0058844	PAYNE, CARL ROBERT	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1		F	1
10000	10/11/12	000687060	7220010	841	74422	AMG	C6726	A	A	16		01	OR0199384	POOLE, JOSEPH B	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	6	E	F	1
10000	7/6/12	000687100	7220014	845	74426	AMG	C6710	A	A	16	S	01	OR0198207	RAMOS, LISA MARIE	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	6	E	F	1
10000	11/13/12	000686000	7120012	857	74438	AMG	C6726	A	A	16		01	OR0206782	RODRIGUEZ, ELIZABETH	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	10/8/12	000686080	7120020	843	74424	AMG	C6726	A	A	16		01	OR0067358	ROMERO, SHERRY L	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	6		F	1
10000	10/8/12	000643100	7367732	845	74426	AMG	C6710	A	A	16	S	01	OR0202960	SCHMIDT, DAVID A	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	10/15/12	000643750	7367794	850	74431	AMG	C6726	A	A	16		01	OR0206526	SMAIL, GLENDA J	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	1/10/12	001026190	1004182	834	72287	OA	C0861	A	A	27		02	OR0203496	SOARES, AMANDA R	OA	C0861	PROGRAM ANALYST 2	A	A	27		P			F	1
10000	10/15/12	000757650	8200009	867	74448	AMG	C6710	A	A	16	S	01	OR0203623	STEPHEN, CRISSANDRA M	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	10/29/12	000527770	7667286	874	74433	AMG	C6726	A	A	16		01	OR0025378	STITZEL, WILLIAM	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	10/15/12	000642960	7367716	864	74442	AMG	C6710	A	A	16	S	01	OR0200546	TAPIA GARCIA, FRANCISC	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	10/15/12	000124500	7160017	863	74444	AMG	C6726	A	A	16		01	OR0206529	TEETERS, CASEY A	AMG	C6726	HABILITATIVE TRAINING TECH 2	A	A	16		L	1	E	F	1
10000	7/12/11	000642040	3060020	828	72130	OA	C6684	A	A	24		03	OR0201241	THOMPSON, CHRISTOPHER	OA	C6684	PREADMISSIONS SCREENING SPEC	A	A	24		P			F	1
10000	10/15/12	000643130	7367735	845	74426	AMG	C6710	A	A	16	S	01	OR0199605	THOMPSON, CORY D	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	7/23/12	000642990	7367719	857	74438	AMG	C6710	A	A	16	S	02	OR0199926	TOURAY, KALILU	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	6	E	F	1
10000	7/9/12	000642990	7367719	857	74438	AMG	C6710	A	A	16	S	02	OR0201912	VANWOERT, KIMBERLEY LY	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	6	E	F	1
10000	1/4/12	000166400	3060013	828	72533	OA	C6684	A	A	24		01	OR0203492	VEEDER, MATTHEW P	OA	C6684	PREADMISSIONS SCREENING SPEC	A	A	24		P			F	1
10000	10/15/12	000687660	7410010	864	74442	AMG	C6710	A	A	16	S	01	OR0203625	VICKERS, JENNIFER	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	9/26/11	000124050	6270004	833	72533	OA	C0861	A	A	27		04	OR0202346	WALTER, KELSEY L	OA	C0861	PROGRAM ANALYST 2	A	A	27		P			F	1
10000	10/15/12	000686070	7120019	846	74427	AMG	C6710	A	A	16	S	01	OR0009390	WHITE, JASON C	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
10000	10/15/12	000687520	7310015	856	74437	AMG	C6710	A	A	16	S	01	OR0202959	YI, MICHELLE NA YOUNG	AMG	C6710	MENTAL HEALTH THERAPY TECH	A	A	16	S	L	1	E	F	1
44300	12/5/11	000955750	1000415	610	68530	OA	C0107	A	A	17		01	OR0203206	AVERETT, KELLY J	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		L	1	E	F	1
44300	7/11/12	000181980	0000178	611	68532	OA	C0872	A	A	30		08	OR0002287	BASHAM, CHANDRA M	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6	E	F	1
44300	11/1/12	001166800	1003467	61B	17300	OA	C0323	A	A	15		01	OR0187280	CARRASCO-SOLIS, CYNTHI	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P			F	1
44300	7/23/12	000915190	1000259	620	68538	OA	C0323	A	A	15		02	OR0205251	FARRELL, NANCY R	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P			F	1
44300	11/1/12	001166150	1003231	61B	17300	OA	C0323	A	A	15		01	OR0204651	FURQAN, AMEER K	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		L	1		F	1
44300	12/4/12	001166800	1003467	61B	17300	OA	C0323	A	A	15		01	OR0204481	GARCIA, ERICA M	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P			F	1
44300	10/24/11	000915240	1000274	619	68539	OA	C0324	A	A	19		02	OR0050875	HAFNER, KAREN M	OA	C0324	PUBLIC SERVICE REP 4	A	A	19		L	6	E	F	1
44300	10/29/12	001166360	1003454	61B	17300	OA	C0323	A	A	15		01	OR0204483	HAWKINS, MICHAEL	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		L	1		F	1
44300	9/19/11	000186000	9405789	617	64402	OA	C0108	A	A	19		01	OR0025117	MARTIN, MELISSA A	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		P			F	1
44300	10/29/12	001166670	1003458	61B	17300	OA	C0323	A	A	15		01	OR0204650	MELLON, JOSHUA A	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		L	1		F	1
44300	10/29/12	001166140	1008396	61B	17300	OA	C6657	A	A	15		01	OR0204463	METCALF, KYLE	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		L	1		F	1
44300	11/14/11	000861440	9411019	620	68538	OA	C0323	A	A	15		02	OR0108272	NINO, JAIME JR	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P			F	1

44300	10/29/12	001167180	1004959	61B	17300	OA	C6657	A	A	15		01	OR0204467	OLIVEROS, JOSE A	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P			F	1
44300	9/26/11	000915190	1000259	620	68538	OA	C0323	A	A	15		02	OR0196597	OUSTERHOUT, ELIZABETH	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P			F	1
44300	11/2/12	000185480	9401303	610	68530	OA	C0104	A	A	15		01	OR0206673	TAPIA, BRENDA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
44300	6/11/12	000181980	0000178	611	68532	OA	C0872	A	A	30		04	OR0204505	TRUMP, MARSHA	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6		F	1
44300	7/23/12	000181980	0000178	611	68532	OA	C0872	A	A	30		01	OR0205256	WEST, MELINDA	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6	E	F	1
44300	6/18/12	000915650	1000675	007	55890	MMN	X0862	A	A	29		02	OR0204685	CASTRO, MARIA	MMN	X0862	PROGRAM ANALYST 3	A	A	29		P		B	F	1
44300	11/21/11	000915650	1000675	007	55890	MMN	X0862	A	A	29		02	OR0109483	CERVANTES, ERICK R	MMN	X0862	PROGRAM ANALYST 3	A	A	29		P			F	1
44300	10/17/11	000808240	0001012	007	55890	MMN	X0862	A	A	29		08	OR0202720	DAS, SHELLEY	OA	C0861	PROGRAM ANALYST 2	A	A	27		P			F	1
44300	7/1/12	000915650	1000675	007	55890	MMN	X0862	A	A	29		05	OR0197797	GILMER, RACHEL	OA	C0861	PROGRAM ANALYST 2	A	A	27		L	2	E	F	1
44300	4/23/12	000122390	2270040	006	55890	MMN	X0872	A	A	30		05	OR0204155	HARTFIELD, SEAN L	MMN	X0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	1	E	F	1
44300	10/31/11	000122390	2270040	006	55890	MMN	X0872	A	A	30		05	OR0200150	MEADOWS, CHRISTINE MAR	MMN	X0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	1	E	F	1
44300	5/21/12	000122390	2270040	006	55890	MMN	X0872	A	A	30		02	OR0204373	O NEAL, JANICE	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	1	E	F	1
44300	11/1/11	001019930	1003714	007	55890	MMN	X0863	A	A	31		08	OR0202857	WANG, EMILY L	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		P			F	1
44300	12/17/12	000915650	1000675	006	55890	MMN	X0862	A	A	29		07	OR0207114	YAP, ANITA M	MMN	X0862	PROGRAM ANALYST 3	A	A	29		L	2	E	F	1
44300	8/8/11	001112590	1008574	750	30540	UA	C0873	A	A	32		08	OR0201639	ASTON, BRANDI M	MENN	Z0119	EXECUTIVE SUPPORT SPECIALIST 2	A	A	19		L	1	E	F	1
44300	11/1/11	001112690	1008584	750	30540	MESN	Z7016	A	A	42	X	09	OR0202756	BALLAS, KELLY R	MESN	Z7016	PRINCIPAL EXECUTIVE/MANAGER I	A	A	42	X	P		E	F	1
44300	12/1/11	001112860	4420324	75G	19297	MMS	X7000	A	A	24	X	04	OR0093478	BROSNAN-TREPUS, CATHY	MMS	X7000	PRINCIPAL EXECUTIVE/MANAGER A	A	A	24	X	P			F	1
44300	11/1/11	001135040	0775003	75C	18296	B	Y7500	A	E	00		00	OR0203455	CALLERO, PETER	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	9/19/11	000786510	4440015	75E	19298	UA	C0108	A	A	19		02	OR0202258	CATRIZ, NAPUA ANN K	UA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		P			F	1
44300	9/4/12	001112690	1008584	750	30540	MESN	Z7016	A	A	42	X	09	OR0205928	CLEMENT, LESLIE M	MENN	Z7014	PRINCIPAL EXECUTIVE/MANAGER H	A	A	40	X	P		E	F	1
44300	5/7/12	000730950	0701081	75B	18296	MMN	X0108	A	A	19		01	OR0175948	DOMI, MEVLUDE	MMN	X0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		P			F	1
44300	11/1/11	001135140	0775010	75C	18296	B	Y7500	A	E	00		00	OR0068957	JOHNSON, ELIZABETH K	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	11/1/11	001135120	0775008	75C	18296	B	Y7500	A	E	00		00	OR0127399	JOVICK, THOMAS D	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	11/1/11	001135110	0775007	75C	18296	B	Y7500	A	E	00		00	OR0176543	KOLMER, SEAN PATRICK	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	11/1/11	001135130	0775009	75C	18296	B	Y7500	A	E	00		00	OR0175253	KOTEK, CHRISTINE	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	10/1/12	001027440	0575001	75N	19296	B	Y7500	A	E	00		00	OR0206468	MACMORRIS-ADIX, NANCY	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	11/1/11	001135060	0775004	75C	18296	B	Y7500	A	E	00		00	OR0203456	MCKENNA, PAUL	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	10/1/12	001027470	0575004	75N	19296	B	Y7500	A	E	00		00	OR0028506	MISHRA, JON R	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	11/1/11	001135090	0775005	75C	18296	B	Y7500	A	E	00		00	OR0143455	PAKSERESHT, FARIBORZ	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	11/1/11	001135030	0775002	75C	18296	B	Y7500	A	E	00		00	OR0203707	PEPPERS, RICH	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	11/1/11	001135100	0775006	75C	18296	B	Y7500	A	E	00		00	OR0046898	SMITH, JEANENE A	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	10/24/11	001068580	1005766	760	33543	OA	C1117	A	A	26		01	OR0202728	DANIELS, JASON H	OA	C1117	RESEARCH ANALYST 3	A	A	26		L	2	E	F	1
44300	10/17/11	001068580	1005766	760	33543	OA	C1117	A	A	26		01	OR0202646	ECKSTEIN, NATHAN DAVID	OA	C1117	RESEARCH ANALYST 3	A	A	26		L	2	E	F	1
44300	10/17/11	001092360	1007535	760	33543	OA	C0872	A	A	30		05	OR0200014	EWING, KATHERINE A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		L	2	E	F	1
44300	10/3/11	001068620	1005770	760	33543	OA	C0872	A	A	30		02	OR0202414	FALLS-STALEY, MARY E	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	1	E	F	1
44300	11/9/11	001112690	1008584	760	33543	MESN	Z7016	A	A	42	X	07	OR0109457	GAIL, JON C	MMS	X7008	PRINCIPAL EXECUTIVE/MANAGER E	A	A	33	X	P		E	F	1
44300	11/19/12	001068600	1005768	760	33543	OA	C0871	A	A	27		02	OR0204306	GILLIES, COLETTE	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	2	E	F	1
44300	6/11/12	001068600	1005768	760	33543	OA	C0871	A	A	27		02	OR0203166	GRAVEN, RUBY	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	6	E	F	1
44300	9/29/11	001112690	1008584	760	33543	MESN	Z7016	A	A	42	X	07	OR0202341	HANSELL, BEVIN L	MESN	Z7012	PRINCIPAL EXECUTIVE/MANAGER G	A	A	38	X	P		E	F	1
44300	10/31/11	001112690	1008584	760	33543	MESN	Z7016	A	A	42	X	08	OR0202806	HARGUNANI, DANA	MNNN	Z7572	PUBLIC HEALTH PHYSICIAN 2	A	A	40		P		E	P	0.6
44300	7/28/11	001112690	1008584	760	33543	MESN	Z7016	A	A	42	X	02	OR0199078	RAHE, NIEKA CHRISTINE	MMS	X7006	PRINCIPAL EXECUTIVE/MANAGER D	A	A	31	X	L	2	E	F	1
44300	10/17/11	001092360	1007535	760	33543	OA	C0872	A	A	30		01	OR0194985	SULLIVAN, MICHELLE A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		L	2	E	F	1
44300	7/1/12	001092360	1007535	760	33543	OA	C0872	A	A	30		02	OR0205073	TORRES, ANTONIO	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	6	E	F	1
44300	9/15/11	001024890	1004122	771	51288	UA	C1117	A	A	26		03	OR0202232	ANDERSON, LINDSAY M	UA	C1117	RESEARCH ANALYST 3	A	A	26		P			F	1
44300	10/31/11	001024940	1004127	770	51288	MESN	Z7014	A	A	40	X	05	OR0202924	CREACH, ELIZABETH D	MMN	X0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6	E	F	1
44300	3/26/12	000182340	0000433	796	51288	OA	C0862	A	A	29		05	OR0203908	GOSSLER, HILARY E	UA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	2		P	0.8
44300	10/15/12	001080980	1007431	771	51288	UA	C1117	A	A	26		01	OR0206471	GOULD, REBEKAH	UA	C1117	RESEARCH ANALYST 3	A	A	26		P		E	F	1
44300	8/8/11	001112610	1008576	785	51288	UA	C0873	A	A	32		06	OR0201645	ISAVORAN, MELISSA R	MMN	X0873	OPERATIONS & POLICY ANALYST 4	A	A	32		L	2	E	F	1
44300	11/21/11	001025060	1004139	779	51288	UA	C1117	A	A	26		05	OR0203143	LENAR, DAVID P	UA	C1117	RESEARCH ANALYST 3	A	A	26		P			F	1
44300	12/4/12	001025070	1004140	773	51288	UA	C1118	A	A	30		06	OR0206965	LIERMAN, WALTER K	UA	C1118	RESEARCH ANALYST 4	A	A	30		L	2	E	F	1
44300	8/1/11	001112610	1008576	785	51288	UA	C0873	A	A	32		07	OR0201592	MACINNES, MARY TRICIA	UA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	2	E	F	1
44300	7/14/11	001024940	1004127	770	51288	MESN	Z7014	A	A	40	X	03	OR0099469	OVERBECK, MARC A	MMN	X0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	2	E	F	1
44300	7/27/11	001112610	1008576	785	51288	UA	C0873	A	A	32		05	OR0201500	ROSS, CYNTHIA F	UA	C1117	RESEARCH ANALYST 3	A	A	26		L	2	E	F	1
44300	9/12/11	001112610	1008576	785	51288	UA	C0873	A	A	32		07	OR0202181	SHARAF, KATHERINE	MMN	X0873	OPERATIONS & POLICY ANALYST 4	A	A	32		L	2	E	F	1
44300	11/19/12	001025000	1004133	785	51288	UA	C0872	A	A	30		06	OR0206833	SHINDE, DEEPTI	UA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		P			F	1
44300	8/15/11	001071130	1007374	067	43550	OA	C1483	I	A	24		04	OR0201556	ALLEN, ANDREW M	OA	C1483	INFO SYSTEMS SPECIALIST 3	I	A	24		P			F	1
44300	7/7/11	000209530	2100570	060	44909	MMS	X7010	I	A	35	X	01	OR0201151	ANDERSON, KATHERINE EM	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	1	E	F	1
44300	9/12/11	000196860	0390008	06C	43880	OA	C1484	I	A	25		08	OR0193191	BECK, BRICE L	OA	C1484	INFO SYSTEMS SPECIALIST 4	I	A	25		P			F	1
44300	12/27/11	001168050	1010476	074	43540	OA	C0872	A	A	30		01	OR0170446	BERNAL, RAFAEL	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6		F	1
44300	10/17/11	000730450	9410704	084	40285	OA	C1486	I	A	29		01	OR0202711	BERTRAND, RONALD D	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	6	E	F	1
44300	7/25/11	000709030	9410550	067	43550	OA	C1483	I	A	24		01	OR0201482	BOONE, JASON J	OA	C1483	INFO SYSTEMS SPECIALIST 3	I	A	24		P		B	F	1
44300	10/4/11	000709030	9410550	08S	40554	OA	C1483	I	A	24		02	OR0167716	BREITENSTEIN, TAMI R	OA	C0104	OFFICE SPECIALIST 2	A	A	15		L	2	E	F	1
44300	10/3/11	001091920	1007516	074	43540	MMS	X7006	I	A	31	X	03	OR0064016	BROWN, MARK A	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6	E	F	1
44300	11/9/11	000765360	9410728	06Z	44909	MMS	X7010	I	A	35	X	01	OR0203006	COLLIER, CHRISTINA M	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		L	6	E	F	1
44300	11/5/12	000121800	2710006	08R	44520	OA	C1486	I	A	29		09	OR0206745	DAS, LEETA	OA	C1486	INFO SYSTEMS SPECIALIST 6	I	A	29		P			F	1
44300	7/18/11	000579950	0000539	06Z	41553	OA	C1485	I	A	28		02	OR0201302	DOSS, CYNTHIA LYNN	OA	C1484	INFO SYSTEMS SPECIALIST 4	I	A	25		L	6	E	F	1
44300	9/17/12	000730600	1000154	06I	42319	OA	C1486	I	A	29		09	OR0206173	DUBAY, JAMES L	OA	C1486	INFO SYSTEMS SPECIALIST 6	I	A	29		P			F	1
44300	12/10/12	001167880	1010459	08S	68534	MMN	X0873	A	A	32		01	OR0014558	EPPERLY, DEAN G	OA	C5247	COMPLIANCE SPECIALIST 2	A	A	25		L	6	E	F	1
44300	7/14/11	001091750	1007499	07G	41551	MMS	X7008	I	A	33	X	08	OR0201100	ETTINGER, PAUL	MMS	X7008	PRINCIPAL EXECUTIVE/MANAGER E	I	A	33	X	L	6	E	F	1
44300	12/10/12	000568680	9005100	081	41880	MMS	X7006	I	A	31	X	08	OR0207097	GERADTS, ROBERT R	MMN	X0856	PROJECT MANAGER 3	A	A	31		L	6		F	1
44300	10/1/12	001167800	1010451	08S	40520	MMS	X0872	A	A	30		08	OR0141629	GRAMS, GWEN	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6		F	1
44300	1/9/12	001168830	1010424	06Z	44909	OA	C0873	A	A	32		02	OR0203550	GRIFFITH, DAVID D	MMS	X0873	OPERATIONS & POLICY ANALYST 4	A	A	32		L	6		F	1
44300	8/20/12	000184450	9005002	06I	42520	OA	C1485	I	A	28		02	OR0185537	GRISWOLD, TREVOR	OA	C1484	INFO SYSTEMS SPECIALIST 4	I	A	25		P			P	0.5
44300	9/19/11	001091920	1007516	074	43558	MMS	X7006	I	A	31	X	04	OR0202057	HAINS, JEANNE MARIE	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	1	E	F	1
44300	10/6/11	000765360	9410728	06Z	44909	MMS	X7010	I	A	35	X	02	OR0200699	HALL, MELISSA M	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	6	E	F	1
44300	8/27/12	001168880	1010429	06Z	44909	OA	C0872	A	A	30		08	OR0205848	HEIMBURGER, THOMAS H	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6	E	F	1
44300	10/24/11	000714820	1000093	06B	40220	OA	C1484	I	A	25		02	OR0202809	HENSLEY, SHON	OA	C1484	INFO SYSTEMS SPECIALIST 4	I	A	25		P			F	1
44300	12/31/12	001168960	1010437	074	44909	OA	C0871	A	A	27		01	OR0205555	HERD, SARA M	OA	C0854	PROJECT MANAGER 1	A	A	26		L	6		F	1
44300	10/24/11	001092010	1007525	08N	41880	OA	C1487	I	A	31		02	OR0202770	JIROUX, GORDON A III	OA	C1487	INFO SYSTEMS SPECIALIST 7	I	A	31		P			F	1
44300	8/31/11	000244540	9402738	07M	41552	OA	C1485	I	A	28		02	OR0201775	JONES, EMMET A	OA	C1485	INFO SYSTEMS SPECIALIST 5	I	A	28		P			F	1
44300	7/18/11	000209530	2100570	060	44909	MMS	X7010	I	A	35	X	01	OR0110238	KING, JENNIFER R	OA	C0870	OPERATIONS & POLICY ANALYST 1	A	A	23		L	6	E	F	1
44300	11/26/12	001167810	1010452	08S	40520	MMN	X0871	A	A	27		02	OR0206896	KUKOWSKI, MARY	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	6	E	F	1

44300	12/14/11	001169060	1010447	06Z	44909	OA	C0872	A	A	30		01	OR0203444	LAMAR, ALICIA	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	6		F	1
44300	8/29/11	000196840	0390006	07J	43558	OA	C1485	I	A	28		02	OR0201737	LAMBERT, SAM HOUSTON	OA	C1485	INFO SYSTEMS SPECIALIST 5	I	A	28		P			F	1
44300	7/1/11	000182790	0003263	060	40550	MESN	Z7014	I	A	40	X	09	OR0201075	LAWSON, CAROLYN	MESN	Z7014	PRINCIPAL EXECUTIVE/MANAGER H	I	A	40	X	P		B	F	1
44300	11/28/11	001168800	1010421	06Z	44909	OA	C0873	A	A	32		02	OR0203221	MARSHALL, CHARLES W	MMS	X0873	OPERATIONS & POLICY ANALYST 4	A	A	32		L	6		F	1
44300	7/15/11	000579950	0000539	078	41553	OA	C1485	I	A	28		02	OR0201280	MARTINEZ, RUBEN E	OA	C1484	INFO SYSTEMS SPECIALIST 4	I	A	25		L	6	B	F	1
44300	11/19/12	001167810	1010452	08S	40520	MMN	X0871	A	A	27		07	OR0206898	MARTINEZ-ORTIZ, EMILY	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	6	E	F	1
44300	11/19/12	000244230	9402594	062	40510	OA	C0108	A	A	19		01	OR0206754	MCCARTNEY, BENJAMIN L	OA	C0435	PROCUREMENT AND CONTRACT ASST	A	A	19		P			F	1
44300	9/21/11	000121800	2710006	08R	41556	OA	C1486	I	A	29		04	OR0202283	MCMANIMIE, MARILYN S	OA	C1486	INFO SYSTEMS SPECIALIST 6	I	A	29		P		E	F	1
44300	9/26/11	001091920	1007516	074	43558	MMS	X7006	I	A	31	X	06	OR0112229	MEYER, PAUL J	OA	C0855	PROJECT MANAGER 2	A	A	29		L	6	E	F	1
44300	12/10/12	000169880	0000239	08Q	43510	MMS	X7006	I	A	31	X	07	OR0207095	MOHRMAN, MICHAEL H	MMN	X0856	PROJECT MANAGER 3	A	A	31		L	6		F	1
44300	11/9/11	000765360	9410728	06Z	44909	MMS	X7010	I	A	35	X	02	OR0203008	MOUA, CHAMIE K	OA	C0119	EXECUTIVE SUPPORT SPECIALIST 2	A	A	19		L	6	E	F	1
44300	10/1/12	000238310	9315021	067	41520	OA	C1483	I	A	24		01	OR0202420	NIELSON, DEREK J	OA	C1483	INFO SYSTEMS SPECIALIST 3	I	A	24		P			F	1
44300	9/12/11	000121800	2710006	08R	41556	OA	C1486	I	A	29		09	OR0074224	OLIVER, DANIEL J	OA	C1486	INFO SYSTEMS SPECIALIST 6	I	A	29		P		B	F	1
44300	12/14/11	001167830	1010454	08S	40520	OA	C0108	A	A	19		05	OR0203361	PARK, TRACEY	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	6		F	1
44300	10/10/11	000725530	0787115	06C	41540	OA	C1484	I	A	25		02	OR0200358	PARMETER, ROGER	OA	C1484	INFO SYSTEMS SPECIALIST 4	I	A	25		P			F	1
44300	10/17/11	000713680	9410616	07Q	41880	MMS	X7008	I	A	33	X	08	OR0202637	PAUL, KATHLEEN S	MMS	X7008	PRINCIPAL EXECUTIVE/MANAGER E	I	A	33	X	P		E	F	1
44300	12/17/12	000764570	9410922	067	41520	OA	C1483	I	A	24		01	OR0192920	PHILLIPS, CRAIG D	OA	C1483	INFO SYSTEMS SPECIALIST 3	I	A	24		P			F	1
44300	9/28/11	000189280	1000061	060	40550	MMS	X7010	I	A	35	X	09	OR0202328	POWELL, STEVEN	MMS	X7012	PRINCIPAL EXECUTIVE/MANAGER G	I	A	38	X	P			F	1
44300	12/3/12	000200750	0779277	07E	43540	OA	C1485	I	A	28		02	OR0206886	PREMKUMAR, PREETHY	OA	C1485	INFO SYSTEMS SPECIALIST 5	I	A	28		L	6		F	1
44300	10/8/12	000204640	0789087	062	40510	OA	C1483	I	A	24		02	OR0089758	RIEDER, ANDREW R	OA	C0870	OPERATIONS & POLICY ANALYST 1	A	A	23		P			F	1
44300	12/21/11	001168020	1010473	074	43540	OA	C0872	A	A	30		06	OR0203425	SERGEANT, KEVIN CHARLE	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6		F	1
44300	11/1/11	000765360	9410728	06Z	44909	MMS	X7010	I	A	35	X	08	OR0202972	SHAFFER, PHILLIP E	MMS	X0873	OPERATIONS & POLICY ANALYST 4	A	A	32		L	6	E	F	1
44300	1/9/12	001168810	1010422	06Z	44909	OA	C0873	A	A	32		02	OR0203571	SHELTON, AMY	MMS	X0873	OPERATIONS & POLICY ANALYST 4	A	A	32		L	6		F	1
44300	11/29/12	001168000	1010471	06Z	44909	OA	C0872	A	A	30		06	OR0206784	SHETTY, SONAL	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6		F	1
44300	8/6/12	001168800	1010421	06Z	44909	OA	C0873	A	A	32		01	OR0203147	SIDERIUS, CHERYL L	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6		F	1
44300	11/15/12	000713690	9410617	07F	43540	MMS	X7006	I	A	31	X	02	OR0206795	SKINNER, ROLAND REID	OA	C0855	PROJECT MANAGER 2	A	A	29		L	6	E	F	1
44300	8/5/11	000730530	1000147	067	43550	OA	C1483	I	A	24		01	OR0201575	SNYDER, DANE W	OA	C1483	INFO SYSTEMS SPECIALIST 3	I	A	24		L	1		F	1
44300	11/1/11	000182190	0002100	07Q	44909	MMS	X7010	I	A	35	X	09	OR0202969	SPONSEL, REBECCA J	MMS	X7010	PRINCIPAL EXECUTIVE/MANAGER F	I	A	35	X	P		E	F	1
44300	9/19/11	000382430	0001206	08R	41556	OA	C1487	I	A	31		07	OR0202123	ST JOHN, VALARIE A	OA	C1487	INFO SYSTEMS SPECIALIST 7	I	A	31		P			F	1
44300	10/17/11	000216680	9204028	067	41520	OA	C1483	I	A	24		01	OR0202610	STEPHENSON, CRAIG A	OA	C1483	INFO SYSTEMS SPECIALIST 3	I	A	24		P			F	1
44300	5/8/12	001168900	1010431	074	44909	OA	C0871	A	A	27		02	OR0203099	TAYLOR, LAURA A	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	6		F	1
44300	7/18/11	000196570	0289001	06Z	43550	OA	C1483	I	A	24		01	OR0201294	TORRES, RAUL	OA	C1483	INFO SYSTEMS SPECIALIST 3	I	A	24		P			F	1
44300	7/9/12	001169030	1010444	06Z	44909	OA	C1488	I	A	33		07	OR0205176	TRACY, GENE L	OA	C1488	INFO SYSTEMS SPECIALIST 8	I	A	33		L	6		F	1
10000	10/22/12	000122100	2540001	063	36295	OA	C0435	A	A	19		02	OR0206581	TROXELL, LYNDELL B	OA	C0435	PROCUREMENT AND CONTRACT ASST	A	A	19		L	1	E	P	0.75
44300	8/9/11	000218040	9310020	06B	40169	OA	C1484	I	A	25		08	OR0201525	TUTTLE, RYAN SCOTT	OA	C1484	INFO SYSTEMS SPECIALIST 4	I	A	25		P			F	1
44300	9/12/11	000209530	2100570	06Z	44909	MMS	X7010	I	A	35	X	01	OR0202257	VOTAW, DAVID	OA	C0871	OPERATIONS & POLICY ANALYST 2	A	A	27		L	6	E	F	1
44300	12/10/12	001168620	1010403	06Z	44909	MMS	X7006	I	A	31	X	02	OR0207060	WATT, WILLIAM ERIC	MMN	X0856	PROJECT MANAGER 3	A	A	31		L	6		F	1
44300	10/15/12	001167820	1010453	08S	40520	MESN	Z7014	A	A	40	X	06	OR0206610	WENTZ, SHARON L	OA	C0873	OPERATIONS & POLICY ANALYST 4	A	A	32		L	6	E	F	1
44300	1/3/12	000765360	9410728	061	40510	MMS	X7010	I	A	35	X	09	OR0203473	WILSON, STEVEN D	MMS	X7010	PRINCIPAL EXECUTIVE/MANAGER F	I	A	35	X	P		E	F	1
44300	10/1/12	001091960	1007520	062	40510	OA	C1487	I	A	31		05	OR0206347	YOUNG, STEPHEN W	OA	C1245	FISCAL ANALYST 3	A	A	30		P			F	1
44300	12/1/11	001167880	1010459	08S	40520	MMS	X0873	A	A	32		02	OR0203304	ZUSMAN, RONIT	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6		F	1
44300	7/30/12	000856710	0001124	571	58871	OA	C1117	A	A	26		02	OR0205447	ARAO, ROBERT F	OA	C1117	RESEARCH ANALYST 3	A	A	26		L	2		F	1
44300	3/15/12	000168980	0000124	605	61269	OA	C5248	A	A	29		07	OR0121752	AVENOSO, DIANE C	OA	C5248	COMPLIANCE SPECIALIST 3	A	A	29		P			P	0.5
44300	7/26/11	000170700	0000329	571	58871	OA	C0104	A	A	15		02	OR0201474	BALAJADIA, BERTINA CHA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
44300	7/1/11	001165100	0006008	566	56894	B	Y7500	A	E	00		00	OR0159368	BARNETT, DOUGLAS A	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001165010	0005417	566	56894	B	Y7500	A	E	00		00	OR0059396	BARNUM, MARY	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/5/11	000170500	0000308	583	59820	OA	C3819	A	A	27		03	OR0201172	BEAUMAN, RICHARD L	OA	C3819	ENVIRONMENTAL HLTH SPECIALST 3	A	A	27		P			F	1
44300	10/5/12	000121560	1000280	556	55896	MMN	X0870	A	A	23		02	OR0206563	BOSTIAN, ALYSSA L	OA	C0870	OPERATIONS & POLICY ANALYST 1	A	A	23		L	6		F	1
44300	10/15/12	000979220	1002977	571	58871	OA	C6216	A	A	27		06	OR0206434	BOYD, LAUREL	OA	C6216	EPIDEMIOLOGIST 1	A	A	27		P			F	1
44300	8/20/12	000171590	0000734	596	60885	OA	C1244	A	A	27		07	OR0205748	BRONSON, LEE ANN	OA	C1244	FISCAL ANALYST 2	A	A	27		L	2	E	F	1
44300	7/1/11	001165040	0006002	566	56894	B	Y7500	A	E	00		00	OR0159364	BROWN, PAUL H	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001165110	0005501	566	56894	B	Y7500	A	E	00		00	OR0028993	BRUNSWICK, ERIC	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001165120	0005502	566	56894	B	Y7500	A	E	00		00	OR0011765	BURNHAM, ERIN	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	8/15/11	000569290	0000508	601	61269	OA	C0861	A	A	27		09	OR0201612	CAUDLE, LINDSEY D	OA	C0861	PROGRAM ANALYST 2	A	A	27		P			F	1
44300	7/1/11	001165060	0006004	566	56894	B	Y7500	A	E	00		00	OR0168866	CHIN, PETER JON	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	10/28/11	001020840	1003862	599	60888	OA	C6229	A	A	31		07	OR0201773	CLARK, CONNIE R	OA	C6229	PUBLIC HEALTH NURSE 2	A	A	31		P			F	1
44300	5/7/12	000569220	0000514	566	56894	OA	C2328	A	A	26		08	OR0204160	CONLEY, LAUREL	OA	C2328	PUBLIC HEALTH EDUCATOR 2	A	A	26		P			F	1
44300	7/16/12	001117590	1008659	567	56895	OA	C6685	A	A	28		09	OR0205402	DAVIS, LORI K	OA	C6685	CLIENT CARE SURVEYOR	A	A	28		P			F	1
44300	8/3/12	000579890	0000533	596	60885	OA	C0872	A	A	30		04	OR0205561	DIEKER, ANNETTE L	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	2	B	F	1
44300	8/15/11	000729720	0000732	592	60882	OA	C1117	A	A	26		02	OR0201651	ELLER, LASHANDA N	OA	C1117	RESEARCH ANALYST 3	A	A	26		P		E	F	1
44300	7/1/11	001165090	0006007	566	56894	B	Y7500	A	E	00		00	OR0159367	ELTING, DONALD S	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	12/10/12	000170250	0000281	570	58870	MESN	Z7012	A	A	38	X	08	OR0146005	EVERSOLE, THOMAS G	MESN	Z7012	PRINCIPAL EXECUTIVE/MANAGER G	A	A	38	X	P		E	F	1
44300	10/15/12	000169000	0000126	602	61269	OA	C3780	A	A	25		05	OR0206601	FLINT, LAURA M	OA	C3780	MICROBIOLOGIST 2	A	A	25		P			F	1
44300	7/1/11	001165070	0006005	566	56894	B	Y7500	A	E	00		00	OR0113342	FRANCO, JANET E	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	8/23/11	000730690	0000716	574	58810	MMS	X7004	A	A	28	X	01	OR0136583	FURST, KURT A	MMN	X0870	OPERATIONS & POLICY ANALYST 1	A	A	23		L	6	E	F	1
44300	12/17/12	001030150	1004234	599	60888	OA	C0107	A	A	17		07	OR0207070	GHARST, ELIZABETH ANN	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
44300	7/1/11	001164860	0005402	566	56894	B	Y7500	A	E	00		00	OR0151724	GIARD, DENISE	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001165030	0006001	566	56894	B	Y7500	A	E	00		00	OR0026262	GILBERT, THERESA C	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001165000	0005416	566	56894	B	Y7500	A	E	00		00	OR0113009	GRAUNKE, BRIAN	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001164890	0005405	566	56894	B	Y7500	A	E	00		00	OR0192398	GREINER, VICTOR	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001164930	0005409	566	56894	B	Y7500	A	E	00		00	OR0050867	GRIFFITH, TERRY L	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001165190	0005510	566	56894	B	Y7500	A	E	00		00	OR0192921	GRUZD, DOUGLAS	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	11/23/11	000726560	0000685	584	59863	OA	C0861	A	A	27		02	OR0198073	HAMBERG, ANDREA	OA	C0861	PROGRAM ANALYST 2	A	A	27		L	2	E	F	1
44300	9/6/11	001030340	1004253	574	58810	OA	C0860	A	A	23		02	OR0201999	HAMMONDS, SARA D	OA	C0860	PROGRAM ANALYST 1	A	A	23		P		E	F	1
44300	3/12/12	000172580	0000994	572	58872	OA	C0862	A	A	29		05	OR0203818	HARSHFIELD, RUTH	OA	C0862	PROGRAM ANALYST 3	A	A	29		L	2	E	F	1
44300	7/1/11	001164980	0005414	566	56894	B	Y7500	A	E	00		00	OR0118084	HILTON, T R	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		A			P	0
44300	8/23/11	000168910	0000114	591	60880	OA	C0107	A	A	17		02	OR0201874	JENSEN, EMILY M	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
44300	7/16/12	000621580	0000548	593	60830	OA	C2328	A	A	26		06	OR0205239	JOHNSON, TUESDAY A	OA	C2328	PUBLIC HEALTH EDUCATOR 2	A	A	26		P			F	1
44300	7/1/11	001164990	0005415	566	56894	B	Y7500	A	E	00		00	OR0138750	JUI, JON	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	12/3/12	000717870	0000661	567	56895	OA	C5248	A	A	29		08	OR0206977	KAPLAN, ROBERTA R	OA	C5248	COMPLIANCE SPECIALIST 3	A	A	29		L	1	E	F	1
44300	7/11/11	000730750	0000702	593	60830	MMS	X7006	A	A	31	X	07	OR0149178	KLEPPER, KENNETH A	MMS	X7006	PRINCIPAL EXECUTIVE/MANAGER D	A	A	31	X	L	2	E	P	0.5
44300	7/23/12	000169030	0000129	602	61269	OA	C6820	A	A	17		02	OR0205291	LAMPMAN, BRANDI M	OA	C6820	MEDICAL LABORATORY TECH 1	A	A	17		P			F	1

44300	7/9/12	000869630	0001199	593	60830	OA	C2328	A	A	26		01	OR0205246	LARSEN, REX A	OA	C2328	PUBLIC HEALTH EDUCATOR 2	A	A	26		L	1	E	F	1
44300	7/1/12	000754510	0000739	601	61269	OA	C3780	A	A	25		07	OR0205060	LARSON, KRYSTAL J	OA	C3780	MICROBIOLOGIST 2	A	A	25		P			F	1
44300	7/1/11	001165230	0005514	566	56894	B	Y7500	A	E	00		00	OR0047909	LEATHERS, SUSAN	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	10/17/11	000635200	0000607	577	58874	OA	C5937	A	A	21		06	OR0202684	LEONARD, LEIGHANNE C	OA	C5937	MEDICAL RECORDS CONSULTANT	A	A	21		P			F	1
44300	7/1/11	001164940	0005410	566	56894	B	Y7500	A	E	00		00	OR0192922	MACK, JOHN	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001164920	0005408	566	56894	B	Y7500	A	E	00		00	OR0192400	MARLAR, GREG	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/15/11	000630840	0000600	584	59863	OA	C3819	A	A	27		01	OR0139247	MAYNARD, BEN T	OA	C3819	ENVIRONMENTAL HLTH SPECIALST 3	A	A	27		P		E	F	1
44300	7/1/11	001164910	0005407	566	56894	B	Y7500	A	E	00		00	OR0051643	MCCART, CHARLES	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	8/1/12	000621610	0000578	593	60830	OA	C0861	A	A	27		02	OR0205436	MCGUINESS, KATHERINE H	OA	C0861	PROGRAM ANALYST 2	A	A	27		P			F	1
44300	7/5/11	000689440	0000638	561	03104	MMN	X3618	A	A	29		02	OR0201182	MCMILLAN, LEAH N	MMN	X3618	HEALTH FACILITIES CONSULTANT	A	A	29		P			P	0.5
44300	7/1/11	001165020	0005418	566	56894	B	Y7500	A	E	00		00	OR0192914	MCMILLIAN, WILLIAM	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	12/1/11	000713310	0000650	596	60885	MMS	X0872	A	A	30		08	OR0203229	MESSICK, SHAWN E	MMS	X0872	OPERATIONS & POLICY ANALYST 3	A	A	30		P		E	F	1
44300	7/16/12	000609750	0000553	593	60830	OA	C2328	A	A	26		01	OR0189946	METZGER, MALLORY S	OA	C2328	PUBLIC HEALTH EDUCATOR 2	A	A	26		P			F	1
44300	7/1/11	001165130	0005503	566	56894	B	Y7500	A	E	00		00	OR0192916	MITCHKE, JENNIFER	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001164760	0005506	566	56894	B	Y7500	A	E	00		00	OR0192915	MORENO, RAYMOND	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001165170	0005508	566	56894	B	Y7500	A	E	00		00	OR0192399	MURPHEY, CATHY	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	9/26/11	001096660	1007746	565	56890	OA	C0104	A	A	15		02	OR0191282	NEST, ALAYNA N	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P		E	F	1
44300	10/5/11	000718010	0000668	571	58871	OA	C1116	A	A	23		06	OR0202401	NEWMAN, PATRICIA	OA	C1116	RESEARCH ANALYST 2	A	A	23		L	2	E	F	1
44300	7/1/11	001165180	0005509	566	56894	B	Y7500	A	E	00		00	OR0192917	NICHOLES, ANDREW	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/5/11	000621440	0000583	551	55891	MESN	Z7016	A	A	42	X	09	OR0201061	OCONNOR, JEAN C	MESN	Z7014	PRINCIPAL EXECUTIVE/MANAGER H	A	A	40	X	P			F	1
44300	7/1/11	001164950	0005411	566	56894	B	Y7500	A	E	00		00	OR0008847	PARSONS, KEN	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	4/30/12	000568330	0000510	577	58874	OA	C1117	A	A	26		02	OR0197761	PATIL, MEENA	OA	C1117	RESEARCH ANALYST 3	A	A	26		P			F	1
44300	12/19/12	001117900	1008680	572	58872	OA	C0108	A	A	19		02	OR0207071	PATTON, JOE D	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	2	E	F	1
44300	7/1/11	001165050	0006003	566	56894	B	Y7500	A	E	00		00	OR0185207	REESE, STEVEN R	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001165080	0006006	566	56894	B	Y7500	A	E	00		00	OR0159366	RIGGS, EDGAR J	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	11/1/12	000172020	0000895	599	60888	MMS	X7008	A	A	33	X	06	OR0206667	RIMBERG, HELENE M	MMS	X7006	PRINCIPAL EXECUTIVE/MANAGER D	A	A	31	X	P			F	1
44300	9/10/12	000621480	0000556	571	58871	OA	C1117	A	A	26		02	OR0205970	RYAN, ALLISON M	OA	C1117	RESEARCH ANALYST 3	A	A	26		P			F	1
44300	9/4/12	001096700	1007749	565	56890	OA	C0103	A	A	12		02	OR0205937	SCARBOROUGH, TUNYA L	OA	C0103	OFFICE SPECIALIST 1	A	A	12		P		E	F	1
44300	11/14/11	000170570	0000315	593	60830	OA	C2328	A	A	26		01	OR0203098	SCHRAUBEN, LEE R	OA	C2328	PUBLIC HEALTH EDUCATOR 2	A	A	26		P		E	F	1
44300	8/29/11	000172360	0000962	581	59861	OA	C1116	A	A	23		06	OR0201790	SCHROEDER, KRISTIN	OA	C1116	RESEARCH ANALYST 2	A	A	23		P			F	1
44300	9/11/11	001117880	1008678	572	58872	OA	C0862	A	A	29		07	OR0202074	SHIELDS, LISA M	OA	C0862	PROGRAM ANALYST 3	A	A	29		P		E	F	1
44300	8/23/11	001013690	1003689	577	58874	OA	C0861	A	A	27		02	OR0201744	SKERBECK, CHRISTIA D	OA	C0861	PROGRAM ANALYST 2	A	A	27		P			F	1
44300	1/11/12	000168260	0000023	557	55897	OA	C6229	A	A	31		07	OR0028956	SMITH, LAURIE E	OA	C6229	PUBLIC HEALTH NURSE 2	A	A	31		L	2	E	P	0.6
44300	9/10/12	000168630	0000083	596	60885	OA	C6229	A	A	31		09	OR0205916	STIEFVATER, ANNA K	OA	C6229	PUBLIC HEALTH NURSE 2	A	A	31		P			F	1
44300	7/5/11	001117600	1008660	567	56895	MMN	X3618	A	A	29		04	OR0201175	STORMONT, MATTHEW A	MMN	X3618	HEALTH FACILITIES CONSULTANT	A	A	29		P			F	1
44300	7/1/11	001165160	0005507	566	56894	B	Y7500	A	E	00		00	OR0142772	STRAW, RICHARD B	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	10/22/12	000579890	0000533	596	60885	OA	C0872	A	A	30		07	OR0206641	SUTTER, LISA A	OA	C0872	OPERATIONS & POLICY ANALYST 3	A	A	30		L	6	E	P	0.5
44300	8/14/12	001020880	1003866	603	61269	OA	C3780	A	A	25		06	OR0205640	TANABE, JAMES	OA	C3780	MICROBIOLOGIST 2	A	A	25		P			F	1
44300	11/1/12	000172170	0000926	581	59277	OA	C3412	A	A	32		07	OR0206761	TEMPLIN, REBECCA A	OA	C3412	ENVIRONMENTAL ENGINEER 3	A	A	32		P			F	1
44300	7/1/11	001165200	0005511	566	56894	B	Y7500	A	E	00		00	OR0136692	TERRELL, LESLIE C	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	7/1/11	001165210	0005512	566	56894	B	Y7500	A	E	00		00	OR0079853	THOMAS, JIM	B	Y7500	BOARD AND COMMISSION MEMBER	A	E	00		P			P	0
44300	12/12/11	000642610	0000620	575	58820	OA	C0104	A	A	15		02	OR0203289	TOWNSEND, ECHO ROSE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		L	1		F	1
44300	11/28/11	001029310	1004259	556	55896	MMN	X0866	A	A	31		08	OR0202973	VIDOLOFF, KATHLEEN G	MMN	X0866	PUBLIC AFFAIRS SPECIALIST 3	A	A	31		P			F	1
44300	10/1/12	000915680	1000686	571	58871	OA	C6229	A	A	31		02	OR0206265	WATTS, THERESA M	OA	C6229	PUBLIC HEALTH NURSE 2	A	A	31		P		E	F	1
44300	9/24/12	000915890	1000690	605	61269	MMN	X0872	A	A	30		08	OR0205920	WEBER, KRISTEN	MMN	X0872	OPERATIONS & POLICY ANALYST 3	A	A	30		P			F	1
44300	8/29/11	000869440	0001169	583	59820	MMS	X7006	A	A	31	X	03	OR0201781	WENDT, RICHARD A	MMS	X7006	PRINCIPAL EXECUTIVE/MANAGER D	A	A	31	X	P			F	1
44300	8/21/12	001096700	1007749	565	56890	OA	C0103	A	A	12		02	OR0205813	WERT, MICHAEL D	OA	C0103	OFFICE SPECIALIST 1	A	A	12		P			F	1
44300	11/30/12	000567710	0000500	577	58874	OA	C0861	A	A	27		02	OR0206897	WHITE, TERRESA L	OA	C0861	PROGRAM ANALYST 2	A	A	27		P		E	F	1
44300	10/1/12	000717970	0000676	577	58874	OA	C1244	A	A	27		01	OR0202905	WORLEY, JEAN G	OA	C1243	FISCAL ANALYST 1	A	A	23		P		E	F	1
10000	12/4/12	000233310	1000216	04T	50159	OA	C5233	A	A	25		02	OR0206967	ALLEN, JENNIFER A	OA	C5233	INVESTIGATOR 3	A	A	25		P			F	1
44300	7/7/11	000209530	2100570	060	44909	MMS	X7010	I	A	35	X	01	OR0201151	ANDERSON, KATHERINE EM	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	1	E	F	1
10000	7/25/11	001101880	9401287	04K	50401	OA	C0108	A	A	19		01	OR0014253	BARRIE, KATHLEEN M	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	1	E	F	1
10000	8/10/11	000185310	9400531	048	35306	MMS	X7002	A	A	26	X	01	OR0201577	BAUMAN, CORY DEAN	MMS	X7002	PRINCIPAL EXECUTIVE/MANAGER B	A	A	26	X	P			F	1
10000	11/14/11	001080860	1007419	048	35306	OA	C0501	A	A	11		01	OR0202943	BURTON, THOMAS S	OA	C0501	DATA ENTRY OPERATOR	A	A	11		L	2	E	F	1
10000	3/19/12	000233590	2100044	048	35306	OA	C1475	I	A	12		01	OR0021392	CARLSON, ANITA L	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	1/3/12	000967120	1002409	04H	50301	OA	C0104	A	A	15		02	OR0143125	CARLSON, DINORAH A	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	2/1/12	000185430	9400841	048	35306	OA	C0501	A	A	11		01	OR0203640	CARLSON, MARIANA I	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	9/11/12	000233310	1000216	04T	03139	OA	C5233	A	A	25		08	OR0002352	CATALA, REYNOLD J	OA	C5233	INVESTIGATOR 3	A	A	25		P			F	1
10000	9/29/11	001014370	1003511	02H	38525	MMN	X0872	A	A	30		01	OR0202195	CROSSETT, SHAUN	MMN	X0872	OPERATIONS & POLICY ANALYST 3	A	A	30		P		E	F	1
10000	10/25/11	001112550	1008571	048	35306	OA	C0501	A	A	11		01	OR0194042	D AMICO, LACEY M	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	1/9/12	000185430	9400841	048	35306	OA	C0501	A	A	11		01	OR0196098	DAMICO, AMY C	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		B	F	1
10000	11/28/11	000122260	2520001	02H	38525	MMN	X1218	A	A	30		02	OR0203079	ERB, TAMMY L	MMN	X1218	ACCOUNTANT 4	A	A	30		P			F	1
10000	1/18/12	000183620	2200126	048	35306	OA	C0501	A	A	11		01	OR0203586	ESTES, PARIS ALEXANDER	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	9/6/11	001112550	1008571	048	35306	OA	C0501	A	A	11		01	OR0201962	FIDLER, LAURA MICHELLE	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	10/25/11	001112540	1008570	048	35306	OA	C0501	A	A	11		01	OR0202344	FISCHER, KIRSTEN D	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	7/1/11	001013900	1003366	04H	50301	OA	C0107	A	A	17		01	OR0199499	FISTEL, ELIZABETH E	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
10000	8/24/11	000233970	2100234	048	35306	OA	C0501	A	A	11		01	OR0201730	GREENE, BAMBI SHARLENE	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	5/14/12	000967030	1002401	04Q	50307	OA	C5647	A	A	26		06	OR0204370	GREER, SHELLEY A	OA	C5647	GOVERNMENTAL AUDITOR 2	A	A	26		L	2	E	F	1
10000	7/1/11	000920110	1002014	04K	50401	OA	C0108	A	A	19		01	OR0198772	HALL, DAWN A	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		P			F	1
10000	7/7/11	001101880	9401287	04K	50401	OA	C0108	A	A	19		01	OR0198760	HEDGES, MELISSA ANN	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	1	E	F	1
10000	1/18/12	000185430	9400841	048	35306	OA	C0501	A	A	11		01	OR0203587	HOPKINS, POLLY	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	8/15/11	000122700	2600084	047	35306	OA	C0103	A	A	12		01	OR0201676	ISOM, ANDREW J	OA	C0103	OFFICE SPECIALIST 1	A	A	12		P			F	1
10000	9/12/11	001092140	1007539	048	35306	OA	C0501	A	A	11		01	OR0201977	JAMES, REBECCA	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	11/14/11	000182100	0001055	056	31550	MMN	X1339	A	A	27		06	OR0143774	JOHNSON, SARAH	OA	C1339	TRAINING & DEVELOPMENT SPEC 2	A	A	27		P			F	1
10000	1/30/12	000183660	2200136	048	35306	OA	C1475	I	A	12		01	OR0179097	JONES, JOHNATHON	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P			F	1
44300	7/18/11	000209530	2100570	060	44909	MMS	X7010	I	A	35	X	01	OR0110238	KING, JENNIFER R	OA	C0870	OPERATIONS & POLICY ANALYST 1	A	A	23		L	6	E	F	1
10000	1/3/12	000185460	9400929	048	35306	OA	C0501	A	A	11		01	OR0203488	KNODEL, WENDY M	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		B	F	1
10000	3/12/12	000183660	2200136	048	35306	OA	C1475	I	A	12		01	OR0203813	KRUGER, LALAINYA L	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P			F	1
44300	7/1/11	000182790	0003263	060	40550	MESN	Z7014	I	A	40	X	09	OR0201075	LAWSON, CAROLYN	MESN	Z7014	PRINCIPAL EXECUTIVE/MANAGER H	I	A	40	X	P		B	F	1
10000	2/6/12	000252660	9408326	048	35306	OA	C0501	A	A	11		01	OR0188717	LENT, TASHA NICOLE	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	11/1/11	000746280	0799104	056	31550	OA	C0107	A	A	17		02	OR0202807	MAINORD, DONNA M	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P		E	F	1
44300	11/19/12	000244230	9402594	062	40510	OA	C0108	A	A	19		01	OR0206754	MCCARTNEY, BENJAMIN L	OA	C0435	PROCUREMENT AND CONTRACT ASST	A	A	19		P			F	1

10000	1/3/12	000185460	9400929	048	35306	OA	C0501	A	A	11		01	OR0203491	MOSLEY, KATHRYNN K	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	7/7/11	001101880	9401287	04K	50401	OA	C0108	A	A	19		01	OR0173289	MYERS, BEN T	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	1	E	F	1
10000	2/6/12	000183620	2200126	048	35306	OA	C0501	A	A	11		01	OR0203634	NAGGI, VISAY NANG	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	8/17/11	001112540	1008570	048	35306	OA	C0501	A	A	11		01	OR0201689	PARK, GEEWON	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	9/12/11	000183780	2200168	048	35306	OA	C0501	A	A	11		01	OR0201976	PARKER, RACHEL A	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	1/18/12	001080840	1007417	048	35306	OA	C1475	I	A	12		01	OR0199634	PHELAN, KRISTEN M	OA	C0501	DATA ENTRY OPERATOR	A	A	11		L	1		F	1
44300	9/28/11	000189280	1000061	060	40550	MMS	X7010	I	A	35	X	09	OR0202328	POWELL, STEVEN	MMS	X7012	PRINCIPAL EXECUTIVE/MANAGER G	I	A	38	X	P			F	1
10000	9/26/11	000233580	2100033	048	35306	OA	C0501	A	A	11		01	OR0202222	PRUETT, HOLLY L	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
44300	10/8/12	000204640	0789087	062	40510	OA	C1483	I	A	24		02	OR0089758	RIEDER, ANDREW R	OA	C0870	OPERATIONS & POLICY ANALYST 1	A	A	23		P			F	1
10000	11/2/11	000233970	2100234	048	35306	OA	C0501	A	A	11		01	OR0198787	SCHOLERMAN, TAMARA R	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	1/30/12	000545770	9410090	048	35306	OA	C0501	A	A	11		01	OR0203610	SCOTT, SYLVIA R	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	11/13/12	001171020	1010026	04D	50404	OA	C0107	A	A	17		01	OR0206799	SPRANCIS, ELIZABETH R	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P		E	F	1
10000	11/2/11	000183520	2100117	048	35306	OA	C0501	A	A	11		01	OR0202838	STENSLAND, BRENDA G	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	9/6/11	000185410	9400838	048	35306	OA	C0501	A	A	11		01	OR0201964	STOM, YULIANA N	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	9/14/11	001092120	1007537	048	35306	OA	C0501	A	A	11		01	OR0201978	TETELEPTA, YUANITA	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	10/22/12	000122100	2540001	063	36295	OA	C0435	A	A	19		02	OR0206581	TROXELL, LYNDELL B	OA	C0435	PROCUREMENT AND CONTRACT ASST	A	A	19		L	1	E	P	0.75
10000	8/29/11	001080800	1007415	048	35306	OA	C0501	A	A	11		01	OR0201844	VAN SCHAICK, TOM L	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	2/21/12	000233590	2100044	048	35306	OA	C1475	I	A	12		01	OR0203723	VAN VLIET, ISAIAH ROBE	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		B	F	1
10000	7/7/11	001101880	9401287	04K	50401	OA	C0108	A	A	19		01	OR0198763	VESTAL, DANIEL G	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	1	E	F	1
10000	11/13/12	001171020	1010026	04D	50404	OA	C0107	A	A	17		01	OR0205016	WATSON, ANGELA A	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P		E	F	1
10000	12/20/11	000185310	9400531	048	35306	MMS	X7002	A	A	26	X	01	OR0203402	WHITE, BROOKE Y	MMS	X7002	PRINCIPAL EXECUTIVE/MANAGER B	A	A	26	X	P		E	F	1
10000	7/7/11	001101880	9401287	04K	50401	OA	C0108	A	A	19		01	OR0198773	WHITE, JAMES B	OA	C0108	ADMINISTRATIVE SPECIALIST 2	A	A	19		L	1	E	F	1
44300	1/3/12	000765360	9410728	061	40510	MMS	X7010	I	A	35	X	09	OR0203473	WILSON, STEVEN D	MMS	X7010	PRINCIPAL EXECUTIVE/MANAGER F	I	A	35	X	P		E	F	1
10000	10/4/12	000122480	2470020	064	36850	OA	C0438	A	A	29		02	OR0206344	WRAY, PEARL D	OA	C0438	PROCUREMENT & CONTRACT SPEC 3	A	A	29		L	1	E	P	0.5
44300	10/1/12	001091960	1007520	062	40510	OA	C1487	I	A	31		05	OR0206347	YOUNG, STEPHEN W	OA	C1245	FISCAL ANALYST 3	A	A	30		P			F	1
10000	1/17/12	000545770	9410090	048	35306	OA	C0501	A	A	11		01	OR0203545	ZUMAR, JEANIE M	OA	C0501	DATA ENTRY OPERATOR	A	A	11		P		E	F	1
10000	11/1/12	000246040	9404539	249	02111	OA	C6657	A	A	15		02	OR0206668	ACOSTA-ARANDA, RAFAEL	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	7/11/11	001048840	1004489	271	02127	OA	C6657	A	A	15		01	OR0201138	AGUIRRE, MARIA G	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/15/12	001105060	1008385	394	08184	OA	C6659	A	A	19		01	OR0206749	AGUIRRE, PAULINE F	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/15/12	001104350	1008410	432	10205	OA	C6657	A	A	15		01	OR0206509	AIKENS, KASEY K	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/26/11	000245060	9403297	313	03138	OA	C6657	A	A	15		02	OR0202368	ALIIFUA, PRISCILLA F	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/27/12	000895470	1001070	532	15239	OA	C6657	A	A	15		02	OR0205843	ALVARADO, VICTOR E	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/4/11	000261040	9409743	543	16247	OA	C6657	A	A	15		02	OR0195815	ARREOLA, NANCY Y	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/1/12	000898580	1000914	255	02124	OA	C6657	A	A	15		01	OR0206671	BALDOCK, VALANCE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/4/11	000245120	9403304	432	10205	OA	C0104	A	A	15		01	OR0202549	BARBOZA, SARA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	6/25/12	001104850	1008371	545	16248	OA	C6657	A	A	15		02	OR0205052	BARBOZA-ALEMAN, ESPERA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/19/11	000257100	9409264	460	11209	OA	C0104	A	A	15		01	OR0202737	BARNELL, RUTH E	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	9/28/11	000241700	9400624	485	13224	OA	C0104	A	A	15		01	OR0202335	BARNES, CHRISTINA M	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P		J	J	0.5
10000	11/1/11	001107040	1008130	403	08182	OA	C6657	A	A	15		01	OR0202902	BIGLEY, DELANA I	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/28/11	000245290	9403337	396	08263	OA	C6657	A	A	15		01	OR0203177	BLACKETER, ERIC A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/1/12	000899020	1000935	407	08181	OA	C6657	A	A	15		01	OR0206672	BRADBURY, JEFF A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	12/5/11	000898280	1000814	302	03147	OA	C6659	A	A	19		02	OR0203234	BREMNER, LAZANNE M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	12/5/11	000241500	9400553	287	03131	OA	C6657	A	A	15		02	OR0203284	BREWSTER, KATRINA N	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/21/11	000571350	9409794	257	02124	OA	C0104	A	A	15		02	OR0081780	BROWN, PAULA L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	7/14/11	001079620	1007365	530	15241	OA	C6657	A	A	15		02	OR0201439	BRUSH, THERESA M	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	000898610	1000835	256	02116	OA	C6659	A	A	19		01	OR0202409	BURNSIDE, VIKKI K	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/9/12	000253570	9408668	268	02113	OA	C6659	A	A	19		01	OR0206762	BURROWS, DAVID	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/28/11	000899470	1000969	302	03147	OA	C6657	A	A	15		02	OR0203161	BUSTAMANTE, SYLVIA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/4/12	000261040	9409743	543	16247	OA	C6657	A	A	15		02	OR0206025	CARLOS, CHRISTINA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/8/11	001106500	1008076	268	02113	OA	C6657	A	A	15		01	OR0201619	CASTILLO, CARLOS	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/13/11	000899550	1000977	314	03142	OA	C6657	A	A	15		02	OR0202651	CHAVEZ, FLOR	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	001101020	1007930	253	02122	OA	C6657	A	A	15		01	OR0202434	CICEU, CRINA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	001101010	1007929	256	02116	OA	C6657	A	A	15		01	OR0202463	CLAYTON, AMBER	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/31/11	000260580	9409697	496	13227	OA	C0104	A	A	15		01	OR0193094	CLEVELAND, TANDI	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	6/27/12	000256320	9409144	349	05164	OA	C0104	A	A	15		01	OR0204607	CLINTON, AMANDA L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/24/11	000571320	9409793	394	08184	OA	C6657	A	A	15		01	OR0202800	COBB, RESA K	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/19/11	001079240	1007353	530	15241	OA	C6657	A	A	15		02	OR0202334	CONDON, OLGA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	001107870	1008213	268	02113	OA	C6659	A	A	19		01	OR0093507	CONNER, AMANDA M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	12/19/11	001049000	1004462	250	02122	MMS	X7002	A	A	26	X	04	OR0203340	COOK-WRIGHT, SHARMON	MMS	X7002	PRINCIPAL EXECUTIVE/MANAGER B	A	A	26	X	P			F	1
10000	10/10/11	000544180	9410148	287	03131	OA	C6657	A	A	15		02	OR0058516	CORNELL, DODI L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/29/12	001073840	1004927	268	02113	OA	C6659	A	A	19		02	OR0206577	CORRIGAN, MICHELLE	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	8/10/11	000237010	7600060	248	02110	OA	C6657	A	A	15		01	OR0201659	COX, JAMIE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	12/27/11	000248320	9406362	377	07172	MMS	X7002	A	A	26	X	01	OR0203445	CULVER, JASON D	MMS	X7002	PRINCIPAL EXECUTIVE/MANAGER B	A	A	26	X	P			F	1
10000	11/14/11	001106670	1008093	312	03139	OA	C6657	A	A	15		02	OR0203013	DAVILA, MIRNA Y	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/25/12	001106780	1008104	327	04150	OA	C6657	A	A	15		01	OR0192403	DEFFENBAUGH, MICHELE E	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/10/11	000974510	1002683	130	47267	OA	C1339	A	A	27		06	OR0202650	DICKSON, LANCE DARREN	OA	C1339	TRAINING & DEVELOPMENT SPEC 2	A	A	27		L	6	E	F	1
10000	10/3/11	000256140	9409108	530	15241	OA	C6657	A	A	15		02	OR0202570	DREW, MEGHAN	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/1/11	000241380	9400520	293	03134	OA	C6657	A	A	15		02	OR0202554	EDWARDS, ERICA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/14/11	001106830	1008109	354	05160	OA	C6657	A	A	15		01	OR0203015	ELLIOTT, AYISHA C	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/16/11	000249940	9407121	351	05165	OA	C6657	A	A	15		01	OR0202995	ENCISO, LORENA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	12/4/12	000245130	9403305	407	08181	OA	C0104	A	A	15		01	OR0206976	ENGLES, DEANA L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/28/11	001104420	1008417	460	11209	OA	C6657	A	A	15		01	OR0200405	ERICKSON, TANA M	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	7/11/11	000571040	9409765	362	06169	OA	C6659	A	A	19		01	OR0201192	ERMEY, ISIS	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/3/11	001106460	1008072	268	02113	OA	C6657	A	A	15		01	OR0202469	FARLEY, KYLE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/27/11	001104400	1008415	532	15239	OA	C6657	A	A	15		01	OR0202808	FERRIS, ERIN L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	12/1/11	000256950	9409246	442	10197	OA	C6657	A	A	15		01	OR0203193	FLORES, ANGELICA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	12/5/11	000899490	1000971	293	03134	OA	C6657	A	A	15		02	OR0203283	FLORES, IRENE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	000546140	9410117	253	02122	OA	C6657	A	A	15		01	OR0202421	FOX, CHRISTOPHER	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/21/11	000234780	4000175	258	02117	OA	C0104	A	A	15		01	OR0202275	FRANK, SHAYNA	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/19/12	001106960	1008122	362	06169	OA	C6657	A	A	15		02	OR0206739	FRIEBUS, SHARI L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/17/11	000240560	9400299	519	14267	OA	C6657	A	A	15		01	OR0201684	GATLIN, NIKKI	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/11/11	000544160	9410146	313	03138	OA	C6657	A	A	15		02	OR0202647	GEE, HEATHER R	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1

10000	10/4/11	000897260	1000750	447	10200	OA	C6659	A	A	19		01	OR0202552	GIBNEY, RENA L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	9/27/11	000974510	1002683	130	47267	OA	C1339	A	A	27		02	OR0195777	GIDLEY, H DENISE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		L	1	E	F	1
10000	10/3/11	001106430	1008069	256	02116	OA	C6657	A	A	15		01	OR0202436	GLENN, MAURICE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	001100970	1007925	271	02127	OA	C6657	A	A	15		01	OR0202428	GLOVER, MARTINE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/4/11	000246350	9404721	432	10205	OA	C6657	A	A	15		01	OR0202553	GOMEZ, JOSE M	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/10/11	001106790	1008105	332	04153	OA	C6657	A	A	15		01	OR0199459	GONZALES, STELLA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	12/27/11	000252230	9408179	313	03138	OA	C6657	A	A	15		04	OR0203463	GONZALEZ CAMACHO, MAYR	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	12/12/11	000556080	9410307	519	14267	OA	C0323	A	A	15		03	OR0203195	GONZALEZ, MELISSA R	OA	C0323	PUBLIC SERVICE REP 3	A	A	15		P			F	1
10000	10/17/11	001104440	1008419	393	08249	OA	C6657	A	A	15		01	OR0199541	GOTCHER, SCOT D	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/6/11	001104340	1008409	540	16243	OA	C6657	A	A	15		02	OR0202594	GOTT, JENNIFER	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/26/11	000245230	9403329	249	02111	OA	C0104	A	A	15		01	OR0202276	GREGORY, RICHARD	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	7/12/11	001016600	1003193	253	02122	OA	C6657	A	A	15		01	OR0201101	GUADARRAMA TORRES, JES	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/29/11	001104450	1008420	489	13226	OA	C6657	A	A	15		01	OR0202249	GUENTERT, CONNIE S	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	7/1/11	000544960	9410045	530	15241	OA	C6659	A	A	19		03	OR0129073	GUENTHER, JEREMY	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	6/11/12	001079310	1007356	532	15239	OA	C6657	A	A	15		02	OR0204489	GUERRERO, VANESSA G	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	6/25/12	000237890	9233402	403	08182	OA	C6659	A	A	19		01	OR0204955	GUILEY, CAITRIN L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	7/13/11	001100980	1007926	256	02116	OA	C6657	A	A	15		01	OR0201193	GUILLEN, TANIA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/31/11	000894530	1001022	547	16290	OA	C6659	A	A	19		01	OR0058332	GUTIERREZ, ADRIAN	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	9/19/11	000198830	0491001	108	48520	OA	C0861	A	A	27		01	OR0192762	HAAS, LEAH MIRIAM	OA	C0861	PROGRAM ANALYST 2	A	A	27		L	2	E	P	0.75
10000	9/9/11	001106650	1008091	308	03146	OA	C6657	A	A	15		02	OR0190640	HAKANSON, CAROLYN G	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/21/11	000556100	9410309	253	02122	OA	C0104	A	A	15		01	OR0202277	HARDWICKE, MELISSA ANN	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/10/11	000544120	9410142	403	08182	OA	C6657	A	A	15		01	OR0202626	HARGET, TRACY L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	3/6/12	000260550	9409694	477	12219	OA	C6630	A	A	21		01	OR0187621	HARRINGTON, STACEY N	OA	C6630	HUMAN SERVICES CASE MANAGER	A	A	21		P			F	1
10000	10/4/11	000899610	1000983	447	10200	OA	C6657	A	A	15		01	OR0202557	HARRISON, RENEE L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/10/11	000253760	9408687	403	08182	OA	C6657	A	A	15		01	OR0202627	HEARN-HEIGEL, MARIE J	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/31/11	000544050	9410135	354	05160	OA	C0104	A	A	15		02	OR0202827	HEKIMYAN, GEORGE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/3/11	000239830	9400094	259	02110	OA	C6657	A	A	15		01	OR0202430	HENDRICKS, RAEJEAN	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/24/11	000607860	9410534	293	03134	OA	C0323	A	A	15		02	OR0202786	HERAS DE LA LUZ, ANTON	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/8/11	000260930	9409732	235	01108	OA	C6659	A	A	19		01	OR0201623	HERNANDEZ, ADAN SAUL	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/14/11	001108250	1008251	354	05160	OA	C6659	A	A	19		01	OR0203019	HERNANDEZ, CLAUDIA	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/21/11	001048230	1004413	312	03139	OA	C6659	A	A	19		02	OR0203138	HICKEY, LARISA V	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/14/11	000245160	9403309	354	05160	OA	C6657	A	A	15		01	OR0202999	HOLDING, ASHLEY A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/26/11	000898560	1000913	313	03138	OA	C6657	A	A	15		02	OR0202366	HOYT, TRACY	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	000899660	1000961	256	02116	OA	C6657	A	A	15		01	OR0202402	INGRAM, NICK	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	7/11/11	000895620	1001083	547	16290	OA	C6657	A	A	15		02	OR0201234	IXTACUA, CASSANDRA R	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/7/11	001108070	1008233	332	04153	OA	C6659	A	A	19		01	OR0202887	JARDINE, ANN	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	9/26/11	000897170	1000741	452	10203	OA	C6659	A	A	19		01	OR0157819	JASIKIEWICZ, JOELLE M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/12/11	000257790	9409359	524	14232	OA	C6659	A	A	19		02	OR0202649	JENSEN, SHANNON M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P		J	J	0.5
10000	7/25/11	001107020	1008128	396	08263	OA	C6657	A	A	15		01	OR0201458	JIMENEZ, OCTAVIO	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/10/11	000899540	1000976	287	03131	OA	C6657	A	A	15		02	OR0202607	JOHNSON, COLIN A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/9/11	000247140	9405710	368	06167	OA	C6657	A	A	15		02	OR0202985	JOHNSON, JESSICA C	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/1/11	001073990	1004942	532	15239	OA	C6659	A	A	19		02	OR0202845	JOPPIE, MARGARET M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/3/11	000261050	9409744	255	02124	OA	C6657	A	A	15		01	OR0202427	KASPER-MOON, KIMBERLY	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	000898600	1000915	254	02122	OA	C6657	A	A	15		01	OR0202566	KEMP, TONYA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	1/3/12	000240150	9400197	351	05256	OA	C6659	A	A	19		01	OR0203481	KEMPTON, ROSE C	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/7/11	001049100	1004470	293	03134	OA	C6657	A	A	15		00	OR0203011	KLOHN, MARIAH	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/1/12	001104300	1008405	547	16248	OA	C6657	A	A	15		02	OR0206403	KNAPP, RICHARD	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/1/11	000236420	6100424	355	05161	OA	C6659	A	A	19		01	OR0202834	KNIGHT, TRACI J	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	9/6/11	000547250	9410083	249	02111	OA	C0103	A	A	12		02	OR0196226	LEON, JESSICA S	OA	C0103	OFFICE SPECIALIST 1	A	A	12		P			F	1
10000	7/16/12	000241190	9400487	351	05165	OA	C0104	A	A	15		02	OR0205161	LINDLEY, KAREN A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/1/11	000255610	9409003	545	16248	OA	C6657	A	A	15		02	OR0202024	LOPEZ GONZALEZ, ANNA L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/14/11	000254620	9408904	351	05165	OA	C6659	A	A	19		02	OR0203016	LOUIE, CHELSEA L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/11/11	000260690	9409708	395	08187	OA	C6657	A	A	15		01	OR0202611	LOZANO, AILEEN A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/1/11	001106930	1008119	362	06169	OA	C6657	A	A	15		02	OR0202813	MANDERA, MIRRANDA R	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/8/11	000260860	9409725	477	12219	OA	C0104	A	A	15		01	OR0199631	MARCUM, BRENDA L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	7/21/11	000899010	1000934	403	08182	OA	C6657	A	A	15		02	OR0199742	MATHEWS, TRACY J	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	7/1/11	001104710	1008357	547	16290	OA	C6659	A	A	19		02	OR0065102	MCCRAW, VANA K	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	8/14/12	000900770	1000656	249	02111	OA	C0323	A	A	15		02	OR0031036	MCMAINS, PATRICE L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/7/12	000253430	9408650	394	08184	OA	C0104	A	A	15		01	OR0205482	MCMULLIN, ANNETTE M	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/25/11	000895480	1001071	532	15239	OA	C6657	A	A	15		02	OR0202789	MCNUTT, ROBIN L	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	12/5/11	000245270	9403333	392	08180	OA	C6657	A	A	15		01	OR0203291	MENA, ANTHONY G	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	001107750	1008201	268	02113	OA	C6659	A	A	19		01	OR0202413	METZ, JASMINE	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	4/1/12	000571040	9409765	362	06169	OA	C6659	A	A	19		01	OR0203913	MILLER, CONNIE S	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	8/21/12	000235820	4600081	530	15241	OA	C6657	A	A	15		02	OR0178155	MILLER, ELROY J	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/26/11	001016610	1003194	530	15241	OA	C6657	A	A	15		02	OR0202349	MILLER, JUSTIN	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/21/11	000247030	9405699	547	16290	OA	C0323	A	A	15		00	OR0200399	MOORE, KRYSTAL A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/7/11	000895510	1001073	530	15241	OA	C6657	A	A	15		02	OR0202120	MOORE, VICTORIA RUTH	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/1/11	000235820	4600081	530	15241	OA	C6657	A	A	15		02	OR0201565	MORBETO, RON	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/10/11	000899090	1000939	312	03139	OA	C6657	A	A	15		05	OR0202598	MORGAN, NICOLE T	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/8/11	000895460	1001069	485	13224	OA	C0104	A	A	15		02	OR0200956	MYERS, RACHAEL A	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/21/11	000898130	1000805	257	02124	OA	C6659	A	A	19		02	OR0203078	NOONKESTER, DALE	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/8/11	000254780	9408920	395	08187	OA	C6659	A	A	19		01	OR0203029	NORDAHL, GERALD J	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P		J	J	0.5
10000	10/3/11	001073920	1004935	256	02116	OA	C6659	A	A	19		01	OR0202419	ORDAZ, JOSEPH	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	9/14/11	001107470	1008173	241	01105	OA	C6659	A	A	19		02	OR0002296	ORTIZ, EDERLINDA N	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/17/11	000260840	9409723	496	13227	OA	C0104	A	A	15		01	OR0203038	OWENS, DIANA L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	3/20/12	001107120	1008138	442	10197	OA	C6657	A	A	15		01	OR0203855	PADILLA, LUIS A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/14/11	000899210	1000865	547	16290	OA	C6659	A	A	19		01	OR0203010	PATANJO, SUSAN M	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	12/5/11	000246190	9404676	250	02115	MMS	X7002	A	A	26	X	02	OR0079948	PATTERSON, KIM R	MMS	X7002	PRINCIPAL EXECUTIVE/MANAGER B	A	A	26	X	P			F	1
10000	10/10/11	000240500	9400290	532	15239	OA	C0104	A	A	15		01	OR0202664	PENALOZA, FELICITAS A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/29/11	000571400	9409843	442	10197	OA	C6657	A	A	15		01	OR0197378	PENALOZA, KRISTA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/1/12	000608110	9410502	362	06169	OA	C6659	A	A	19		01	OR0206193	PEREZ, BALAM R	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/12/11	001079310	1007356	532	15239	OA	C6657	A	A	15		02	OR0202460	PEREZ, MARGARITA T	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1

10000	11/7/11	001107030	1008129	403	08182	OA	C6657	A	A	15		01	OR0202992	PETRIE, DIANE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	000238580	9317029	248	02118	OA	C6657	A	A	15		01	OR0202423	PICKENS, DANIELLE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	7/1/12	000240150	9400197	355	05161	OA	C6659	A	A	19		01	OR0205034	PICKERING, LINDA CHRIS	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	12/27/11	000544520	9410166	545	16248	OA	C6657	A	A	15		02	OR0203472	PLYMIRE, REBECCA A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/17/11	001048610	1004436	460	11209	OA	C6659	A	A	19		01	OR0202670	PRIETO, OSCAR E	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	6/25/12	001079320	1007357	530	15241	OA	C6657	A	A	15		02	OR0204892	QUILEZ, ESPERANZA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/17/11	000856760	6280001	314	03142	OA	C0103	A	A	12		02	OR0197604	RAMSEY, STEPHANIE C	OA	C0103	OFFICE SPECIALIST 1	A	A	12		P			P	0.5
10000	12/4/12	001047960	1004402	241	01105	OA	C6659	A	A	19		02	OR0206968	RANKIN, CHRISTINE J	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/31/11	000245910	9404324	532	15239	OA	C0103	A	A	12		02	OR0202791	REINERT, BRANDON S	OA	C0103	OFFICE SPECIALIST 1	A	A	12		P			F	1
10000	10/10/11	000256320	9409144	349	05164	OA	C0104	A	A	15		01	OR0202525	RIGBY, LEON M	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/7/11	000895600	1001081	547	16290	OA	C6657	A	A	15		02	OR0202856	RIVERA, GARDA S	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	12/12/11	001100860	1007914	460	11209	OA	C6659	A	A	19		01	OR0203348	ROBATCEK, ROSEMARIE G	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/5/11	001106480	1008074	268	02113	OA	C6657	A	A	15		01	OR0202471	ROBINSON, BRETT	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	1/3/12	001108260	1008252	355	05161	OA	C6659	A	A	19		01	OR0203478	RODARTE, MELISSA BRYCE	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	6/12/12	001108360	1008262	362	06169	OA	C6659	A	A	19		01	OR0074094	RODGERS, JENNIFER L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/2/11	000252280	9408184	394	08184	OA	C6657	A	A	15		01	OR0202895	RODRIGUEZ, ANA M	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/13/12	000235800	4600071	355	05161	OA	C6657	A	A	15		00	OR0205506	RODRIGUEZ-ORNELAS, EDN	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P		B	F	1
10000	8/25/11	000260580	9409697	496	13227	OA	C0104	A	A	15		01	OR0201880	SAFFELL, JAMIE L	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	11/14/11	000253730	9408684	355	05161	OA	C6657	A	A	15		01	OR0203027	SALDANA, CLAUDIA C	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/16/11	001107460	1008172	241	01105	OA	C6659	A	A	19		02	OR0203096	SANDS, KIRSTIN B	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	8/1/11	000235950	4800020	247	02127	OA	C6657	A	A	15		02	OR0192302	SCOTT, NATASHA M	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/7/11	001106910	1008117	368	06167	OA	C6657	A	A	15		02	OR0202899	SCRIVEN, JOSEPH D	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/15/11	000247240	9405769	543	16247	MMS	X7002	A	A	26	X	02	OR0188200	SERRATOS, JUAN C	MMS	X7002	PRINCIPAL EXECUTIVE/MANAGER B	A	A	26	X	P			F	1
10000	8/11/11	000546370	9410255	271	02127	OA	C6657	A	A	15		01	OR0201558	SHEEHAN, NICHOLE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/28/11	000240610	9400341	485	13224	OA	C0104	A	A	15		01	OR0202369	SHINN, BECKY	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	10/17/11	001107370	1008163	355	05161	MMS	X0807	A	A	23		03	OR0195461	SISCO, JUDY L	MMS	X0806	OFFICE MANAGER 2	A	A	20		P			F	1
10000	10/15/12	000544250	9410155	208	18301	OA	C0107	A	A	17		02	OR0039478	SNEGIREFF, EVDENIA D	OA	C0107	ADMINISTRATIVE SPECIALIST 1	A	A	17		P			F	1
10000	7/7/12	001016610	1003194	530	15241	OA	C6657	A	A	15		02	OR0205162	SNEGIREV, VASSA ABRAMO	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/1/11	001101070	1007935	253	02122	OA	C6657	A	A	15		01	OR0201518	SULLIVAN, JOSEPH	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	12/27/11	001079730	1007369	547	16290	OA	C6659	A	A	19		01	OR0203464	TAYLOR, VANESSA J	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	9/26/11	001107790	1008205	259	02110	OA	C6659	A	A	19		01	OR0202278	TELLIS-KENNEDY, LINDA	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/8/12	000235800	4600071	355	05161	OA	C6657	A	A	15		01	OR0206384	TERTROU, DESIREE	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P		E	F	1
10000	10/24/11	000244100	9402491	328	04156	OA	C0103	A	A	12		01	OR0202740	THOMAS, RANDY J	OA	C0103	OFFICE SPECIALIST 1	A	A	12		P			F	1
10000	11/1/11	000244880	9403027	354	05160	OA	C6659	A	A	19		01	OR0202830	THOMPSON, JAIME L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/19/11	000547090	9410274	530	15241	OA	C0103	A	A	12		02	OR0202772	THOMPSON, VALERIE YVET	OA	C0103	OFFICE SPECIALIST 1	A	A	12		P			F	1
10000	11/7/11	001100910	1007919	547	16290	OA	C6659	A	A	19		02	OR0202894	THORNBERRY, SHERRY L	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/4/11	000546090	9410113	268	02113	OA	C6657	A	A	15		01	OR0202468	TUQUERO, VIENNA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	9/26/11	000238780	9318407	465	11213	OA	C6659	A	A	19		01	OR0202326	VADNAIS, ROGER W	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P		J	J	0.5
10000	10/3/11	001106970	1008123	256	02116	OA	C6657	A	A	15		01	OR0202403	VAN DE KOP, ALICIA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/14/11	000245350	9403378	452	10203	OA	C0323	A	A	15		01	OR0203012	VARGAS, ROSA M	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	7/11/11	000544130	9410143	394	08184	OA	C6657	A	A	15		01	OR0201180	VASQUEZ, LUZ M	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	1/3/12	000244020	9402459	354	05160	OA	C6659	A	A	19		01	OR0157694	VELOZ, PALMIRA ROSARIO	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	9/26/11	000254460	9408888	259	02110	OA	C6659	A	A	19		02	OR0167556	VUE-KUE, CHOUA	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/25/11	001048700	1004487	235	01108	OA	C6657	A	A	15		02	OR0002955	WALDRON, HEATHER	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/2/11	000240000	9400134	351	05165	OA	C6657	A	A	15		01	OR0202884	WALLS, KATHLEEN M	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/14/11	001104360	1008411	432	10205	OA	C6657	A	A	15		01	OR0168853	WHITE, LORI A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/2/11	000544310	9410159	532	15239	OA	C6657	A	A	15		02	OR0202832	WOLFE, TOBY A	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	10/3/11	001107590	1008185	256	02116	OA	C6659	A	A	19		01	OR0202416	WONGKITTIKRAIWAN, SUDA	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	10/3/11	000246040	9404539	256	02116	OA	C6657	A	A	15		01	OR0202404	WOODLIEF, MARK	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/30/11	001025750	1004068	256	02116	MMS	X0807	A	A	23		02	OR0203207	WORLEY, BONITA	MMS	X0806	OFFICE MANAGER 2	A	A	20		P			F	1
10000	10/3/11	000235220	4100322	256	02116	OA	C6659	A	A	19		01	OR0202415	ZAYTSEVA, IRINA	OA	C6659	HUMAN SERVICES SPECIALIST 3	A	A	19		P			F	1
10000	11/14/11	000259280	9409523	340	04157	OA	C6657	A	A	15		02	OR0203100	ZEKAN, CAROL K	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	8/6/12	000544310	9410159	532	15239	OA	C6657	A	A	15		02	OR0197985	ZHARKOFF, ZINA	OA	C6657	HUMAN SERVICES SPECIALIST 1	A	A	15		P			F	1
10000	11/29/12	000385650	0007249	183	16244	OA	C6647	A	A	25		02	OR0206887	CARTER, LYNNE T	OA	C6647	VOC REHABILITATION COUNSELOR	A	A	25		P		E	F	1
10000	3/19/12	000384850	0007140	169	06171	OA	C6647	A	A	25		05	OR0109179	DETTWYLER, FRANCIE	OA	C6647	VOC REHABILITATION COUNSELOR	A	A	25		P		E	F	1
10000	8/1/12	000384120	0005722	156	02130	OA	C6647	A	A	25		02	OR0205483	DJOKOTOE, HILDA	OA	C6647	VOC REHABILITATION COUNSELOR	A	A	25		P		E	F	1
10000	9/1/11	000383160	0003306	176	11212	OA	C6606	A	A	15		09	OR0201943	DYKSTRA, ERNEST WADE	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		P			F	1
10000	11/13/12	000385590	0007243	163	03145	OA	C6606	A	A	15		01	OR0175363	FOULGER, HANNI ZOE	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		P			F	1
10000	9/23/11	000383170	0003307	179	13224	OA	C0104	A	A	15		01	OR0075391	MACK, JOSI J	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		P		E	F	1
10000	8/1/11	000384520	0006222	182	15240	OA	C6647	A	A	25		01	OR0201580	MATTHEWS, PHIL G	OA	C6647	VOC REHABILITATION COUNSELOR	A	A	25		P			F	1
10000	8/18/11	000382910	0003024	163	03145	OA	C6647	A	A	25		06	OR0201685	MCELROY, WILLIAM BART	OA	C6647	VOC REHABILITATION COUNSELOR	A	A	25		L	6	E	F	1
10000	11/17/11	000384140	0005784	168	05160	OA	C6647	A	A	25		02	OR0203043	MCVAY, ALLYSSA M	OA	C6646	VOC REHAB COUNSELOR-ENTRY	A	A	20		P			F	1
10000	5/29/12	000384560	0006236	171	07174	OA	C6606	A	A	15		02	OR0204376	NEILS, BARBARA ANN	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		P			F	1
10000	9/28/11	000383540	0004821	166	04154	OA	C6647	A	A	25		03	OR0202274	PFLEEGER, MARCIA LEA	OA	C6647	VOC REHABILITATION COUNSELOR	A	A	25		P			F	1
10000	12/10/12	000383070	0003201	172	08185	OA	C6606	A	A	15		01	OR0206978	PRUITT, SERENA EILLEEN	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		P			F	1
10000	8/1/12	000383180	0003310	175	10208	OA	C6606	A	A	15		06	OR0205479	RADA, MAI-VAN	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		L	1	E	F	1
10000	11/1/12	000384550	0006235	164	03140	OA	C6606	A	A	15		01	OR0206675	STROMME, AMANDA LOUISE	OA	C6606	HUMAN SERVICES ASSISTANT 2	A	A	15		L	1	E	F	1
10000	10/24/11	000382460	0001211	169	06171	OA	C0104	A	A	15		02	OR0111497	SWINFORD, KAREN R	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P			F	1
10000	8/29/11	000386070	0008033	155	02120	OA	C6647	A	A	25		02	OR0201946	THORPE, SHANNON	OA	C6647	VOC REHABILITATION COUNSELOR	A	A	25		P			F	1
10000	9/27/11	000383170	0003307	157	02126	OA	C0104	A	A	15		02	OR0202271	TRAPP, RENEE	OA	C0104	OFFICE SPECIALIST 2	A	A	15		P		B	P	0.6
10000	9/29/11	000385720	0007256	175	10208	OA	C6647	A	A	25		09	OR0202400	VAN HOUTEN, STEVE	OA	C6647	VOC REHABILITATION COUNSELOR	A	A	25		L	1	E	P	0.5

Agy	EffDt	PosClassTitle	Step	OR No	Empl	EmplRepr	EmplClass	EmplPayOpt	EmplRngOpt	EmplRng	ApptDt	ApptTp	FPCd	FP%	REASON
10000	7/1/11	HUMAN SERVICES SPECIALIST 3	03	OR0129073	GUENTHER, JEREMY	OA	C6659	A	A	19	7/1/11	P	F	100%	Promotion to new position with one step increase
10000	7/5/11	PROCUREMENT & CONTRACT SPEC 3	09	OR0201169	METROKE, MICHAEL J	OA	C0438	A	A	29	7/5/11	L	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/11/11	SOCIAL SERVICE SPECIALIST 1	09	OR0201450	BARNES, LAUREL E	OA	C6612	A	A	24	7/11/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/12/11	PREADMISSIONS SCREENING SPEC	03	OR0201238	APPLETON, NICOLE	OA	C6684	A	A	24	7/12/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/12/11	PREADMISSIONS SCREENING SPEC	03	OR0201241	THOMPSON, CHRISTOPHER	OA	C6684	A	A	24	7/12/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/12/11	OPERATIONS & POLICY ANALYST 2	04	OR0073773	HERRERA, ROSE K	OA	C6684	A	A	24	7/12/11	P	F	100%	Promotion to new position with one step increase
10000	7/18/11	OFFICE SPECIALIST 2	04	OR0197814	LOPEZ, CELESTE	OA	C0104	A	A	15	7/18/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/18/11	CLIENT CARE SURVEYOR	05	OR0201293	MIRANDA, NILDA	OA	C6685	A	A	28	7/18/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/18/11	CLIENT CARE SURVEYOR	06	OR0064438	GAMBLE, LENA M	OA	C6685	A	A	28	7/18/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/25/11	CLIENT CARE SURVEYOR	06	OR0164566	WILLIAMS, JUDITH	OA	C6685	A	A	28	7/25/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/1/11	NURSE MANAGER	03	OR0201618	SMITH, ROXANNE	OA	C0872	A	A	30	8/1/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/1/11	EXECUTIVE SUPPORT SPECIALIST 2	03	OR0097940	DEHERRERA, DEBBIE A	MMS	X0119	A	A	19	8/1/11	P	F	100%	Promotion to new position with one step increase
10000	8/1/11	SOCIAL SERVICE SPECIALIST 1	06	OR0201514	PIERCE, ENDA C	OA	C6612	A	A	24	8/1/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/15/11	PROCUREMENT & CONTRACT SPEC 3	08	OR0201677	FRIEDL, TRACI J	OA	C0438	A	A	29	8/15/11	L	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/15/11	RESEARCH ANALYST 4	08	OR0201761	KLEINSCHMIT, SARA JANE	OA	C1118	A	A	30	8/15/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/16/11	SOCIAL SERVICE SPECIALIST 1	04	OR0113025	JOHNSON, RENAY I	OA	C6612	A	A	24	8/16/11	P	F	100%	Equal to pay previously received from the State in past position
10000	8/18/11	VOC REHABILITATION COUNSELOR	06	OR0201685	MCELROY, WILLIAM BART	OA	C6647	A	A	25	8/18/11	L	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/23/11	PRINCIPAL EXECUTIVE/MANAGER C	09	OR0201762	BOWYER, VICTORIA	MMS	X7004	A	A	28	8/23/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/24/11	SOCIAL SERVICE SPECIALIST 1	03	OR0201886	MADRIGAL, ARACELY	OA	C6612	A	A	24	8/24/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/29/11	PRINCIPAL EXECUTIVE/MANAGER F	03	OR0201922	HOLLANDS, AISHA LA	MMS	X7010	A	A	35	8/29/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/1/11	HUMAN SERVICES ASSISTANT 2	09	OR0201943	DYKSTRA, ERNEST WADE	OA	C6606	A	A	15	9/1/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/12/11	SOCIAL SERVICE ASSISTANT	03	OR0202101	RICH, SANDRA MARY	OA	C6609	A	A	17	9/12/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/12/11	SOCIAL SERVICE SPECIALIST 1	09	OR0202026	LLOYD, MELISSA	OA	C6612	A	A	24	9/12/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/21/11	SOCIAL SERVICE SPECIALIST 1	04	OR0200280	VALENTE, ELIZABETH	OA	C6612	A	A	24	9/21/11	P	F	100%	Promotion from temporary employee to new position with one step increase
10000	9/26/11	OFFICE SPECIALIST 2	03	OR0202324	PORTER, CHARITY	OA	C0104	A	A	15	9/26/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/26/11	PROGRAM ANALYST 2	04	OR0202346	WALTER, KELSEY L	OA	C0861	A	A	27	9/26/11	P	F	100%	Previous temporary position - Salary reflects equal to previous salary
10000	9/28/11	VOC REHABILITATION COUNSELOR	03	OR0202274	PFLEEGER, MARCIA LEA	OA	C6647	A	A	25	9/28/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/29/11	VOC REHABILITATION COUNSELOR	09	OR0202400	VAN HOUTEN, STEVE	OA	C6647	A	A	25	9/29/11	L	P	50%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/1/11	SOCIAL SERVICE SPECIALIST 1	04	OR0199365	BIGEAGLE, BRENDA JO	OA	C6612	A	A	24	10/1/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/6/11	HUMAN SERVICES CASE MANAGER	04	OR0196371	JOHNSON, JILLIAN	OA	C6630	A	A	21	10/6/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/10/11	ADMINISTRATIVE SPECIALIST 1	04	OR0202590	JARRETT, NATHAN	OA	C0107	A	A	17	10/10/11	P	P	50%	Promotion to new position with one step increase
10000	10/10/11	HUMAN SERVICES SPECIALIST 1	05	OR0202598	MORGAN, NICOLE T	OA	C6657	A	A	15	10/10/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/10/11	TRAINING & DEVELOPMENT SPEC 2	06	OR0202650	DICKSON, LANCE DARREN	OA	C1339	A	A	27	10/10/11	L	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	10/17/11	OFFICE MANAGER 3	03	OR0195461	SISCO, JUDY L	MMS	X0806	A	A	20	10/17/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	10/21/11	SOCIAL SERVICE SPECIALIST 1	04	OR0000426	BELLAVIA, STACY A	OA	C6612	A	A	24	10/21/11	P	F	100%	Promotion from temporary employee to new position with one step increase
10000	11/2/11	PUBLIC SERVICE REP 3	04	OR0202836	GARDINER, MOLLY A	OA	C0323	A	A	15	11/2/11	P	F	100%	Promotion to new position with one step increase
10000	11/7/11	SOCIAL SERVICE SPECIALIST 1	03	OR0203061	ROMERO, WILLIAM GUILLE	OA	C6612	A	A	24	11/7/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/14/11	PROGRAM ANALYST 2	04	OR0136462	VOSHELL, LAURIE E	OA	C0861	A	A	27	11/14/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	11/14/11	OPERATIONS & POLICY ANALYST 3	04	OR0203047	MAK, JASON D	MMN	X0872	A	A	30	11/14/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/14/11	TRAINING & DEVELOPMENT SPEC 2	06	OR0143774	JOHNSON, SARAH	OA	C1339	A	A	27	11/14/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/15/11	OPERATIONS & POLICY ANALYST 4	04	OR0203017	MACEIRA, TILA M	MMN	X1338	A	A	23	11/15/11	P	F	100%	Promotion to new position with one step increase
10000	11/15/11	OPERATIONS & POLICY ANALYST 4	04	OR0203018	THOMPSON, CHRISTOPHER	MMN	X1338	A	A	23	11/15/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/28/11	SOCIAL SERVICE SPECIALIST 1	03	OR0203194	KENNEDY, SHANNON	OA	C6612	A	A	24	11/28/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/1/11	PRINCIPAL EXECUTIVE/MANAGER F	09	OR0203338	FLAUMITSCH, TYLER A	MMS	X7010	A	A	35	12/1/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/7/11	OPERATIONS & POLICY ANALYST 2	04	OR0203186	FETTERS, REBECCA L	OA	C0871	A	A	27	12/7/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/12/11	PUBLIC SERVICE REP 3	03	OR0203195	GONZALEZ, MELISSA R	OA	C0323	A	A	15	12/12/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/12/11	INVESTIGATOR 3	04	OR0203321	COOLEY, TODD	MMN	X5233	A	A	25	12/12/11	P	P	50%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/19/11	ADULT PROTECTIVE SERVICE SPEC	04	OR0203359	ROTE, GREGORY A	OA	C6616	A	A	24	12/19/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/19/11	PRINCIPAL EXECUTIVE/MANAGER B	04	OR0203340	COOK-WRIGHT, SHARMON	MMS	X7002	A	A	26	12/19/11	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/21/11	OPERATIONS & POLICY ANALYST 3	04	OR0203404	HOLLUMS, DORRIS A	OA	C0872	A	A	30	12/21/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	12/21/11	SOCIAL SERVICE SPECIALIST 1	07	OR0076523	BAROCIO, BLANCA E	OA	C6612	A	A	24	12/21/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	12/27/11	SOCIAL SERVICE SPECIALIST 1	03	OR0203462	RUNDLES-GARCIA, DOROTH	OA	C6612	A	A	24	12/27/11	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	12/27/11	HUMAN SERVICES SPECIALIST 1	04	OR0203463	GONZALEZ CAMACHO, MAYR	OA	C6657	A	A	15	12/27/11	P	F	100%	Equal to pay previously received from the State in past position
10000	2/13/12	OPERATIONS & POLICY ANALYST 2	03	OR0203701	PAYNE, MICHAEL	OA	C0871	A	A	27	2/13/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	3/19/12	VOC REHABILITATION COUNSELOR	05	OR0109179	DETTWYLER, FRANCIE	OA	C6647	A	A	25	3/19/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	3/26/12	FACILITY OPERATIONS SPEC 2	06	OR0203890	MARTIN, MICHAEL L	OA	C4015	A	A	26	3/26/12	P	F	100%	Promotion to new position with one step increase
10000	4/23/12	PRINCIPAL EXECUTIVE/MANAGER E	09	OR0044537	WEIR, ROBERT A	MMS	X7008	A	A	33	4/23/12	P	F	100%	Highly specialized position requiring years of experience justified an additional step
10000	5/7/12	DISABILITY ANALYST 2	04	OR0204115	HOOPER, LISA	OA	C5926	A	A	23	5/7/12	P	F	100%	Promotion to new position with one step increase
10000	5/7/12	EXECUTIVE SUPPORT SPECIALIST 2	06	OR0204189	THOMPSON, LORENA E	MMN	X0119	A	A	19	5/7/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	5/7/12	SOCIAL SERVICE SPECIALIST 1	07	OR0204224	WILSON, TERRY D	OA	C6612	A	A	24	5/7/12	P	F	100%	Promotion to new position with one step increase
10000	5/14/12	GOVERNMENTAL AUDITOR 2	06	OR0204370	GREER, SHELLEY A	OA	C5647	A	A	26	5/14/12	L	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary

10000	5/21/12	OPERATIONS & POLICY ANALYST 2	04	OR0204438	SUTTON, LESLIE J	OA	C0871	A	A	27	5/21/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	5/21/12	SOCIAL SERVICE SPECIALIST 1	05	OR0204291	SCHUMACHER, HEATHER A	OA	C6612	A	A	24	5/21/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	6/11/12	SOCIAL SERVICE SPECIALIST 1	09	OR0204308	FULTON, VANESSA R	OA	C6612	A	A	24	6/11/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	6/18/12	SOCIAL SERVICE SPECIALIST 1	03	OR0204465	BECKER, KELLI A	OA	C6612	A	A	24	6/18/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	6/25/12	HUMAN SERVICES SPECIALIST 3	03	OR0062444	DURFEE, DIANA D	OA	C6659	A	A	19	6/25/12	P	F	100%	Equal to pay previously received from the State in past position
10000	7/1/12	SOCIAL SERVICE SPECIALIST 1	06	OR0205081	HUDDLESTON, MAGGIE	OA	C6612	A	A	24	7/1/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/16/12	OPERATIONS & POLICY ANALYST 2	03	OR0205132	BUSHEK, RYAN	OA	C0871	A	A	27	7/16/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/16/12	HUMAN SERVICES CASE MANAGER	04	OR0117484	BAUTISTA, ALEXANDRA	OA	C6630	A	A	21	7/16/12	P	F	100%	Equal to pay previously received from the State in past position
10000	7/16/12	MENTAL HEALTH THERAPY TECH	04	OR0169691	LAVOY, ADAH G	AMG	C6710	A	A	16	7/16/12	L	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	7/17/12	OPERATIONS & POLICY ANALYST 2	05	OR0205105	MCGHEE, RONALD GLEN	UA	C0871	A	A	27	7/17/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/23/12	HUMAN SERVICES CASE MANAGER	03	OR0205442	HENDERSON, JAY D	OA	C6630	A	A	21	7/23/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	7/30/12	HUMAN SERVICES CASE MANAGER	06	OR0080646	LAWRENCE, JENNIFER A	OA	C6630	A	A	21	7/30/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/1/12	CLIENT CARE SURVEYOR	03	OR0205444	GILL, DONALD	OA	C6685	A	A	28	8/1/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/1/12	HUMAN SERVICES ASSISTANT 2	06	OR0205479	RADA, MAI-VAN	OA	C6606	A	A	15	8/1/12	L	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/1/12	MEDICAL CONSULTANT	08	OR0201519	WIGGINS, LLOYD	OA	U7538	A	A	39	8/1/12	P	P	50%	Was a temporary employee - took a pay step decrease when entering full employment
10000	8/6/12	OFFICE SPECIALIST 2	03	OR0205519	GANT, SARAH	OA	C0104	A	A	15	8/6/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/6/12	SUPPLY SPECIALIST 2	07	OR0205553	FISHER, CHRISTOPHER	OA	C0759	A	A	20	8/6/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/13/12	SOCIAL SERVICE SPECIALIST 1	03	OR0205606	VERNOOY, LINDSEY R	OA	C6612	A	A	24	8/13/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/13/12	HUMAN SERVICES SPECIALIST 1	04	OR0205506	RODRIGUEZ-ORNELAS, EDN	OA	C6657	A	A	15	8/13/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	8/14/12	SOCIAL SERVICE SPECIALIST 1	03	OR0038184	DAVIS, JAMIE LYNN	OA	C6612	A	A	24	8/14/12	P	J	50%	Previous temporary position - Salary reflects decrease from previous salary
10000	8/27/12	HUMAN SERVICES SPECIALIST 3	06	OR0131428	GARCIA-OTTENS, KURT M	OA	C6659	A	A	19	8/27/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	8/29/12	FISCAL ANALYST 3	03	OR0169833	BASTIEN, LAURA LEE	OA	C1245	A	A	30	8/29/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/4/12	FISCAL ANALYST 3	03	OR0205891	BLAIR, STEPHEN C	OA	C1245	A	A	30	9/4/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/4/12	SOCIAL SERVICE SPECIALIST 1	05	OR0205947	VIOLETTE, HANNAH C	OA	C6612	A	A	24	9/4/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/4/12	MEDICAL CONSULTANT	07	OR0205914	MEYERS, SHARON A	OA	U7538	A	A	39	9/4/12	P	P	60%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	9/10/12	OPERATIONS & POLICY ANALYST 3	06	OR0206019	LILLY, ROBERTA E	OA	C0872	A	A	30	9/10/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/11/12	INVESTIGATOR 3	08	OR0002352	CATALA, REYNOLD J	OA	C5233	A	A	25	9/11/12	P	F	100%	New to Oregon State Government - Salary is equal to previous salary
10000	9/17/12	OFFICE SPECIALIST 2	06	OR0041620	MINDEN, JEFFREY E	OA	C0104	A	A	15	9/17/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	9/24/12	SOCIAL SERVICE SPECIALIST 1	05	OR0206279	KASE, LUCILA	OA	C6612	A	A	24	9/24/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/1/12	PRINCIPAL EXECUTIVE/MANAGER F	04	OR0206388	THOMPSON, JOHN S	MESN	Z7010	A	A	35	10/1/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/8/12	SOCIAL SERVICE SPECIALIST 1	08	OR0206292	GRAY, SARA	OA	C6612	A	A	24	10/8/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	10/15/12	OPERATIONS & POLICY ANALYST 3	05	OR0206378	BLUMENSON, RANDI	OA	C0872	A	A	30	10/15/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	10/24/12	HUMAN SERVICES SPECIALIST 3	04	OR0206512	WILSON, CHARLES R	OA	C6659	A	A	19	10/24/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	10/28/12	PROGRAM ANALYST 3	09	OR0074093	HUBER, JULIE L	OA	C0862	A	A	29	10/28/12	P	P	50%	Recruitment difficulties and a highly specialized position justified an additional starting step
10000	10/29/12	ADULT PROTECTIVE SERVICE SPEC	04	OR0206637	YOUNG, SHARI A	OA	C6616	A	A	24	10/29/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/8/12	SOCIAL SERVICE SPECIALIST 1	07	OR0206818	FORREST, CATHERINE M	OA	C6612	A	A	24	11/8/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	11/9/12	OFFICE SPECIALIST 2	03	OR0206715	SIMS, DAVINA	OA	C0104	A	A	15	11/9/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/13/12	SOCIAL SERVICE SPECIALIST 1	03	OR0206676	SLAUGHTER, DIANA L	OA	C6612	A	A	24	11/13/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/13/12	SOCIAL SERVICE SPECIALIST 1	05	OR0206695	THOMPSON, MARCUS M	OA	C6612	A	A	24	11/13/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	11/13/12	SOCIAL SERVICE SPECIALIST 1	08	OR0206693	FONOIMOANA, TRISHA L	OA	C6612	A	A	24	11/13/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/1/12	SOCIAL SERVICE SPECIALIST 1	04	OR0206738	WOODY-CARMEN, TRACI	OA	C6612	A	A	24	12/1/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary
10000	12/10/12	NURSE MANAGER	08	OR0207043	BEAUBRIAND, HEIDI	OA	C0872	A	A	30	12/10/12	P	F	100%	New to Oregon State Government - Salary reflects one step increase over previous salary
10000	12/17/12	SOCIAL SERVICE SPECIALIST 1	06	OR0206951	ANDERSON WHIPPLE, JENN	OA	C6612	A	A	24	12/17/12	P	F	100%	New to Oregon State Government - Salary reflects decrease from previous salary

Agy	EffDt	PosID	PosClassTitle	Step	OR No	Empl	EmplRepr	EmplClass	EmplPayOpt	EmplRngOpt	BaseRt	EmplRng	PayRt	ApptDt	ApptTp	DF	FPCd	FP%	Reclass Action	pa1	pa2	pa3	pa4	pa5	pa6	pa7	pa8	Reason for reclassification
10000	11/1/12	1001068	OFFICE SPECIALIST 2	09	OR0068314	TAYLOR, KAREN E	OA	C6657	A	A	3,132.00	15	3,132.00	7/17/10	P		F	100%	Down	380								Reclassified based on HR review of current duties
10000	9/1/12	3200190	OFFICE SPECIALIST 2	09	OR0092539	HORSEY, ROXANNE A	OA	C6657	A	A	3,132.00	15	3,132.00	1/10/94	P		F	100%	Down	PRG	380							Reclassified based on HR review of current duties
10000	11/1/12	4000175	OFFICE SPECIALIST 2	01	OR0202275	FRANK, SHAYNA	OA	C6657	A	A	2,282.50	15	2,282.50	9/21/11	P		F	100%	Down	380								Reclassified based on HR review of current duties
10000	11/1/12	9400341	OFFICE SPECIALIST 2	01	OR0202369	SHINN, BECKY	OA	C6657	A	A	2,282.50	15	2,282.50	9/28/11	P		F	100%	Down	380								Reclassified based on HR review of current duties
10000	11/1/12	9403329	OFFICE SPECIALIST 2	01	OR0202276	GREGORY, RICHARD	OA	C6657	A	A	2,282.50	15	2,282.50	9/26/11	P		F	100%	Down	380								Reclassified based on HR review of current duties
10000	11/1/12	9409005	OFFICE SPECIALIST 2	02	OR0190546	CORONADO, HEATHER	OA	C6657	A	A	2,367.00	15	2,367.00	9/29/09	P		F	100%	Down	380								Reclassified based on HR review of current duties
10000	11/1/12	9409697	OFFICE SPECIALIST 2	01	OR0193094	CLEVELAND, TANDI	OA	C6657	A	A	2,282.50	15	2,282.50	10/31/11	P		F	100%	Down	235	380	806						Reclassified based on HR review of current duties
10000	11/1/12	9409723	OFFICE SPECIALIST 2	01	OR0203038	OWENS, DIANA L	OA	C6657	A	A	2,247.00	15	2,247.00	11/17/11	P		F	100%	Down	380								Reclassified based on HR review of current duties
10000	11/1/12	9410309	OFFICE SPECIALIST 2	01	OR0202277	HARDWICKE, MELISSA ANN	OA	C6657	A	A	2,282.50	15	2,282.50	9/21/11	P		F	100%	Down	380								Reclassified based on HR review of current duties
10000	8/1/12	1007426	ADMINISTRATIVE SPECIALIST 1	07	OR0066275	WENDT, JONI D	OA	C0107	A	A	3,132.00	17	3,132.00	10/1/02	P		F	100%	Up	237	361	431	450	812				Reclassified based on HR review of current duties
10000	8/1/12	1010026	ADMINISTRATIVE SPECIALIST 1	01	OR0199703	ASH, TED N	OA	C0107	A	A	2,416.00	17	2,416.00	7/1/11	P	B	F	100%	Up	237	239	361	431	450				Reclassified based on HR review of current duties
10000	8/1/12	1010027	ADMINISTRATIVE SPECIALIST 1	08	OR0068638	TESSLER, DOROTHY ANN	OA	C0107	A	A	3,284.00	17	3,284.00	10/1/02	P		F	100%	Up	237	361	431	450					Reclassified based on HR review of current duties
10000	8/1/12	1010028	ADMINISTRATIVE SPECIALIST 1	03	OR0072997	HAMPTON REYES, BARBARA	OA	C0107	A	A	2,624.00	17	2,624.00	6/20/11	P		F	100%	Up	237	361	431	450					Reclassified based on HR review of current duties
10000	11/1/12	9402633	ADMINISTRATIVE SPECIALIST 1	05	OR0006607	CUROSO, JANICE M	OA	C0107	A	A	2,858.00	17	2,858.00	6/17/03	P	E	F	100%	Up	232	237	361	431	450				Reclassified based on HR review of current duties
10000	2/1/12	1008055	PROGRAM ANALYST 1	01	OR0169200	KIBBY, RYAN E	OA	C0861	A	A	3,783.00	23	3,783.00	9/18/09	P		F	100%	Up	237	361	431	450					Reclassified based on HR review of current duties
10000	8/1/11	6470070	FISCAL ANALYST 2	05	OR0079018	MAJORS-THRASH, REBECCA	OA	C1244	A	A	4,495.00	27	4,495.00	12/12/06	P		F	100%	Up	235	361							Reclassified based on HR review of current duties
10000	12/12/11	1008438	SOCIAL SERVICE SPECIALIST 1	01	OR0185635	HASTINGS, SUSAN	OA	C6612	A	A	3,284.00	24	3,284.00	2/24/10	P	E	F	100%	Up	PRG	237	361	450					Reclassified based on HR review of current duties
10000	6/18/12	0005784	VOC REHABILITATION COUNSELOR	01	OR0203043	MCVAY, ALLYSSA M	OA	C6647	A	A	3,434.00	25	3,434.00	11/17/11	P		F	100%	Up	361								Reclassified based on HR review of current duties
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	OR0178365	BAKER, DANIEL L	AMG	C6710	A	A	2,618.00	16	2,618.00	1/14/08	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	OR0175996	BOONE, SATRENA K	AMG	C6710	A	A	2,618.00	16	2,618.00	8/29/07	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	07	OR0111919	BRAUHN, SONIA C	AMG	C6710	A	A	3,127.00	16	3,127.00	1/30/01	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	8/15/12	7367719	MENTAL HEALTH THERAPY TECH	03	OR0189909	BROWN, MARCIE A	AMG	C6710	A	A	2,618.00	16	2,618.00	6/19/11	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	02	OR0193034	BURT, NICOLE Y	AMG	C6710	A	A	2,509.00	16	2,509.00	8/30/10	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0122082	CULKIN, C J	AMG	C6710	A	A	3,429.00	16	3,429.00	12/17/01	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0051586	DELESS, DIANNA L	AMG	C6710	A	A	3,429.00	16	3,429.00	8/10/98	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0015988	DINH, CHUC VAN	AMG	C6710	A	A	3,429.00	16	3,429.00	10/13/99	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	9/4/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0059758	DUKES, MELISSA G	AMG	C6710	A	A	3,429.00	16	3,429.00	11/15/99	P	E	F	100%	Up	EFF	PRG	237	361	450				Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0007982	DUMORE, MARY JEANNE	AMG	C6710	A	A	3,429.00	16	3,429.00	11/14/95	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	OR0162869	DUTRA, BRYAN	AMG	C6710	A	A	2,719.00	16	2,719.00	7/18/05	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	OR0096640	FARNSWORTH, SANDRA K	AMG	C6710	A	A	2,851.00	16	2,851.00	9/29/03	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	OR0170339	FINNELL, JERI R	AMG	C6710	A	A	2,618.00	16	2,618.00	8/9/07	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	OR0000710	FRAZIER, MATTHEW	AMG	C6710	A	A	2,851.00	16	2,851.00	2/2/04	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0099049	GATCHET, VERNAL M	AMG	C6710	A	A	3,429.00	16	3,429.00	2/15/99	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	OR0189904	GHORMLEY, JOSHUA A	AMG	C6710	A	A	2,618.00	16	2,618.00	8/5/09	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0152328	GUYETTE, BRENDA J	AMG	C6710	A	A	3,429.00	16	3,429.00	8/9/99	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	OR0057640	HALL, SARAH	AMG	C6710	A	A	2,851.00	16	2,851.00	7/9/03	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	OR0120517	HARRIS, CLARA L	AMG	C6710	A	A	2,719.00	16	2,719.00	2/13/06	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	OR0167215	HAWKINS, DONALD L	AMG	C6710	A	A	2,719.00	16	2,719.00	5/29/07	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	OR0162390	HOAG, DANIEL H	AMG	C6710	A	A	2,719.00	16	2,719.00	8/15/05	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0065321	JACKMAN, JOHN F	AMG	C6710	A	A	3,429.00	16	3,429.00	5/8/92	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	7/23/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0131286	JONES, NATHAN	AMG	C6710	A	A	3,429.00	16	3,429.00	2/5/99	P	E	F	100%	Up	235	237	361	450					Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	OR0162652	KALLINGER, MICHAEL R	AMG	C6710	A	A	2,719.00	16	2,719.00	10/13/05	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	OR0039498	KAPPLE, DAVID K	AMG	C6710	A	A	2,851.00	16	2,851.00	4/16/05	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0137893	KENBER, CID O	AMG	C6710	A	A	3,429.00	16	3,429.00	2/12/99	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0019046	KWONG, TONY K	AMG	C6710	A	A	3,429.00	16	3,429.00	11/1/97	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	OR0162147	LARICCIA, CHRIS L	AMG	C6710	A	A	2,719.00	16	2,719.00	10/13/05	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	OR0169098	LARSON, DEBORAH E	AMG	C6710	A	A	2,618.00	16	2,618.00	3/14/11	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	02	OR0195207	LONGORIA, KARINA V	AMG	C6710	A	A	2,509.00	16	2,509.00	9/2/10	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	OR0081371	LUNA, LINDA S	AMG	C6710	A	A	2,719.00	16	2,719.00	3/3/06	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0027071	MAINA, DEBORAH SUE	AMG	C6710	A	A	3,429.00	16	3,429.00	12/1/04	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	02	OR0189769	MCCOURT, RACHEL A	AMG	C6710	A	A	2,509.00	16	2,509.00	1/15/10	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	OR0160266	MORAN, BOBBIE M	AMG	C6710	A	A	2,719.00	16	2,719.00	6/15/05	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	OR0188812	NOBLE, JOHN W	AMG	C6710	A	A	2,618.00	16	2,618.00	8/5/09	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0025549	NYDIGGER, BRENDA L	AMG	C6710	A	A	3,429.00	16	3,429.00	5/5/00	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0077307	OBERSON, KEVIN A	AMG	C6710	A	A	3,429.00	16	3,429.00	11/22/99	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	9/1/12	7367719	MENTAL HEALTH THERAPY TECH	02	OR0196727	POSZ, DAVID M	AMG	C6710	A	A	2,509.00	16	2,509.00	4/19/11	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	04	OR0044961	PROCK, DEBRA LEE	AMG	C6710	A	A	2,719.00	16	2,719.00	11/24/06	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0133198	ROZIKES, PAMELA J	AMG	C6710	A	A	3,429.00	16	3,429.00	9/9/96	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0141630	RUTH, TERESA ANN	AMG	C6710	A	A	3,429.00	16	3,429.00	2/12/99	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0022870	SCHAAFSMA, OLIVE K	AMG	C6710	A	A	3,429.00	16	3,429.00	2/8/99	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0064094	SMITH, SUZANNE A	AMG	C6710	A	A	3,429.00	16	3,429.00	2/14/00	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0141727	SNYDER, JOHN L	AMG	C6710	A	A	3,429.00	16	3,429.00	10/14/96	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	OR0157691	STRYE, ROSE	AMG	C6710	A	A	2,851.00	16	2,851.00	11/17/04	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	05	OR0083743	TATE, TIMOTHY O	AMG	C6710	A	A	2,851.00	16	2,851.00	7/6/03	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	7/23/12	7367719	MENTAL HEALTH THERAPY TECH	02	OR0199926	TOURAY, KALILU	AMG	C6710	A	A	2,509.00	16	2,509.00	7/23/12	L	E	F	100%	Up	BIC	PRG	141	237	361	430	431		Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	7/9/12	7367719	MENTAL HEALTH THERAPY TECH	02	OR0201912	VANWOERT, KIMBERLEY LY	AMG	C6710	A	A	2,509.00	16	2,509.00	7/9/12	L	E	F	100%	Up	BIC	PRG	141	237	361	430	431		Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	OR0111476	WATT, KATHRYN GAIL	AMG	C6710	A	A	2,618.00	16	2,618.00	8/4/09	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	03	OR0176450	WEBSTER, NATASHA L	AMG	C6710	A	A	2,618.00	16	2,618.00	3/20/08	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	07	OR0011586	WILLIAMS, PAYTON A	AMG	C6710	A	A	3,127.00	16	3,127.00	8/21/00	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	7367719	MENTAL HEALTH THERAPY TECH	09	OR0092473	WRIGHT, LORI A	AMG	C6710	A	A	3,429.00	16	3,429.00	7/24/95	P	E	F	100%	Up	237	361	450						Reclassified from Rehabilitative Therapy Techs (SR 16) due to union grievance
10000	6/26/12	8300011	HABILITATIVE TRAINING TECH 2	05	OR0157677	CAMARILLO, DECOLE	AMG	C6710	A	A	2,851.00	16	1,425.50	8/1/10	P	J	J	50%	Up	361								Reclassified based on HR review of current duties
10000	6/26/12	8300011	HABILITATIVE TRAINING TECH 2	05	OR0159544	SCHULZ, CANDACE C	AMG	C6710	A	A	2,851.00	16	1,425.50	4/1/06	P	J	J	50%	Up	361								Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	0000100	SUPPORT SERVICES SUPERVISOR 2	08	OR0065055	BUCKMAN, PAMELA J	OA	C0108	A	A	3,913.00	19	3,913.00	11/15/04	P		F	100%	Down	235	239	380	414	460				Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	1007418	SUPPORT SERVICES SUPERVISOR 3	04	OR0117997	MURRAY, BRENDA L	MMS	X7002	A	A	4,302.00	26	4,302.00	4/7/08	P	E	F	100%	Up	PRG	235	361	431						Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	1007418	SUPPORT SERVICES SUPERVISOR 3	02	OR0013018	STEWART, MARGARITHA	MMS	X7002	A	A	3,913.00	26	3,913.00	1/2/07	P	B	F	100%	Up	235	361	431						Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	9410909	EXECUTIVE SUPPORT SPECIALIST 2	05	OR0111471	SATHRUM, NANCY J	MMC	X0870	A	A	4,100.00	23	4,100.00	7/19/05	P		F	100%	Up	361	414	431	460					Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	4119894	PUBLIC AFFAIRS SPECIALIST 3	00	OR0066389	HOFFMAN, JANICE M	OA	C0108	A	A	2,925.00	19	2,925.00	3/1/04	P	E	F	100%	Down	237	380	414	460					Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	0000271	PRINCIPAL EXECUTIVE/MANAGER A	00	OR0078260	STOKES-GEHRING, TINA A	OA	C4014	A	A	3,727.00	24	3,727.00	10/6/08	P		F	100%	Down	235	237	239	380	414	440	460		Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	7700000	PRINCIPAL EXECUTIVE/MANAGER B	05	OR0035116	ELDREDGE, FREDERICK	AMG	C0861	A	A	4,627.50	27	2,313.75	9/7/05	P		P	50%	Up	235	237	239	361	414	460			Reclassified due to statatory change under HB 4131/2020
10000	8/1/12	1003373	PRINCIPAL EXECUTIVE/MANAGER C	05	OR0111552	CARTER, JOHN S	MMS	X7006	A	A	5,756.00	31	5,756.00	4/9/03	P	E	F	100%	Up	361	431							Reclassified based on HR review of current duties
10000	10/1/12	6190032	PRINCIPAL EXECUTIVE/MANAGER C	04	OR0175511	NELSON, HEBER DEAN JR	MMN	X0871	A	A	4,740.00	27	4,740.00	2/5/07	P		F	100%	Equal	370	460							Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	1000044	PRINCIPAL EXECUTIVE/MANAGER D	06	OR0095518	HOEYE, NANCY EYLENE	MMN	X0872	A	A	6,194.50	30	6,194.50	3/1/10	P		F	100%	Equal	370	414							Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	1500001	PRINCIPAL EXECUTIVE/MANAGER D	02	OR0138235	DURYEA, MARIA	MMN	X0873	A	A	5,487.00	32	5,487.00	12/6/04	P		F	100%	Up	361	414							Reclassified due to statatory change under HB 4131/2020
10000	6/1/12	2510000	PRINCIPAL EXECUTIVE/MANAGER D	04	OR0029379	MCCARTY-SNOOK, VICTORI	MMN	X7006	A	A	5,487.00	31	5,487.00	7/19/04	P	E	F	100%	Up	BIC	237	361	431	450	813			Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	3300719	PRINCIPAL EXECUTIVE/MANAGER D	06	OR0134385	SALINAS, ROBERT III	MMN	X0873	A	A	6,663.00	32	6,663.00	11/24/08	P	B	F	100%	Up	361	414							Reclassified due to statatory change under HB 4131/2020
10000	10/1/12	1000059	PRINCIPAL EXECUTIVE/MANAGER E	07	OR0159303	BLACKBURN, RICHARD R	MMN	X0873	A	A	7,162.00	32	7,162.00	3/1/08	P	B	F	100%	Equal	370	414							Reclassified due to statatory change under HB 4131/2020
10000	9/1/12	1004117	PRINCIPAL EXECUTIVE/MANAGER E	02	OR0004766	PRODZINSKI, RHONDA L	MMS	X7008	A	A	5,487.00	33	5,487.00	7/1/08	P		F	100%	Up	361	431							Reclassified based on HR review of current duties

10000	6/1/12	2100204	PRINCIPAL EXECUTIVE/MANAGER E	08	OR0081234	BREACH, WAYNE I	MMS	X7008	A	A	7,332.00	33	7,332.00	1/1/96	P		F	100%	Up	361	431						Reclassified based on HR review of current duties
10000	6/1/12	2500000	PRINCIPAL EXECUTIVE/MANAGER E	06	OR0126405	RESCH, JOSEPH A	MMS	X7012	A	A	6,992.00	33	6,992.00	12/8/04	P		F	100%	Up	361	431						Reclassified employee from PEM E to PEM F due to reorganization of duties
10000	6/1/12	2650000	PRINCIPAL EXECUTIVE/MANAGER G	01	OR0139272	BOYER, MICHAEL R	MMS	X7012	A	A	6,663.00	38	6,663.00	10/1/02	P		F	100%	Up	361	431						Reclassified employee from PEM E to PEM F due to reorganization of duties

Department of Human Services CSL Reduction List

	DEPARTMENT OF HUMAN SERVICES						
	2,561,372,047	**419,141,257**	**3,640,031,799**	**6,620,545,103**	**Positions**	**FTE**	
Current Service Level Budget	2,561,372,047	419,141,257	3,640,031,799	6,620,545,103	7,466	7,364.14	
10% GF Target	**256,137,205**	**41,914,126**	**364,003,180**	**662,054,510**			
15% GF Target	**384,205,807**	**62,871,189**	**546,004,770**	**993,081,765**			

Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
1	Central and Shared Services	**Eliminate Management positions**	(702,421)	(1,796,773)	(703,561)	(3,202,755)	(18)	(17.04)	Reduces capacity to achieve agency outcomes. Part of LFO reduction 7/1/13	7/1/2013
2	APD	**Eliminate Management positions**	(1,270,991)	-	(1,329,871)	(2,600,862)	(14)	(14.00)	Reduces capacity to achieve agency outcomes. Part of LFO reduction 7/1/13	7/1/2013
3	CW	**Eliminate Management positions**	(768,771)	(805)	(760,590)	(1,530,166)	(8)	(7.71)	Reduces capacity to achieve agency outcomes. Part of LFO reduction 7/1/13	7/1/2013
4	DD	**Eliminate Management positions**	(820,530)	-	(1,210,591)	(2,031,121)	(10)	(10.00)	Reduces capacity to achieve agency outcomes. Part of LFO reduction 7/1/13	7/1/2013
5	SS	**Eliminate Management positions**	(1,077,007)	(37,499)	$ (1,124,566)	(2,239,072)	(13)	(12.45)	Reduces capacity to achieve agency outcomes. Part of LFO reduction 7/1/13	7/1/2013
6	Central and Shared Services	**Redesign of Administrative Services**	$ (3,406,431)	$ (2,312,457)	$ (3,394,172)	$ (9,113,060)	-	-	This reduction is designed to be a placeholder while the Improving Government Steering Team pulls together innovative thinkers in the public and private sector to evaluate and redesign internal administrative services including HR, IT and Financial Services among others.	7/1/2013
7	APD	**Eliminate Inflation**	$ (13,250,219)	$ (215,598)	$ (21,617,867)	$ (35,083,684)	-	-	For the most part, providers serving individuals in the Department's Aging and People with Disability programs have not had a COLA since July 2008. At the completion of this biennium, the total period without increases will be five years. Eliminating the COLA will stretch that time period to seven years. Medicaid access to long term care settings may be compromised as the private pay market improves.	7/1/2013
8	CW	**Design / Delivery Eliminate Inflation for CSL pkg 31**	(829,227)	(2,513)	$ (1,143,364)	$ (1,975,104)			This eliminates the standard non-personal services inflation taken on the base at CSL packages 31.	7/1/2013
9	CW	**Adoptions: Eliminate Inflation from CSL Package 31 and 32**	$ (1,670,988)	$ (22,729)	$ (1,779,282)	$ (3,472,999)			This eliminates the standard, professional services, and medical inflation taken on the base at CSL packages 31 and 32.	7/1/2013
10	CW	**Substitute Care: Eliminate Inflation from CSL Package 31**	$ (2,736,226)	$ (307,024)	$ (2,033,487)	$ (5,076,737)			This eliminates the standard, professional services, and medical inflation taken on the base at CSL packages 31 and 32.	7/1/2013
11	CW	**Child Safety: Eliminate Inflation from CSL Package 31 and 32**	$ (473,740)	$ (113,082)	$ (1,059,310)	$ (1,646,132)			This eliminates the standard, professional services, and medical inflation taken on the base at CSL packages 31 and 32.	7/1/2013
12	DD	**Eliminate Standard Inflation for all DD Programs**	$ (11,655,900)	$ (783,592)	$ (18,732,851)	$ (31,172,343)			Effective 7/1/13 Eliminate COLA for all program areas in the developmental disability community based service system. Since 2001 there has only been one biennium where COLA was applied to services and program costs (07-09) The majority of costs in programs are staff related. There have been significant increases in insurance costs, and other general operating costs. Minimum wage has increased by statute and programs that used to pay well above minimum wage are now paying at or little above minimum wage. All of this results in unstable work force and general instability of provider organizations with the possible results in increase abuse and health/safety concerns.	7/1/2013
13	DD	**Eliminate Medical Inflation for all DD Programs**	$ (178,162)	$ -	$ (287,009)	$ (465,171)			Effective 7/1/13 Eliminate COLA for all program areas in the developmental disability community based service system. Since 2001 there has only been one biennium where COLA was applied to services and program costs (07-09) The majority of costs in programs are staff related. There have been significant increases in insurance costs, and other general operating costs. Minimum wage has increased by statute and programs that used to pay well above minimum wage are now paying at or little above minimum wage. All of this results in unstable work force and general instability of provider organizations with the possible results in increase abuse and health/safety concerns.	7/1/2013
14	SS	**Eliminate Inflation from CSL Package 31**	$ (5,613,106)	$ (302,363)	$ (8,989,095)	$ (14,904,564)	-	-	This eliminates the standard, professional services taken on the base at CSL in packages 31 and 32.	7/1/2013
15	APD	**K Plan Option - In-Home**	$ (29,173,206)	$ -	$ 29,173,206	$ -	-	-	No impact is anticipated.	7/1/2013
16	APD	**K Plan Option - Community Facilities**	$ (33,981,384)	$ -	$ 33,981,384	$ -	-	-	No impact is anticipated.	7/1/2013
17	APD	**Reinstate MFP**	$ (770,180)	$ -	$ 770,180	$ -	-	-	No impact is anticipated.	7/1/2013

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18	APD	**Reinstate NF Rates and Provider Tax**	$ (18,724,663)	$ 53,588,250	$ 58,078,096	$ 92,941,683	-	-	No impact is anticipated.	7/1/2014
19	APD	**Decrease Nursing Facility Caseload**	$ (19,043,254)	$ (1,826,568)	$ (35,594,637)	$ (56,464,459)	-	-	APD believes it can continue to decrease its nursing facility caseload below forecasted levels with continued diversion and transition efforts. Consumers are generally more satisfied with the home/ community based care placements received. However, continued decreasing caseloads threaten financial solvency of nursing facilities dependent upon Medicaid residents.	7/1/2013
20	SS	**TANF - Continue Income Limit for Non-Needy Caretaker Relative families**	$ (6,838,272)			$ (6,838,272)	-	-	This action maintains a TANF income limit of 185% of FPL for non-needy caretaker relative households (e.g. grandparents or other relatives caring for children in absence of parent). Prior to this action, the income of non-needy caretaker relatives was disregarded in determining eligibility for the TANF program. The income standard, now set at 185% of the FPL, means that approximately 1,650 families are not eligible for TANF cash assistance. These families can no longer rely on TANF to meet the needs of the children in their care and supervision and likely have had to rely on other resources. This reduction will reduce the amount of state expenditures that count toward its MOE obligations for TANF.	7/1/2013
21	SS	**TANF - Continue "Job Quit" Penalty**	$ (910,234)			$ (910,234)	-	-	This action maintains the requirement which makes families ineligible for TANF when the adult applying for TANF cash assistance, separates from his/her most recent job without good cause. Families ineligible for TANF due to job separation without good cause cannot access TANF for 120 days from the date of the job separation. This reduction effects an average of 25 cases per month.	7/1/2013
22	SS	**ERDC - Continue Self Employment Closure**	$ (1,971,022)			$ (1,971,022)	-	-	This action continues closed access to the Employment Related Day Care program to those families where the adult has declared they are self-employed. The ERDC Program helps working parents with an income below 185% of the Federal Poverty Level to access quality child care. (Many self-employed clients work in their home, and have more flexibility in working around children's schedules and in dealing with child care issues than those who are not self-employed.) This reduction effects an average of 155 cases per month.	7/1/2013
23	SS	**ERDC - Continue Increased Co-Pay**	$ (3,414,691)			$ (3,414,691)	-	-	This action maintains higher co-pays for families in the ERDC program. This action impacts low-income families' who have recently transitioned to employment from TANF. This reduction increased these families' chances of not being able to afford child care, putting their job at risk and limit the families' ability to find and keep stable, quality child care.	7/1/2013
24	SS	**TANF - Continue Up Front Eligibility**	$ (3,079,764)			$ (3,079,764)	-	-	This action maintains two additional eligibility requirements consisting of an employability assessment and JOBS orientation as a condition of TANF eligibility. Clients are required (unless otherwise exempt) to assist in the assessment of the individual's skills and work readiness and to attend an orientation (group or one-on-one) to develop an initial case plan. Refusal to assist the department in initial assessment, results in denial of TANF benefits. Individuals retain the right to decline screening for alcohol and drug, learning disabilities, mental health, and physical health related issues. This reduction effects an average of 328 cases per month.	7/1/2013
		5% Sub- Total	$ (162,360,389)	$ 45,867,247	$ 22,242,613	$ (94,250,529)	(63)	(61.20)		
		5% Reduction Target	$ (128,068,602)	$ (20,957,063)	$ (182,001,590)	$ (331,027,255)				
		Difference	$ (34,291,787)	$ 66,824,310	$ 204,244,203	$ 236,776,726				

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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
25	VR	**Reduce Client Service by 10%**	$ (830,861)	$ (116,223)	$ (3,499,320)	$ (4,446,404)			The proposed reduction would result in an additional 10% decrease in case services forcing the creation of a waitlist. Nearly 2,700 additional individuals would not get services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available, and resulting in the program reinstituting the Order of Selection. OVRS with out an investment above the Current Service level is at risk of reinstituting the Order of Selection.	7/1/2013
26	SS	**TANF - Continue Pre-SSI/SSDI Enhanced Rate Reduction**	$ (2,351,103)			$ (2,351,103)	-	-	This action maintains the State Family Pre-SSI/SSDI cash assistance grant at the same benefit levels as the TANF program. Prior to this reduction, families in the Pre-SSI/SSDI program received an enhanced payment which helped encourage parents with disabilities to apply for federal Supplemental Security Income benefits, taking them off of TANF. This reduction eliminated the enhanced grant resulting in fewer resources for individuals with disabilities. This reduction has impacted these families' ability to get needed medical supplies and other needs due to lower income. This reduction effects an average of 693 cases per month.	7/1/2013
27	SS	**Post TANF - Continue Program Suspension**	$ (3,046,627)			$ (3,046,627)	-	-	This action maintains the suspension of the Post TANF program which until April 2012, provided $50 per month for up to one year to families transitioning from TANF to employment in order to support their families basic needs. While receiving these payments, the employment of these parents counted towards the federal work participation requirements. The Post TANF program helped ease the financial "cliff" as adults receiving TANF begin new jobs. Eliminating funding for Post TANF payments has had a negative effect on Oregon's federal work participation rates. This action also reduces the amount of state expenditures that count toward the TANF MOE obligations. This action affected approximately 2000 families.	7/1/2013
28	CW	**Adoptions: Eliminate Post Adoption Services program**, impacting supports for over 400 adoptive and guardianship families each year. (IV-B portion of budget)	$ (75,323)	$ (55)	$ (253,260)	$ (328,638)			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 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 receive adequate and competent support to help sustain their placements. Eliminating the post adoption services program is a potential disincentive for families to adopt special needs children and it will potentially increase the number of children returning to foster care or residential treatment because families in crisis will be unable to receive the support and advocacy they need within their homes. The 1,619 initial	7/1/2013
29	DD	**Eliminate Fairview Housing Trust Fund**	$ (6,000,000)	$ 6,000,000		$ -			Effective 7/1/13 Eliminates options to help families and individuals with I/DD remove housing barriers by funding things such as ramps, accessible bathing options, and other housing modifications. Requires a statute change.	7/1/2013

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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
30	CW	**Child Safety: Reduce ISRS budget by 15%,** eliminating in-home supports for approximately 390 abused children each year.	$ (1,095,895)	$ (28,257)	$ (1,611,747)	$ (2,735,899)			This reduction to contracted ISRS will impact child welfare's ability to: 1) safely keep children at home; 2) return children home in a timely manner; and 3) provide the family supports and services to ensure children aren't re-abused and don't re-enter the foster care system. This reduction is estimated to impact approximately 390 children each year who will now need to enter foster care rather than safely stay at home, or return home, to their parents. This reduction will impact the department's ability to meet Indian Child Welfare Act and other court-ordered requirements. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.	7/1/2013
31	CW	**Child Safety: Reduce ISRS budget by another 15%**, eliminating in-home supports for an additional 861 abused/neglected children and their families each year (second reduction to this program).	$ (1,095,895)	$ (28,257)	$ (1,611,747)	$ (2,735,899)			This second reduction to contracted ISRS will further erode child welfare's ability to: 1) safely keep children at home; 2) return children home in a timely manner; and 3) provide the family supports and services to ensure children aren't re-abused and don't re-enter the foster care system. This reduction is estimated to impact an additional 876 children each year who will now need to enter foster care rather than safely stay at home, or return home, to their parents. This reduction will impact the department's ability to meet Indian Child Welfare Act and other court-ordered requirements. This reduction will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for Oregon's foster care (out-of-home care) program. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.	7/1/2013
32	DD	**Eliminate the Family Support Program**	$ (2,062,412)			$ (2,062,412)			Effective 7/1/13 This program provides small amount of support that goes a long way to helping family with care of child with developmental disability. Approximately 1,000 children and their families will lose service as a result of this program elimination.	7/1/2013
33	DD	**Eliminate the Family to Family Program**	$ (600,000)			$ (600,000)			Effective 7/1/13 1. Eliminate Family to Family Networks. This program began in 2012 after 2011 made significant reductions in the Family Support Program. The funding ($600K) supports four networks. The work already accomplished by these groups includes family training, identification of local resources, and general support from one family to another. The networks leverage parent time and local resources in an effort to provide support at no cost to DHS/DD.	7/1/2013
34	SS	**TANF - Time Limit 48 Months**	$ (134,978)			$ (134,978)			This action establishes a 48 month time limit for TANF receipt for the entire family unless a hardship exemption exists. The current Oregon time limit is 60 months and state statute allows for only the adults needs to be removed from TANF once the 60 month limitation has been reached and the family has no hardship exemption. Oregon's policy provides for the children in the home to continue to receive TANF. This action will require each family be reviewed at 48 months of TANF receipt to determine whether a hardship exemption exists. For families where no hardship exists the entire case would close. Some families may see an increase in SNAP benefits as cash benefits end. Ending TANF cash benefits may result in family instability and homelessness. Families would have to rely on other community based safety net programs which have already experienced increased demand. It is not anticipated any families will reach the 48 month time limit in the 2011-13 biennium unless they come from another state and the accrued time (alone or in combination with Oregon accrued time) equals to or exceeds 48 months. This action requires an amendment to ORS 412.079. T	10/1/2013

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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
35	SS	**ERDC - Reduce caseload cap from 8,500 to an average of 8,000**	$ (5,716,410)			$ (5,716,410)			Caseload cap is currently 8,500: this would reduce to an average of 8,000. Increase in TANF cases may make it very difficult to get at desired level. This reduction continues the elimination of child care supports for all parents with incomes under 185% of poverty, limiting those supports to only TANF families transitioning to employment. This reduction will further impact the ability of parents to maintain employment, the ability of child care providers to provide care and be employed, and the quality of child care children receive. This reduction will impact family child care providers, child care centers, Early Head Start/Head Start and after-school programs and may increase the number of children left home without an appropriate provider. This would affect 1590 providers. This reduction will reduce the amount of state expenditures that count toward its MOE obligations. ERDC is mainly funded by CCDF federal dollars through an Interagency Agreement with DHS and The Oregon Employment Department (OED). OED has expressed concern about this reduction to DHS.	10/1/2013
36	VR	**Reduce Client Service by 10%**	$ (830,861)	$ (116,223)	$ (3,499,320)	$ (4,446,404)			The proposed reduction would result in an additional 10% decrease in case services forcing the creation of a waitlist. Nearly 2,700 additional individuals would not get services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available, and resulting in the program reinstituting the Order of Selection. OVRS with out an investment above the Current Service level is at risk of reinstituting the Order of Selection.	7/1/2013
37	DD	**Reduce all Comprehensive Provider Rates by 4%**	$ (13,353,625)	$ (249,093)	$ (22,189,723)	$ (35,792,441)			Effective 10/1/13 Reduce all provider rates by 4%. This would be an across the board reduction of rates for all DD service providers in the comprehensive system, for children and adults.	10/1/2013
38	DD	**Reduce Brokerage Administration by 4%**	$ (141,360)	$ -	$ (239,254)	$ (380,614)			Effective 10/1/13 Reduce the administrative budget of Support Service Brokerages by 4%. This reduction in combination with that taken in the 11-13 biennium will total a 10% reduction in the administration budget. There are 13 Support Service Brokerages serving over 7,300 adults with developmental disabilities. Along with general administration, these resources pay for Personal Agent services, and required specialized administrative functions such as fiscal intermediary services that allow for the paying of other direct services (personal support workers, job related services, caregiver respite, etc.) needed by program participants. This reduction is an equivalent of 1.58 FTE.	10/1/2013
39	DD	**Reduce Brokerage TCM by 8%**	$ (881,775)	$ -	$ (1,492,416)	$ (2,374,191)			Effective 9/1/2013 This reduction will reduce Targeted Case Management rates for both Community Developmental Disability Programs (CDDP's) Support Service Brokerages by 8%. Targeted Case Managers are responsible for service coordination for over 20,000 children and adults enrolled in the service system for people with developmental disabilities. The case loads of case managers will increase which will compromise the ability of CDDPs and Brokerages to fulfill their case management responsibilities. Case managers will have to prioritize client health and safety concerns over other required responsibilities and could jeopardize Medicaid compliance assurances and this source of federal funding for the service.	9/1/2013

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40	DD	**Reduce Comprehensive TCM by 8%**	$ (1,648,343)	$ -	$ (2,789,844)	$ (4,438,187)			Effective 9/1/2013 This reduction will reduce Targeted Case Management rates for both Community Developmental Disability Programs (CDDP's) Support Service Brokerages by 8%. Targeted Case Managers are responsible for service coordination for over 20,000 children and adults enrolled in the service system for people with developmental disabilities. The case loads of case managers will increase which will compromise the ability of CDDPs and Brokerages to fulfill their case management responsibilities. Case managers will have to prioritize client health and safety concerns over other required responsibilities and could jeopardize Medicaid compliance assurances and this source of federal funding for the service.	9/1/2013
41	CW	**Child Safety: Remove all GF from ISRS**, further reducing the program's capacity by 73% and eliminating services to an additional 4,962 children. This removes the remaining GF in the program budget after the two 15% reductions above.	$ (5,114,175)			$ (5,114,175)			This third reduction to contracted ISRS will further erode child welfare's ability to: 1) safely keep children at home; 2) return children home in a timely manner; and 3) provide the family supports and services to ensure children aren't re-abused and don't re-enter the foster care system. This reduction is estimated to impact an additional 4,950 children each year who will now need to enter foster care rather than safely stay at home, or return home, to their parents. This reduction will impact the department's ability to meet Indian Child Welfare Act and other court-ordered requirements. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.	7/1/2013
42	CW	**Child Safety: Reduce System of Care (SOC) by 15% - flexible fund resource** dollars to meet the individual needs of foster children and their families.	$ (722,490)	$ (47,742)	$ (1,254,447)	$ (2,024,679)			SOC provides for flexible, individualized application of services to meet the unique needs of children including special consideration for a family's cultural preferences. This level of reduction will reduce the availability of these resources to approximately 1,251 children in foster care. Many services provided through System of Care assist in resolving safety issues to prevent entry into foster care and support family reunification. Most of the services purchased through System of Care cannot be purchased with other child welfare fund sources. Therefore, reduction of this funding will mean more children coming into care, longer stays in foster care, decreased ability to return children home to their parents, and decreased ability to meet the individual needs of a child. It likely will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for the program.	7/1/2013
43	CW	**Child Safety: Reduce System of Care (SOC) by another 15% - flexible fund resource** dollars to meet the individual needs of foster children and their families (second reduction to this program budget).	$ (722,490)	$ (47,742)	$ (1,254,447)	$ (2,024,679)			SOC provides for flexible, individualized application of services to meet the unique needs of children including special consideration for a family's cultural preferences. This additional 15% reduction will further reduce the availability of these resources to an additional 1,063 children in foster care. Many services provided through System of Care assist in resolving safety issues to prevent entry into foster care and promote family reunification. Most of the services purchased through System of Care cannot be purchased with other child welfare fund sources. Therefore, reduction of this funding will mean more children coming into care, longer stays in foster care, decreased ability to return children home to their parents, and decreased ability to meet the individual needs of a child. It likely will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for the program.	7/1/2013

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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
44	CW	**Child Safety: Eliminate System of Care (SOC) General Fund from budget, by reducing** flexible fund resources to meet the individual needs of foster children and their families (third reduction to this program budget).	$ (3,371,619)			$ (3,371,619)			SOC provides flexible, individualized application of services to meet the unique needs of children including special consideration for a family's cultural preferences. This additional reduction will further reduce the availability of these resources to an additional 6,026 children in foster care. Many services provided through System of Care assist in reunifying families or resolving safety issues, preventing entry into foster care. Most of the services purchased through System of Care cannot be purchased with other child welfare fund sources. Therefore, reduction of this funding will mean more children coming into care, longer stays in foster care, decreased ability to return children to their parents, and decreased ability to meet the individual needs of a child. It likely will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact programs federal funding. Failure to meet the individual needs of children and other federal outcome measures could also result in federal penalties being levied against the state.	7/1/2013
45	CW	**Child Safety: Eliminate System of Care (SOC).** This eliminates the program fully and moves the SSBG federal revenues freed up due to the elimination of SOC to Personal Services in the Field to achieve GF savings.	$ -	$ (222,796)	$ (5,854,084)	$ (6,076,880)			Total elimination of the SOC budget would mean that Oregon's child welfare system has no resources available to individually tailor services to meet the needs of children in foster care. Failure to provide these services will result in: more children coming into foster care, more children staying longer in care, more instability for children in care, failure to meet state and federal program mandates, loss of federal IV-E resources, federal penalties, and possibly other litigation against the state. Longer stays in foster care will increase costs to the state and result in poorer outcomes for children.	7/1/2013
46	SS	**TANF - Time Limit 36 Months**	$ (10,296,862)			$ (10,296,862)			This action establishes a 36 month time limit for TANF receipt for the entire family unless a hardship exemption exists. The current Oregon time limit is 60 months and state statute allows for only the adults needs to be removed from TANF once the 60 month limitation has been reached and the family has no hardship exemption. Oregon's policy provides for the children in the home to continue to receive TANF. This action will require each family be reviewed at 36 months of TANF receipt to determine whether a hardship exemption exists. For families where no hardship exists the entire case would close. Some families may see an increase in SNAP benefits as cash benefits end. Ending TANF cash benefits may result in family instability and homelessness. Families would have to rely on other community based safety net programs which have already experienced increased demand. During the first six months after implementation an average of 21 families per month are expected to be impacted. During the last six months of the biennium, an average of 1634 per month would potentially meet the time limit. . Families will also be impacted if they come from ar	10/1/2013
47	SS	**Admin Portion for TANF Time Limits**	$ (1,092,863)	$ (155,588)	$ (1,141,863)	$ (2,390,314)	(9)	(13.53)		10/1/2013
48	SS	**TANF - Reduce TANF Grant by $5**	$ (3,492,720)			$ (3,492,720)			This action reduces TANF cash assistance grants by $5 for each family. For a family of three the TANF grant will reduce from a maximum of $506 to $501. A reduced grant will mean that families may have to rely more heavily on local community resources. Many community based services providers have limited capacity to help these clients due to the economic crisis. For families whose income is approximately 33% of FPL this decrease may result in loss of their housing or inability to pay for their utilities. This reduction has the potential to increase family instability and could result, for some families, in becoming homeless. Client would still be eligible for medical and in some cases the SNAP benefit might increase.	10/1/2013

Department of Human Services CSL Reduction List

	DEPARTMENT OF HUMAN SERVICES						
	2,561,372,047	**419,141,257**	**3,640,031,799**	**6,620,545,103**	**Positions**	**FTE**	
Current Service Level Budget	2,561,372,047	419,141,257	3,640,031,799	6,620,545,103	7,466	7,364.14	
10% GF Target	**256,137,205**	**41,914,126**	**364,003,180**	**662,054,510**			
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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
49	SS	**TANF - Reduce Grant by $5 (This is in addition to reduction by $5 listed above)**	$ (3,492,720)			$ (3,492,720)			This action reduces TANF cash assistance grants by an additional $5 for each family. For a family of three the TANF grant will reduce from $501 to $496. A reduced grant will mean that families may have to rely more heavily on local community resources. Many community based services providers have limited capacity to help these clients due to the economic crisis. For families whose income is approximately 33% of FPL this decrease may result in loss of their housing or inability to pay for their utilities. This reduction has the potential to increase family instability and could result, for some families, in becoming homeless. Client would still be eligible for medical and in some cases the SNAP benefit might increase.	10/1/2013
50	SS	**TA-DVS - Eligibility only in Domestic Violence by Intimate Partners**	$ (917,202)			$ (917,202)			The definition of domestic violence in ORS 411.117 includes abuse between family members, household members and intimate partners. Most definitions of domestic violence only include intimate partners. Changing the definition would reduce the number of people found eligible for TA-DVS thus potentially putting themselves and their children at greater risk of abuse or would prevent them from escaping abuse. It would also impact non-profit domestic violence programs. A change in statute would be required. This action will impact approximately 700 families per year.	10/1/2013
51	SS	**Refugee - Remove a Portion of TANF Funds**	$ (100,000)			$ (100,000)			Refugees enter the U.S. as an extremely vulnerable population. This reduction would limit the specialized services that are currently available to newly arriving refugees in Multnomah, Clackamas, and Washington Counties. Because TANF is used in the tri-county area in a Public Private Partnership, the Refugee Program is able to coordinate TANF funds with refugee funds to purchase refugee specific services.	10/1/2013
52	SS	**ERDC - Reduce caseload cap from 8,500 to an average of 7,500**	$ (5,716,410)			$ (5,716,410)			Caseload cap is currently 8,500: this would reduce to an average of 7,500. Increase in TANF cases may make it very difficult to get at desired level. This reduction continues the elimination of child care supports for all parents with incomes under 185% of poverty, limiting those supports to only TANF families transitioning to employment. This reduction will further impact the ability of parents to maintain employment, the ability of child care providers to provide care and be employed, and the quality of child care children receive. This reduction will impact family child care providers, child care centers, Early Head Start/Head Start and after-school programs and may increase the number of children left home without an appropriate provider. This would affect 1590 providers. This reduction will reduce the amount of state expenditures that count toward its MOE obligations. ERDC is mainly funded by CCDF federal dollars through an Interagency Agreement with DHS and The Oregon Employment Department (OED). OED has a stake in this reduction and has expressed their concern to DHS.	10/1/2013
53	SS	**TA-DVS - 3rd Time Referrals**	$ (702,905)			$ (702,905)			Individuals who have received TA-DVS at least twice in a life time, and who had not accessed services from a domestic violence service provider, would be required to connect with a local domestic violence service provider for the purposes of safety planning and education about abusers behavior, as part of eligibility determination.	10/1/2013

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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
54	SS	**TANF - Count 50% of SSI Income for Children**	$ (10,327,702)			$ (10,327,702)			To be eligible for federal SSI benefits, an individual must be 65 or older, blind or disabled. Currently the SSI income of an adult or child who is on a TANF case is excluded. The current SSI payment is $674 per month. If 50 percent of the child's SSI was counted it would reduce the TANF grant by approximately $337 dollars per month. In some cases this income alone or when added to other family income would result in a TANF case closing due to being over the income limit. When the TANF grant is reduced or ends, the SNAP benefits may increase. Loss of TANF income could result in these families becoming homeless and unable to meet their children's basic food/clothing/shelter needs. This impact will add a strain on non-profits and community-based organizations. In some situations, these vulnerable families may not be able to cope and their children may end up in foster care. This reduction will impact the state's ability to meet MOE obligations. This action will impact approximately 1,272 families.	10/1/2013
		10 % Sub- Total	$ (248,296,015)	$ 50,855,271	$ (24,448,859)	$ (221,889,603)	$ (72)	$ (75)		
		10% Reduction Target	$ (256,137,205)	$ (41,914,126)	$ (364,003,180)	$ (662,054,510)				
		Difference	$ 7,841,190	$ 92,769,397	$ 339,554,321	$ 440,164,908				
55	**CW	**Child Safety: Eliminate ISRS.** This eliminates the program fully and moves the SSBG federal revenues freed up due to the elimination of FBS to Personal Services in the Field to achieve GF savings.	$ -	$ (131,865)	$ (11,914,454)	$ (12,046,319)			Elimination of the ISRS program would mean that Oregon's child welfare program no longer has any resources dedicated to in-home supports for parents. This means more children will have to come into foster care (rather than stay with parents to address the issues that brought them to the attention of child welfare) and that fewer children will be able to leave foster care to go home to their parents, because there will be no services to support their safe return home. Oregon's safe and equitable foster care reduction goals will not be achievable with this reduction. This reduction will also mean more "no reasonable efforts" or "failure to meet active efforts for ICWA children" findings by the courts, which would impact federal funding for Oregon's foster care (out-of-home care) program. In addition to increased costs in foster care, there will be an increase in costs to courts, defense attorneys, Citizen Review Boards, and others involved in the dependency system. Finally, contractors who provide these services will be impacted and may lay off staff.	7/1/2013
56	**CW	**Reduce the General Fund for Personal Services in Child Welfare Delivery by $5.08M replacing it with SSBG given up in ** ISRS line directly above.**	$ (5,086,166)		$ 5,086,166	$ -			This reduction replaces General Funds with SSBG Federal Funds reduced in line above with the elimination of ISRS.	7/1/2013
57	CW	**Child Safety: Reduce Strengthening, Preserving, & Reunifying Families (SPRF) budget by 10%.**	$ (1,190,808)		$ (1,759,583)	$ (2,950,391)			Strengthening, Preserving and Reunifying Families programs provide a broad array of services that are designed to allow children to remain safely with their parents while the issues that are challenging the family are addressed, to keep children and parents connected when children must enter foster care, and to facilitate a quicker return to parental custody. A reduction in these services will impact the Department's ability to implement these programs in additional counties and will result in more children coming into care and staying longer periods of time.	7/1/2013

Department of Human Services CSL Reduction List

	DEPARTMENT OF HUMAN SERVICES						
	2,561,372,047	**419,141,257**	**3,640,031,799**	**6,620,545,103**	**Positions**	**FTE**	
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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
58	DD	**Eliminate all Non Work Individuals from SE54 and applicable SE53 services**	$ (11,399,558)	$ -	$ (19,289,348)	$ (30,688,906)			Effective 10/1/13 This reduction will reduce Alternative to Employment Services (ATE) services and associated transportation services to approximately 1300 adults with developmental disabilities not engaged in paid work or services planned to obtain paid work. The individuals losing services would have no "day services". Currently service for community inclusion or other non-work related supports provide meaningful activities away from a person's home. People who do not have structured activities outside their home could have increased mal-adaptive behaviors and be exited from their residential programs – resulting in possible moves from their community or increased placement in nursing homes, psychiatric hospitals or state operated community programs all at increased costs.	10/1/2013
59	DD	**Eliminate all Individuals from SE54 and applicable SE53 services**	$ (29,380,774)	$ -	$ (48,113,857)	$ (77,494,631)			Effective 10/1/13 This reduction is offset by an allowance to the residential providers of $100/day per number of days the individuals was authorized to Non Work or Work and includes additional reductions for the transportation provided to take these clients to their 54 providers.	10/1/2013
60	APD	**Reduce Assisted Living Facility rates to $1,950**	$ (7,218,589)	$ -	$ (15,962,737)	$ (23,181,326)	-	-	For the most part, providers serving individuals in the Department's Aging and People with Disability programs have not had a COLA since July 2008. At the completion of this biennium, the total period without increases will be five years. Decreasing rates paid to Assisted Living Facilities may threaten Medicaid access as the private pay market improves.	10/1/2013
61	CW	**Child Safety: Further Reduce Strengthening, Preserving, & Reunifying Families (SPRF) up to 30% of the budget.**	$ (2,381,616)		$ (3,519,165)	$ (5,900,781)			Strengthening, Preserving and Reunifying Families programs provide a broad array of services that are designed to allow children to remain safely with their parents while the issues that are challenging the family are addressed, to keep children and parents connected when children must enter foster care, and to facilitate a quicker return to parental custody. A reduction in these services will impact the Department's ability to implement these programs in additional counties and will result in more children coming into care and staying longer periods of time.	7/1/2013
62	CW	**Child Safety: Further Reduce Strengthening, Preserving, & Reunifying Families (SPRF) up to 50% of the budget.**	$ (2,381,616)		$ (3,519,165)	$ (5,900,781)			Strengthening, Preserving and Reunifying Families programs provide a broad array of services that are designed to allow children to remain safely with their parents while the issues that are challenging the family are addressed, to keep children and parents connected when children must enter foster care, and to facilitate a quicker return to parental custody. A reduction in these services will impact the Department's ability to implement these programs in additional counties and will result in more children coming into care and staying longer periods of time.	7/1/2013
63	DD	**Eliminate Long Term In Home Supports for Kids SE151**	$ (1,084,385)	$ -	$ (1,835,337)	$ (2,919,722)			Effective 10/1/13. This reduction will eliminate the service of long term in-home supports for children with developmental disabilities. This program serves approximately 152 children and their families by providing in their home supports such as in-home staffing by personal support workers, behavior consultation, respite for family caregivers, etc. The purpose is to provide services to insure the child can stay in their family home and avoid more costly out of home services or return the child to their family home from an out of home service placement. Because these children must be in a crisis status to get these in-home services, it is expected that without these services the children will require out of home services on a long term basis.	10/1/2013

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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
64	DD	**Eliminate Long Term In Home Supports for CIIS SE145**	$ (7,967,322)	$ (5,867)	$ (12,578,519)	$ (20,551,708)	(22)	(22.00)	Effective 10/1/13 Elimination of the three Model Waivers that support children with medical and behavioral needs who live at home. This reduction will eliminate services to 356 children and their families. These waivers are used as an alternative to children living in hospitals, nursing homes or foster care. It is assumed that 80% of these children would move to one of the three settings mentioned above if in home staff and nursing were not available because of this funding elimination.	10/1/2013
65	CW	**Child Safety: Eliminate remaining Strengthening, Preserving, & Reunifying Families (SPRF) program budget.**	$ (5,954,041)		$ (8,797,913)	$ (14,751,954)			Strengthening, Preserving and Reunifying Families programs provide a broad array of services that are designed to allow children to remain safely with their parents while the issues that are challenging the family are addressed, to keep children and parents connected when children must enter foster care, and to facilitate a quicker return to parental custody. A reduction in these services will impact the Department's ability to implement these programs in additional counties and will result in more children coming into care and staying longer periods of time.	7/1/2013
66	APD	**Suspend Adult Day Services**	$ (413,625)	$ (9,000)	$ (908,555)	$ (1,331,180)			Adult day services that provide supervision and care for waivered service clients with functional or cognitive impairments will be suspended. Services that would be provided for half or full days in stand-alone centers, hospitals, senior centers and licensed care facilities will also be suspended.	7/1/2013
67	APD	**Discontinue Home Delivered Meals**	$ (2,434,721)	$ (99,732)	$ (4,097,279)	$ (6,631,732)			Home delivered meals will no longer be provided to Medicaid eligible clients receiving waivered services who are homebound and unable to got to the congregate sites , such as senior centers for meals. These programs generally provide a hot daily midday meal and often frozen meals for days of the week beyond the provider's delivery schedule.	7/1/2013
68	SS	**Reduce the Jobs Backfill Amount**	$ (13,999,639)			$ (13,999,639)			At CSL, Self Sufficiency was allowed to backfill General Fund in order to increase the amount of services we would provide in the JOBS program. This was to fill in part of the one-time reduction that taken when building the 2011-13 biennium. With the General Fund increase, the JOBS program would be able to maintain an average of the projected level of spending in the JOBS program over the second year of the 2011-13 biennium.	7/1/2013
69	APD	**Eliminate Oregon Project Independence (OPI)**	$ (9,728,000)		$ (5,659,706)	$ (15,387,706)			This is a DHSP related program. This will have an adverse affect on the Oregon Health Authority Budget. OPI is a state funded program offering in home services and related supports to individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. OPI represents a critical element in Oregon's strategy to prevent or delay individuals from unnecessarily leaving their own homes to receive services in more expensive facility based settings, or depleting their personal assets soon that necessary and accessing more expensive Medicaid health and long-term service benefits.	7/1/2013

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Priority	DIVISION	Reduction Description	GF	OF	FF	TF	BUDGET-POS	BUDGET FTE	Impact of Reduction on Services and Outcomes	Effective Date
70	VR	**Reduce Client Service by 10%**	$ (830,861)	$ (116,223)	$ (3,499,320)	$ (4,446,404)			The proposed reduction would result in an additional 10% decrease in case services forcing the creation of a waitlist. Nearly 2,700 additional individuals would not get services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available, and resulting in the program reinstituting the Order of Selection. OVRS with out an investment above the Current Service level is at risk of reinstituting the Order of Selection.	7/1/2013
71	DD	**Eliminate All Kids Programs in DD including Case Mgmt.**	$ (37,864,502)	$ (5,440)	$ (60,337,828)	$ (98,207,770)	(17)	(17.00)	Effective 1/1/14 This reduction will eliminate all services, including case management to children with developmental disabilities. This will impact approximately 5,262 children and their families. Oregon would not provide any supports to families with children with developmental disabilities unless there was a need for Child Welfare involvement. Families trying to cope with no support may experience greater stress and end up requiring other state resources through TANF or Child Welfare.	1/1/2014
72	Agency Wide	**Forego Other Funds used for local match and/or Reduce DHS programs**		$ (115,670,790)		$ (115,670,790)			DHS is statutorily required to provide reduction options totaling 10% of CSL for each fund type. This reduction would be accomplished through a series of action including eliminating local match of federal funds and reductions to programs across DHS that are funded by Other Funds. This is not specific as it will depend on which Other Fund funding sources would be reduced as to the exact reduction. Loss of local match would reduce local provider programs who have expenditures that are legally matched with federal funds. This assumes there is no General Fund backfill available.	7/1/2013
73	Agency Wide	**Forego Federal Funds and Reduce DHS programs**			$ (328,243,483)	$ (328,243,483)			DHS is statutorily required to provide reduction options totaling 10% of CSL for each fund type. This reduction would be accomplished through a series of program reductions depending on which federal funding sources are being reduced. This is a real possibility based on the current federal sequestration rules. However, this action is not specific as it will depend on which Federal funding sources would be reduced as to the program needing reduction. This reduction assumes there is no general fund backfill for these reductions.	7/1/2013
		15 % Sub- Total	$ (387,612,238)	$ (65,183,645)	$ (549,398,942)	$ (1,002,194,825)	$ (111)	$ (114)		
		15% Reduction Target	$ (384,205,807)	$ (62,871,189)	$ (546,004,770)	$ (993,081,765)				
		Difference	$ (3,406,431)	$ (2,312,457)	$ (3,394,172)	$ (9,113,060)				

Oregon
Theodore R. Kulongoski, Governor

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February 19, 2013

DHS
Oregon Department of Human Services

LFO Requested Department of Human Services 15% Reduction Options

The reduction options presented in this document are not intended to reflect the policy or program recommendations of the agency. The Oregon Department of Human Services (DHS) is acutely aware that the reduction options on this list have significant consequences for Oregonians and the communities in which they live. The agency is -- and has been -- engaged in ongoing search for efficiencies that allow us to reduce costs and maximize resources with minimal impact to clients. We also work to ensure that as services to clients are reduced because of reductions, that we also reduce our infrastructure and administrative overhead concurrently.

General Guiding Principles
In approaching these reductions, DHS was guided by a set of priorities in making proposed reductions. However, to reach the targeted reduction levels for the Department – which totals more than $380 million in General Fund – it was not possible to reflect all of the following principles and priorities in the reduction list:

- For all programs, the agency looked closely at client safety and stability, preserving the infrastructure of programs and the provider-systems that serve clients, maintenance of effort (MOE) issues, legal risk, cross-program impact, cost shifting, and what the reduction would mean in terms of the loss of federal matching funds.
- DHS also looked closely at whether repeated reductions to programs no longer made sense, and whether it was time to consider the elimination of some programs in order to preserve others.
- In Child Welfare programs, DHS prioritized prevention activities and services to keep children safe at home and out of foster care over those further into the child welfare system, such as adoption and guardianship.
- In Developmental Disabilities programs, DHS prioritized continuing programs and services for those clients in long-term care. DHS also made every effort to consider reductions that would not move people into higher cost settings but could keep them at home and in their communities.
- In Self Sufficiency programs and Vocational Rehabilitation programs, DHS prioritized services and programs that helped support and preserve family stability.
- In Aging and People with Disabilities programs, DHS prioritized keeping as much of Oregon's high-quality system in place as possible – that is, prioritizing home and community-based services.

Department of Human Services
Workload Report to the 77th Legislative Assembly

BACKGROUND

In 2009, the 75th Legislative Assembly passed HB 2123 requiring the Department of Human Services (DHS) to provide a workload report to the Legislature every two years. The workload reports anticipated in that legislation are designed to ensure that the Legislature has a consistent way to create a "point-in-time" snapshot of DHS staffing levels in light of policy and caseload changes that have occurred throughout the last biennium and in light of efficiencies in process DHS has achieved.

The law requires the bi-annual DHS workload reports to address:

- workload increases and decreases over the current biennium;
- workload efficiencies achieved in the current biennium; and
- additional or decreases in direct service delivery staffing needs that exist for the current biennium or that are projected for the next biennium, including a statement of the number of full-time equivalent positions that are vacant on the date the report is prepared or that can be double filled in order to meet any needs for additional staffing.

The law requires DHS to report on staffing levels for employees in classified positions that provide: child welfare services; temporary assistance for needy families (TANF); nutritional assistance (the Supplemental Nutrition Assistance Program, or SNAP); medical program eligibility (OHP and Healthy Kids); services to elderly persons and to persons with disabilities; and vocational rehabilitation services.

Focus on Direct Service Delivery Staff

As designed, current DHS workload models focus exclusively on the staffing and supervisory levels needed to directly serve Oregonians. Excluded from the current workload models are the 24% of DHS staff required to support the policy development, training and operations functions within the agency. DHS is currently seeking to identify a way to create and implement a workload model that is inclusive of those support functions. In the mean time, the staffing levels that are the focus of this report focus exclusively on direct service delivery staff.

DHS Continuous Improvement Efforts

Throughout this report are reflected program-specific Continuous Improvement Efforts and their direct impact on workload for direct service delivery staff. These efforts are staff-led and staff-driven, with the support of the agency-wide Office of Continuous Improvement which supports all five program areas – Child Welfare, Self Sufficiency, Vocational Rehabilitation, Developmental Disabilities and Aging and People with Disabilities – and DHS Operations. This team is responsible for projects related to continuously improving processes, including the training and coaching of Lean Daily Management System (LDMS). LDMS is the tool that will facilitate the culture change of CAF and SPD to empower workers to think of solutions, work smarter and more efficiently. Having a permanent team devoted to continuous improvement is moving DHS away from an idea of quick, one-time solutions and towards a culture of continually improving the work of our department and outcomes for the people we serve.

Several improvement initiatives have been developed and are under way today; others are under consideration by leadership for future rollout. LDMS includes avenues for additional improvements to

be identified by employees. Success of initiatives is being measured through established sets of data designed to track high-level progress and work flow improvements needed to meet outcomes. Data will be provided regularly for use in adjusting and modifying processes.

Additionally, as part of restructuring of the Department of Human Services throughout the 2011-13 biennium, the five program areas have created joint efforts to identify areas of efficiencies or structure adjustments that support a lean system. The major joint areas of continuous improvement accomplished were:

- Merging CAF and SPD Continuous Improvement teams into one DHS team
- Coordination/Consolidation of Disability Determination Units
- Coordinate/Consolidate Children's SSI Units
- Coordination/Streamlining of Legal Process and Legal Affairs
- SNAP Eligibility Improvement Initiative
- Coordination across VR and DD Employment First programs
- Administrative and Support Efficiencies
- Diversity/Service Equity Coordination

In addition to process improvements, staff has identified technology improvements that support each program. OR-Kids, new technology support for the Child Welfare program "went live" in 2011, included in its design were multiple process improvements child welfare staff identified. Additionally, the "DHS Modernization Project," focused on current Self Sufficiency and Aging and People with Disabilities eligibility and payment systems, will enhance eligibility worker efficiency and increase business effectiveness by:

- Automating real time eligibility determination
- Centralizing access to consumer information
- Supporting remote workflow/workload management
- Providing enhanced security features
- Allowing faster response to rule changes
- Providing data for informed policy and strategic decision making

In short, as the external consultants who advised DHS on the creation of its workload model acknowledged, there are multiple levers that influence the efficacy of DHS workload staffing levels: the number of staff, the policies staff are required to implement, and the efficiency of DHS work-processes. This report focuses on detail around each of those levers specific to each program area.

I. CHILD WELFARE SERVICES

Child Welfare Workload Model Background

During the 2009 legislative session the workload model was adopted as the method to determine staffing needs and has been embraced by the DHS – Child Welfare Program (CW). A new data system for Child Welfare, called OR-Kids, went live in August 2011. The system converted data from seven disconnected systems that were used by Child Welfare into a single system. An activity-based survey was conducted in September 2010 to update the model and ensure a baseline was established prior to OR-Kids implementation. Due to the implementation of OR-Kids over the past two years, the agency has not been able to obtain valid data to forecast workload needs in the Child Welfare Program area.

Starting in February 2013, current data for forecasting purpose will be available. Additionally, a new activity-based survey will be conducted in Fall 2013 to identify areas of efficiency and improvement that have been achieved through the new data systems.

Requirements Increasing or Decreasing Workload Demand

Although Child Welfare hasn't experienced a substantial growth in caseload, since 2008, program improvement requirements and data system changes have had a significant impact on the workload required per case.

OR-Kids implementation took place throughout 2011-13. This is a major electronic system replacement to bring Oregon into compliance with SACWIS regulations. During the initial implementation and for a number of months afterwards the learning curve had a major impact on the workload of all staff in Child Welfare creating a bubble of need. Case workers assumed new data entry responsibilities while learning a new format and system to capture and manage cases. As offices stabilize from the implementation and process changes associated with OR-Kids the workload need is expected to again balance out. The anticipated benefits of OR-Kids will be to align technology, reduce complexity, modernize, standardize, transform skills, reduce duplicate data entry and increase access to case history for efficient casework. Measurement of these efficiency gains will happen through the new activity-based time study being conducted in Fall 2013.

Workload Efficiencies Achieved

Casey Pilot Project and Disproportionally Work, as these projects move forward from pilot status there will be a positive impact for: children in our care; coordination with community partners; and supports of a broader plan for children currently in permanency plans. However, the increase in meeting preparation, participation in roundtable meetings and other community meetings associated with the Casey Pilot projects will reduce the available time to do direct case work affecting the workload staffing results.

Child Welfare Discovery and Disclosure standardized process for requests of all child welfare records will produce accurate selected and redacted documents delivered in a timely manner to the appropriate recipients. This will provide consistency in what can and cannot be disclosed and to whom. An online Discovery Analysis Guidelines (DAG) training has been developed and is available to all staff. The training provides an overview of discovery guidelines to the staff that are required to disclose information.

Overall Impact of Increases and Decreases in Demand on Staffing Needs

The impact of future efficiencies and transformation initiatives not yet implemented and other automation projects will be captured over time through updating time studies.

The net impact, without furlough impact, applied to the fall 2010 forecast are a net overall staffing level of about 70%, in Child Welfare programs.

Workload Fall 2010 Forecast

	2011-2013				2013-2015			
POSITION TYPE:	Current Position Authority	Positions Earned Forecast	Percent of Earned	Difference Current to Workload Forecast	Current Position Authority	Positions Earned Forecast	Percent of Earned	Difference Current to Workload Forecast
Case Worker	1253.7	1734.9	72.3%	-481.2	1253.7	1734.9	72.3%	-481.2

Social Service Assistant	191.5	255.1	75.1%	-63.6	191.5	255.1	75.1%	-63.6
Support Staff	364.0	578.3	62.9%	-214.3	364.0	578.3	62.9%	-214.3
FRS/IVE Specialists	58.9	56.8	103.7%	2.1	58.9	56.8	103.7%	2.1
Field Mgmt/Ldrship Support	220.3	334.5	65.80%	-114.2	220.3	334.5	65.80%	-114.2
Totals	2088.4	2766.1	70.6%	-871.2	2088.4	2766.1	70.6%	-871.2

There continues to be an increased net need in overall staff (no furlough impact is included) to achieve 100% staffing in child welfare services. This includes the need for additional Social Service Specialist, Social Service Assistant, Office Support and related field Management staff. Without any additional staff in 2011-13, child welfare services are projected to have a net staffing level of about 70%. It is noted that due to the increased requirements associated with policy changes over the past 3 years, the Social Service Specialist 1 (caseworkers) alone are projected to be have a staffing level of about 72% without any additional staff if all current positions were filled.

Impact of Hiring Freeze and Furloughs on Staffing Capacity

The current biennium staffing needs and ability to provide timely and comprehensive services in alignment with requirements are compounded by the smart-hiring freeze in all classification (direct service and non-direct service) that went into effect in December 2011 to achieve the DHS budget allotment reductions and legislatively mandated 5.5% vacancy savings. Due to the freeze while the net staffing level is about 70%, the positions that are held open to achieve targeted budget savings leaves the actual staffing levels significantly lower.

In addition, mandatory furlough leave that was put into place in July 2011 address the statewide budget shortfall has reduced the available hours of case work an average of 4 hours per month per worker. Until collective bargaining is completed for 13-15, there can be no data assumption this will continue into the next biennium, therefore the amount of time available is not adjusted due to Furlough Leaves for this report. Should this continue into the next biennium the workload model will need to be adjusted and staffing/workload needs reproduced to accurately reflect the staffing need.

II. SELF SUFFICIENCY SERVICES *(TANF, SNAP, Medical)*:

Self Sufficiency Workload Model Background

The Self Sufficiency Programs (SSP) currently utilizes a workload model to determine staffing level needs associated with program delivery. The model was last updated in 2010 following the methods established by Public Knowledge and McKinsey. Since 2010, SSP has continued to see significant caseload growth. As a note; this updated time study did not include TANF case managers. It was felt that due to the current budget constrained TANF JOBS program, the low staffing levels, the extraordinarily high caseloads and a specific management decision to focus on eligibility instead of case management due to these caseloads that a current time study would not be a representative measure of the program. The TANF-JOBS portion of the model is scheduled for time study updates in Spring of 2013.

Requirements increasing or decreasing workload demand

Current Economic Environment

As Oregon unemployment figures remain over 8% with county unemployment rates in December 2012

ranging from 6.0% to 13.3%, demand for DHS – Self Sufficiency services include Nutrition (aka SNAP), Temporary Assistance to Needy Families (aka TANF), and Medical eligibility determination remain high. The previous biennium experienced record high caseloads which are forecasted to decline 1%. Overall, the high number of requests for assistance has a direct impact on workload for the staff processing and maintaining these cases.

DHS Modernization
DHS Modernization re-engineers the client experience, the way case workers interact with clients, the interface between the client and DHS, delivery of benefits and replacement of aging technology systems far past their usability. Current manual paper intensive processes, making information sharing extremely difficult, will be automated and streamlined. DHS Modernization has expanded from a singular technology focus to include modernization of the approach DHS uses to perform work and deliver services. Automating eligibility determination will lead to increased accessibility, accuracy and timeliness. Information will be stored and accessed through a data warehouse that supports federal, state and local operational management and statistical reporting. The impact on staffing will not fully be realized until completed implementation over the next biennium; however, any increased efficiency in eligibility will allow DHS to move more resources into a critically understaffed case management function.

Affordable Care Act (ACA) and Medicaid Expansion
DHS is responsible for determining eligibility for Medicaid programs associated with other support programs currently provided by the department. Currently, DHS determines an average of 78% of all Medicaid eligibility. The Affordable Care Act (ACA) and the Medicaid Expansion will increase the number of Oregonians eligible for medical assistance, through the Oregon Health Authority, or the Tax Credit (APTC), through Cover Oregon. It is anticipated that approximately 191,476 new cases will be processed through DHS in the coming biennia. The full impact of this additional workload is still under review, but expected to have significant impact to staffing levels.

Workload Efficiencies Achieved

- *Self Sufficiency Medical Transportation* initiative developed an efficient, standardized and streamlined statewide process of providing reimbursement for non-emergent medical transportation requests for both SS and APD. Clients received their medical reimbursement between one to two days of making the initial request, reducing the cycle time from between three and four days. While this initiative improved efficiencies for client reimbursement it did not have an impact in the workload model.

- *Self Sufficiency Ongoing Work* initiative streamlined how mail enters the building, how the documents are routed through the office, who handles the work, and how quickly staff impact the case. The focus was to remove any wasteful steps and insure clients' needs were met as quickly as possible. This initiative is expected to be fully implemented in the Spring 2013.

- *Centralizing EBT card replacement* of lost or stolen cards is expected to reduce lobby traffic and branch workload. Since the Oregon Trail Card Replacement Line began its test period in November, the new work unit has taken 10,600 calls and issued 9,200 replacement cards by mail.

Overall Impact of Increases and Decreases in Demand on Staffing Needs
Over the past five years, SSP has seen significant caseload growth coupled with an intake model

transformation initiative that increased efficiencies. The impact of future transformation initiatives not yet implemented and other automation projects, such as Modernization, will also have an impact on staffing levels in 13-15. The impact of these efficiencies will be captured and reported through updated time studies throughout the biennium. However, it must be noted that, due to an increase in TANF caseloads throughout 11-13, the TANF Case managers have an increased need and are staffed at about 35.1% going into 13-15. DHS is taking active measures to increase critical position authority for case managers by converting 176 vacant eligibility worker positions in 13-15 budget.

The net impact, without furlough consideration, based on the Fall 2012 forecast is an overall staffing level of about 66.4% for 11-13 and 71.3% for 13-15, in Self Sufficiency programs.

Workload Fall 2012 Forecast

	2011-2013 (post-LAB)				2013-2015 (post-GRB)			
POSITION TYPE:	**Current Position Authority**	**Positions Earned Forecast**	**Percent of Earned**	**Difference Current to Workload Forecast**	**Current Position Authority**	**Positions Earned Forecast**	**Percent of Earned**	**Difference Current to Workload Forecast**
Combined Eligibility Workers	801.9	952.2	84.2%	-150.4	625.9	884.4	70.8%	-258.5
Case Managers	237.0	675.4	35.1%	-438.4	400.0	620.5	64.5%	-220.5
Combined Support Staff	546.0	813.8	67.1%	-267.8	546.0	752.4	72.6%	-206.4
Field Mgmt/Ldrship Support	250.7	324.6	77.2%	-74.0	250.7	299.9	83.6%	-49.2
Totals	**1835.5**	**2766.1**	**66.4%**	**-930.5**	**1822.6**	**2557.2**	**71.3%**	**-734.6**

Impact of Hiring Freeze and Furloughs on Staffing Capacity

The current biennium staffing needs ability to provide timely and comprehensive services in alignment with requirements are compounded by the hiring smart-freeze in classifications (direct service and non-direct services) that went into effect in December 2011 to achieve the DHS budget allotment reductions and legislatively mandated 5.5% vacancy savings. Due to the hiring smart-freeze, it must be noted that while the net staffing level is 71.8% for 11-13, the positions that are held open to achieve targeted budget savings leaves the actual staffing levels significantly lower.

In addition, mandatory furlough leave that was put into place in September 2011 to address the statewide budget shortfall has reduced the available hours of SS Field staff an average of 4 hours per month per Field staff. There is no ability in CSL budget process to assume furloughs continue into the next biennium, therefore the amount of time available cannot be adjusted to account for possible furlough leave needs in 2013-15 estimates.

Future Workload Efficiencies Anticipated

Last year, Self Sufficiency staff from around the state submitted more than 100 Continuous Improvement Action Sheets through our Lean Daily Management System (LDMS). The SSP Operations Improvement Committee has reviewed each of these sheets suggesting ideas for agency-level changes that create efficiencies, increase quality of work and improve outcomes for our customers. In addition, four cross program teams worked to provide recommendations on a service delivery model of the future that is flexible, client-centered and results-oriented.

III. AGING AND PEOPLE WITH DISABILITIES SERVICES:

Aging and People with Disabilities Workload Model Background

To date, DHS has utilized a caseload model for allocating and assessing staffing levels for APD field delivery. Leadership became increasingly concerned that the model didn't accurately reflect all the work required of the service delivery staff. DHS and AAA leadership agreed to undertake the development of a new workload model to capture an accurate snapshot of the current work.

Workload models are fundamentally different from caseload models. A caseload model estimates the number of staff needed based on ratios per caseload. It assumes all workers are progressing on their caseload 100% of the time. In contrast, a workload model is activity-based and measures the time required per case and includes the additional work, not directly related to caseload, that is required by the staff members themselves. It also takes into account time an individual worker is taken away from their work (e.g. holidays, sick leave, continuous improvement activities and advanced training).

The APD Workload Model is complete and has been run for the 2013-15 staffing allocations. The model takes into account the official fall 2012 forecasted caseload for 2013-15 as estimated by the DHS/OHA Office of Forecasting, Research and Analysis.

Requirements Increasing or Decreasing Workload Demand

Complexity of Adult Protective Services Workload

Adult Protective Services continues to receive an increasing number of potential abuse reports – increasing by 1,000 reports in 2011. However, the larger workload impact is due to increased complexity, labor intensive investigations, and follow-up activity related to the demand for higher standards of evidence and documentation, work with law enforcement and courts related to prosecution, and civil case pursuit of abuse allegations, particularly involving financial exploitation and the restitution of assets.

Complexity of Client Situations

The negative economic circumstances impacting Oregonians is increasing the complexity of client situations. The APD caseload has seen an increase in married couple applicants which often require more labor intensive intake processes such as resource assessments. Additionally, there is an increase in complexity of Community-based Care placement including clients who are convicted sex offenders or have higher care needs such as traumatic brain injuries, severe behavioral issues, and bariatric needs. Such complex placements require additional staff time in searching for, securing and maintaining appropriate placements with limited resources and providers available.

DHS Modernization

DHS Modernization re-engineers the client experience, the way case workers interact with clients, the interface between the client and DHS, delivery of benefits and replacement of aging technology systems far past their usability. Current manual paper intensive processes, making information sharing extremely difficult, will be automated and streamlined. DHS Modernization has expanded from a singular technology focus to include modernization of the approach DHS uses to perform work and deliver services. Automating eligibility determination will lead to increased accessibility, accuracy and timeliness. Information will be stored and accessed through a data warehouse that supports federal, state and local operational management and statistical reporting. The impact on staffing will not fully be realized until completed implementation over the next biennium; however, any increased efficiency in eligibility will allow DHS to move more resources into a critically understaffed case management function.

Affordable Care Act (ACA) and Medicaid Expansion

DHS is responsible for determining eligibility for Medicaid programs associated with other support

programs currently provided by the department. Currently, DHS determines an average of 78% of all Medicaid eligibility. The Affordable Care Act (ACA) and the Medicaid Expansion will increase the number of Oregonians eligible for medical assistance, through the Oregon Health Authority, or Tax Credits (APTC), through Cover Oregon. It is anticipated that approximately 191,476 new cases will be processed through DHS and OHA in the coming biennia. The full impact of this additional workload is still under review, but expected to have an impact to staffing levels.

Workload Efficiencies Achieved

Lean Daily Management System

APD has employed several initiatives to decrease workload and increase efficiencies in work processes throughout the biennium. In 2010, APD began a full roll out of the Lean Daily Management System and associated tools throughout the organization. LDMS is now practiced in local APD offices throughout the state. Work units within central office are also utilizing the system in their daily work. The intent is to increase the efficiency of team workflow practices and business processing times, which positively impacts customer service and reduces the anxiety and frustration of workers coping with the increased demand for services as well as the reduction in workforce due to vacancy factors and the smart-hiring freeze, which DHS instituted in December 2011.

Operations/Continuous Improvement Governance Committee

APD continues to utilize a field-driven Operations Committee, which meets monthly and works pro-actively to streamline workload and field staff duties related to the implementation of new program directives or policy changes. This committee will soon merge with the Continuous Improvement (CI) Governance committee which is reviewing and prioritizing all CI suggestions received through the LDMS process.

Overall Impact of Increases and Decreases in Demand on Staffing Needs

Overall, APD staffing levels are under 85% of what is earned using the current workload model. Because staffing levels remain below 85%, any savings recognized through continuous improvement initiatives and workload efficiencies are not recognized fiscally. Instead, these savings are reinvested in current staff to handle caseload growth and complexity, to maintain our accuracy rates, and to keep backlogs and processing times within reasonable standards.

The net impact of the Fall 2012 forecast is a net staffing level of about and 86.7% for 11-13 in programs delivered by APD and AAA local office staff. It should be noted, however, that due to the DHS smart-hiring freeze and AAA workforce reduction actions, the actual staffing levels are as much as 10% less than these figures indicate in terms of “boots on the ground”.

In addition, many services administered by the Aging and People with Disabilities are administered by local partners. Approximately half of APD's services for aged and physically disabled individuals are administered by local Area Agencies on Aging (AAAs) and funded through a 95% equity model.

APD Workload Fall 2012 Forecast

APD STATE FIELD ONLY POSITION TYPE:	2011-2013 (post-LAB) CASELOAD				2013-2015 (post-GRB) WORKLOAD			
	Current Position Authority	Positions Earned Forecast	Percent of Earned	Difference Current to Workload Forecast	Current Position Authority	Positions Earned Forecast	Percent of Earned	Difference Current to Workload Forecast
Case Managers	253	273.63	92.5%	-20.63	258	286.46	90%	-28.46
APS Specialists	58	78.81	73.6%	-20.81	115	78.81	146%	36.19

PAS / Diversion / Transition	38	43.7	87.0%	-5.7	38	43.71	87%	-5.71
Eligibility Workers (HSS3)	119	170.66	69.7%	-51.66	155	178.9	87%	-23.9
Paraprofessionals (HSA2)	22	19.27	114.2%	2.73	22	18.32	120%	3.68
Support Staff (OS2)	137	104.62	131.0%	32.38	137	108.94	126%	28.06
Field Mgmt/Ldrship Support	43	55.74	77.1%	-12.74	40	57.78	69%	-17.78
Totals	**670**	**746.43**	**89.8%**	**-76.43**	**765**	**772.92**	**99.0%**	**-7.92**

AAA + APD STATE FIELD POSITION TYPE:	2011-2013 (post-LAB)				2013-2015 (post-GRB)			
	Current Position Authority	Positions Earned Forecast	Percent of Earned	Difference Current to Workload Forecast	Current Position Authority	Positions Earned Forecast	Percent of Earned	Difference Current to Workload Forecast
Case Managers	519.97	591.45	87.9%	-71.48	574.73	619.86	92.7%	-45.13
APS Specialists	133.56	168.76	79.1%	-35.20	200.45	168.76	118.8%	31.69
PAS / Diversion / Transition	89.22	104.68	85.2%	-15.46	95.94	104.7	91.6%	-8.76
Eligibility Workers (HSS3)	277.16	358.95	77.2%	-81.79	342.04	375.78	91.0%	-33.74
Paraprofessionals (HSA2)	40.93	41.81	97.9%	-0.88	42.35	39.74	106.6%	2.61
Support Staff (OS2)	237.14	223.83	105.9%	13.31	254.84	232.98	109.4%	21.86
Field Mgmt/Ldrship Support	96.79	119.77	80.8%	-22.98	103.03	124.13	83.0%	-21.10
Totals	**1394.77**	**1609.25**	**86.7%**	**-214.48**	**1613.38**	**1665.95**	**96.8%**	**-52.57**

NOTE: The % of earned number is expected to go down as a result of April 2013 reshoot and a new Spring 2013 forecast.

Future Workload Efficiencies Anticipated

Electronic Provider Enrollment

APD has moved to an electronic provider enrollment, authorization and payment system for home delivered meals, adult day services, and other provider payments. These systems previously utilized work intensive and error prone authorization and billing processes. These improvements also improve customer satisfaction as providers are paid more timely.

IV. DEVELOPMENTAL DISABILITIES SERVICES:

State Operated Community Programs (SOCP) Workload Model Background

DHS has developed a workload activity-based model for the State Operated Community Programs (SOCP). The model is designed to staff client care houses statewide with the appropriate number and type of staff to adequately care for clients and ensure staff and client safety. The SOCP houses operate in a 24 hour, 7 day a week environment. This type of staffing requires models be built to achieve a 100% staffing level while accounting for vacation time and sick leave. The model allocations allow staffing to be adjusted based on specific housing characteristics (e.g. medical, crisis) and the number of houses in operation.

Due to the closure of six SOCP houses throughout 2011-13, DHS had the opportunity to develop the new model and restructure staffing levels within its current position authority. The result is adequate staffing levels that meet programmatic recommended levels and the ability to abolish 40 positions.

Workload Fall 2012 Forecast

SOCP - POSITION TYPE	2011-2013			2013-2015		
	Current Position Authority	Positions Earned Forecast	Percent of Earned	Current Position Authority	Positions Earned Forecast	Percent of Earned
Mental Health Tech	526.0	N/A	100%	491.0	491.0	100%
Mental Health Tech Leads	0.0	N/A	100%	20.0	20.0	100%
Mental Health Nurses	30.8	N/A	100%	23.5	23.5	100%
Vocational Behavioral Techs	37.38	N/A	100%	36.0	36.0	100%
Respiratory Techs	3.0	N/A	100%	2.0	2.0	100%
Field Supervisors	29.0	N/A	100%	26.0	26.0	100%
SOCP Operations/Mgmt	31.5	N/A	100%	21.0	21.0	100%
TOTAL	657.68	N/A	**100%**	**619.5**	**619.5**	**100%**

Impact of Hiring Freeze and Furloughs on Staffing Capacity

It is imperative that SOCP staff be able to provide timely and comprehensive services in alignment with program requirements. The difficulty of maintaining active staffing levels is compounded by the hiring smart-freeze in all classifications (direct service and non-direct services) that went into effect in December 2011 to achieve the DHS budget allotment reductions and legislatively mandated 5.5% vacancy savings.

In addition, mandatory furlough leave that was put into place in July 2011 to address the statewide budget shortfall has reduced the available FTE approximately by 10 FTE. In a 24-7 operation, this forces mandated overtime and temporary hires to cover critical shifts. There is no ability in the budget process to assume furloughs continue into the next biennium, therefore the amount of time available cannot be adjusted to account for possible furlough leave needs in 2013-15 estimates.

Programs Administered by Partners

With the exception of SOCP and Umatilla County, all developmental disability programs are administered by local Community Developmental Disability Programs (CDDPs) and DD Brokerages.

Both DD Brokerages and CDDPs are funded through an equity model that computes the costs that would be incurred if the State ran the office. CDDPs and DD Brokerages are currently funded at an 85% equity level.

V. Office of Vocational Rehabilitation Services:

Requirements Increasing or Decreasing Workload Demand:

In January 2009, the Office of Vocational Rehabilitation Services (OVRS) entered into an Order of Selection (OOS), a tool authorized under federal law to control caseload based on resources available to serve the eligible populations. Under the OOS, OVRS was required to prioritize individuals for services based on the severity of their disability. With diligent management, OVRS has been able to serve all individuals on the wait list since the Fall of August 2010.

Because of the OOS and the controls it put on caseload increases, OVRS did not update its Workload Staffing Model during the 09/11 biennium. OVRS plans to fully update its workload model during the 2013-15 biennia.

Workload Efficiencies Achieved:

During the 2011-13 biennia, OVRS has continued to implement a series of program improvements designed to streamline paper processes and increase automation of specific functions (*see below*).

Overall Impact of Increases and Decreases in Demand on Staffing Needs:

Lean Daily Management System
OVRS has employed several initiatives to decrease workload and increase efficiencies in work processes throughout the biennium. In 2010, OVRS began a full roll out of the Lean Daily Management System and associated tools throughout the organization, which is in the process of being completed. LDMS is now practiced in OVRS offices throughout the state and the numbers fully adopting the practices continue to increase each month. The implementation of this system has led to several cost-saving improvements including a continuous improvement sheet put forth by field staff regarding the group purchasing of bus tickets. Most work units within central office already employ the system in their daily work. The intent is to increase the efficiency of team workflow practices and business processing times, which positively impacts customer service and reduces the anxiety and frustration of workers coping with the increased demand for services as well as the reduction in workforce due to vacancy factors and the smart-hiring freeze, which DHS instituted in December 2011.

Paperless Systems
OVRS continues to work toward becoming paperless. The ability to acquire and review medical documentation to determine eligibility electronically should increase Counselor efficiency. OVRS is reviewing the potential of eliminating its purchase order process (Authorizations for Purchase) in favor of using the electronic benefit cards currently being used by SNAP and other DHS programs. This would eliminate the process of issuing a purchase order, receiving and reconciling invoices and 2013-15.

V. DHS Vacancy Report:

The following numbers are based on staffing as of the end of December 2012. These numbers do not include any actions (retirements or hires etc.) that may have taken place at the end of the month. December is traditionally a high month for retirements.

Total DHS field delivery areas are budgeted for 5445.48 FTE. At this position level, DHS field areas are collectively budgeted at 77% of workload earnings. This is based on the workload models used to calculate the staffing capacity needed to fully complete all work in each area. However, as indicated below, actual staffing capacity is much lower due to the number of positions held vacant for budget balancing purposes. As of December Child Welfare and Self Sufficiency are both actually staffed significantly below 70% and APD field is staffed at only 84%.

DHS – December 2012 Vacant Position Report for Field Delivery

This table shows the net number of budgeted positions that are vacant due to mandated savings and natural attrition in the field delivery areas. They do not account for planned hiring of key positions within the current DHS Staffing/Budget plans.

AGENCY AREA	Total Budgeted FTE	Current Staff Count	Net Vacant Positions
Child Welfare Field	2088.4	1935.4	153
Self Sufficiency Field	1835.5	1488.1	347.4
Aging & People with Disabilities Field	670	608.2	61.8
Developmental Disabilities - SOCP	657.68	579.5	78.18
Vocational Rehabilitation - Field	193.9	208.9	-15
Field Delivery Total	5445.48	4820.1	625.38

Conclusion

These reports are a critical way for the agency and for policy makers to track the fluidity of staffing levels within the Department of Human Services. As policies are enhanced to improve client service and client outcomes, as caseloads change due to both internal (budget reductions) and external (the economy) controls, and as work-flow processes are improved and streamlined, the Department appreciates the opportunity to update the Legislature on its direct service delivery staffing levels.

Oregon Department of Human Services
HB3291 (2011) Required Report Relating to Audits of State Agencies Report of Implementation of Recommendations

This report is being submitted to meet the requirements as contained in HB3291(2011) SECTION 1 which states "Each state agency that is audited by the Secretary of State under ORS 297.070 shall disclose the results of the audit and submit a written report about changes the agency has made, or is making, to implement the audit recommendations to:

> (1) The Legislative Assembly, within six months after the date the secretary issues the audit report; and
>
> (2) To the subcommittee of the Joint Committee on Ways and Means considering the agency's budget request, at all hearings related to the agency's budget for a period of three years after the date the secretary issues the audit report."

Reports have already been submitted to meet SECTION 1 (1) requirements above. The following report is being submitted to the Legislative Assembly to meet SECTION 1 (2) requirements.

The information in this report includes implementation work performed or planned based on audit recommendations included in the two performance audits issued regarding Department of Human Services (DHS) programs since January 1, 2012. These two Oregon Secretary of State Audits Division performance audits include Report Number 2012-11, "Strategies to Better Address Federal Level of Effort Requirements," and Report Number 2012-12, "Child Welfare Program: Strategies to Help Caseworkers Reunite More Families."

These reports, including the agency's initial response can be found on the Oregon Secretary of State website at the following addresses:

http://www.sos.state.or.us/audits/pages/state_audits/full/2012/2012-11.pdf
http://www.sos.state.or.us/audits/pages/state_audits/full/2012/2012-12.pdf

The following report does not include information regarding prior Secretary of State performance audits, the Annual Statewide Single Audit Report or other financial audits or reports. Information on implementation of all of the Secretary of State recommendations from reports issued from the current and prior biennia can be found in the latest agency budget document special reports section.

2012-11 Strategies to Better Address Federal Level of Effort Requirements

This audit made recommendations to the Department of Administrative Services (DAS) and other state agencies, including the Department of Human Services and Oregon Health Authority (OHA) regarding management of federal Level of Effort requirements.

The DHS and OHA updated actions are provided in *italics* below.

SOS Audit Recommendation:
To maximize state resources, allocate General Funds strategically, and ensure continued compliance with Level of Effort requirements, we recommend management from Oregon agencies subject to federal Level of Effort requirements:

- encourage program staff to work with their federal agency contact to understand possible financial sources available to meet Level of Effort requirements, including funds outside of those directly budgeted for that program;
- work with the Legislative Fiscal Office to make information available to Oregon Legislative members explaining Level of Effort requirements and consequences for lack of compliance;
- conduct regular communications among program, financial, and budget staff within each agency to discuss Level of Effort compliance and cross-program expenditure possibilities; and
- strengthen certification procedures across programs to allow more cross-program expenditures while ensuring compliance with federal mandates.

DHS and OHA recognize that Level of Effort (LOE) provisions vary widely both in their structure and their impact. Programs must consider the potential benefits of extensive analysis against the costs. Management of LOE and Maintenance of Effort (MOE) is an ongoing focus within the agencies as part of successfully managing our federal grants. DHS and OHA have recently made changes in our internal grant application processes which enhance the communication between program and fiscal staff prior to the grant applications being submitted.

OHA and DHS have continued to actively work with the Legislative Fiscal Office (LFO), and the Department of Administrative Services, Chief Financial Office (CFO) to communicate, maintain and ensure compliance with these grant requirements. This includes recent detailed history and estimates for the

Governor's Budget Process to allow BAM to account for MOE issues as much as possible in the 2013-15 budget process. The agencies have also communicated to LFO and BAM any LOE/MOE requirements that are directly tied to all reduction options that might be considered to meet statewide revenue shortfalls.

In addition, we have continued to work with other internal programs, agencies or private entities to maximize our MOE. Recent examples include:

- *Monthly meetings between budget staff and the Oregon Supplemental Income Program (OSIP) program to track MOE and ongoing program changes made in order to ensure MOE is met.*
- *Work with the Oregon Food Bank and federal partners to begin counting an additional $20 million in MOE per year. (Note: These discussions began before this audit started.)*
- *Due to the importance of TANF Contingency funding and the uncertainties of federal funding, the budget, program and accounting staff have been in routine communication internally and with the federal agencies as necessary to ensure DHS remains in compliance at a time when the federal agencies are in uncharted territory (the Contingency Fund having been depleted prior to the end of the year for the first time).*
- *DHS Office of Vocational Rehabilitation Services (OVRS) and OHA Addictions and Mental Health division (AMH) are developing a memorandum of understanding (MOU) to expand the Early Assessment and Support Alliance (EASA) outreach and treatment program for a statewide partnership providing vocational services to at-risk youth on a state wide basis.*
- *Oregon Health Authority continues to strengthen its partnerships with private foundations and has recently been awarded new grants from the Northwest Health Foundation and the Keizer Foundation.*
- *Recently, for the first time ever, the Center for Medicare and Medicaid Services (CMS) has approved a new waiver for Designated State Health Program (DSHP) under the State's 1115 waiver process. With the DSHP waiver, over the next five years OHA will now be able to claim Medicaid match for existing General Fund and Other Fund expenditures with OHA, DHS, Oregon Youth Authority (OYA), as well as partnering with Oregon Health Sciences University, the Oregon University System, and the Oregon Community Colleges and Workforce Development. The DSHP Waiver will leverage as much as $1.9 billion in additional federal funds for Oregon. Ultimately with DSHP, the state has now maximized revenue in these areas, and it may limit the amount of future grant matching that can be expected.*

- *As OHA prepares for implementation of the Affordable Care Act, OHA continues to work closely with LFO, DAS-CFO, and the DHS Forecasting Unit to properly account for any known LOE/MOE related to the expansion of Medicaid coverage in Oregon.*

Please contact Eric Moore, DHS Chief Financial Officer; William Coulombe, OHA Budget Director or Dave Lyda, Chief Audit Officer for DHS and OHA if you have any questions regarding this information.

2012-12 Child Welfare Program: Strategies to Help Caseworkers Reunite More Families

This audit made recommendations to the Office of Child Welfare Programs related to strategies to improve the number of children returned to their parents from the foster care system.

The DHS updated actions are provided in *italics* below.

The audit report recommended Child Welfare district offices and branches share locally-developed practices or systems that support caseworkers, create efficiencies, and develop caseworker skills.

Potential best practices are discussed at both the District and Program Manager meetings. In order to ensure a regular and timely discussion of innovative practice, this topic was added to the agendas of monthly meetings where the District Managers and Child Welfare Program Managers meet jointly.

The report also recommended the Child Welfare Program consider the following strategies to improve the return home practice:

1. Evaluate and set priorities among the expected caseworker duties contained in their Child Welfare procedures manual.

In response to this recommendation, the department agreed that setting priorities among the expected caseworker duties contained in the child welfare manual was critical, especially given the demands on staff and the level of staffing currently available. Decisions related to prioritization must occur as close to the work as possible in order to take into consideration the uniqueness of the situations in each

case. Caseworkers in partnership with their line supervisors set priorities on a regular basis as needed in the field. Workload is a topic of the District Manager and Child Welfare Program Manager meetings each month. There are a number of suggested areas of change in rule and procedure that could result in workload reduction. In the past year, many changes have been evaluated and either implemented or are under evaluation for effectiveness. These meetings also provide a forum for the discussion between field managers and Central Office managers on practice innovation, efficiencies and caseworker skills assessments.

The following is a list of some of the workload reduction efforts which have been implemented in the last year, or are in the process of being implemented statewide:

- *Changes to face-to-face requirements to come into alignment with Federal expectations.*
- *Elimination of certain redundant letters.*
- *Development of templates for certain legal notices and actions*
- *Elimination of a six page report previously required for guardianship reviews.*
- *Changes to CRB operations, leading to a reduction in duplicate reviews on cases.*
- *Elimination of CRB reviews for children who are on Trial Reunification placement.*
- *Increased access to SpeakWrite for caseworkers to allow for dictation of notes.*
- *Increased investment in technology solutions (tablets, laptops, netbooks, GPS devices, Digital Voice Recorders etc) to assist workers in being more efficient while in the field.*

2. Routinely gather and share potential best practices among districts.

The Child Welfare Program managers have designated time in their monthly agenda to discuss best practices and hot topics. Child Welfare supervisors have also been discussing local best practices during their round table conversations at quarterlies. For caseworkers, we have re-initiated Child Protective Services quarterlies across the state, to allow for practice forums and case-specific dialogue in an effort to improve consistency and expertise. These quarterlies are also attended by Central Office staff responsible for working with branches and they are able to reinforce the sharing subsequent to the quarterly when they visit the branches.

3. Consider assigning a program manager dedicated to returning children home at the central office to provide better direction and support to enhance caseworker practices. The manager's responsibilities could also include working with other Child Welfare managers to evaluate and set priorities among current return home practices and ensure best practices are distributed among districts.

The department recently implemented a change in the organizational structure of Central Office and focused all child welfare programs in one program area, the Office of Child Welfare Programs. This office realigned its resources to better match the flow of a case in the field, strengthening resources to support reunification practice.

In addition, the department is engaged in a number of efforts to safely and equitably reduce the number of children in the foster care system. The legislature provided an initial investment in the state's plan to move toward a child welfare system of Differential Response. This initiative will focus on engaging families differently with a focus on maintaining children at home, decreasing the number of children that will experience foster care. In addition, legislation was passed in the 2011-13 session which created Strengthening, Preserving and Reunifying Families Programs. These programs are a collaboration of a broad array of services, which are the primary method of service delivery to families involved in the child welfare system. The combination of Differential Response and this new service array will significantly increase the number of families that are able to safely parent their children while addressing the issues that brought them to the attention of the child welfare program.

The department is engaged in other initiatives as well, which are focused on returning and maintaining children at home. Specifically, we have invested in In-Home Safety and Reunification Services, and continue to work with a select number of counties in collaboration with Casey Family Programs, the courts, and the Early Learning Council and Youth Development Council to look innovatively at strategies to safely and equitably reduce the number of children in foster care. The number of counties involved in this collaboration was increased last year, and an additional increase is anticipated in the coming biennium.

4. Continue with efforts to implement a policy of annual employee performance evaluations to encourage professional development, improve working environments, and better achieve the program's mission.

The agency's response stated that the department as a whole is implementing the Performance Feedback Model. The implementation of this model is an outcome measure on the department's Fundamental Map and is a topic of the quarterly business reviews. The department continues to make progress in this area. Since implementing this practice, Child Welfare has improved by 30% over the last quarter in the number of workers who have an Employee Development Plan. Work continues with the districts to increase this measure with a goal of 100% within the next year.

5. Evaluate whether support staff could help alleviate caseworkers' workload burden by providing more assistance on administrative tasks. This should include determining if support staff need additional, but adequately controlled access to the program's OR-Kid system.

As a pilot, District 3 Child Welfare (Marion County) has been working with Central Office and Lean Leaders to create a series of lean processes and branch protocols which will have statewide impact. Together, they have mapped out 42 business processes which were impacted by the implementation of the OR-Kids system, and designed the leanest business process flow for each of them in an effort to more closely align their work processes to the newly designed system, and create as much efficiency as possible in the processes. When combined, these individual processes comprise systems which identify positions responsible for specific parts of each process, and allow branches to make decisions about how to best maximize support staff, freeing caseworker time to work with families.

All District Managers and Program Managers have agreed to implement these business processes in their offices for all the work which takes place on a case in the first 30 days. Many of those processes (like Legal and Financial), once designed for the first 30 days, are also replicable for the entirety of the case. The exercise of deliberately going through this process will also produce branch protocol manuals, which can be used for local training. The plan for dissemination to the rest of the districts is in process. The six process areas which will be implemented for each office are:

- *Legal,*
- *Person Management,*
- *Financial,*
- *Service Entry,*
- *Meetings, and*
- *Provider Management.*

While progress has been made, efforts to fully implement the recommendations in this audit will continue with a goal of increasing the number of children who can safely return to their home and families.

Please contact Lois Day, DHS Child Welfare Director, if you have any questions regarding this information.

DHS audits in 2011-2013

2011-2013 Internal and External Audits and Reviews for DHS

Internal Audits and Consults

Name of Audit:	TANF Work Verification Plan
DHS Programs:	Self-Sufficiency, Information Services
Status:	Completed
Name of Audit:	Branch Audit # 1
DHS Programs:	Child Welfare, Self-Sufficiency, Vocational Rehabilitation
Status:	Completed
Name of Audit:	Targeted Case Management (TCM)
DHS Programs:	Child Welfare, Developmental Disabilities, Self-Sufficiency, Shared Services
Status:	In Progress
Name of Audit:	SPD Internal Controls - Contracting
DHS Programs:	Aging and People with Disabilities, Developmental Disabilities, Shared Services
Status:	Completed
Name of Audit:	SPD Internal Controls - Provider Payment Processing
DHS Programs:	Aging and People with Disabilities, Developmental Disabilities, Shared Services
Status:	Completed
Name of Audit:	SPD Internal Controls - Provider Qualifications
DHS Programs:	Aging and People with Disabilities, Developmental Disabilities, Operations
Status:	Completed
Name of Audit:	SPD Internal Controls - Client Eligibility
DHS Programs:	Aging and People with Disabilities, Developmental Disabilities
Status:	Completed
Name of Audit:	SPD Internal Controls - Control Environment
DHS Programs:	Aging and People with Disabilities, Developmental Disabilities, Operations, Shared Services
Status:	In Progress
Name of Audit:	Contract Delegation-rolling
DHS Programs:	Shared Services
Status:	Completed

Name of Audit:	Key Performance Measure 2011 (KPM)
DHS Programs:	Aging and People with Disabilities, Self-Sufficiency
Status:	Completed

Name of Audit:	Small Purchase Order Transaction System (SPOTS) 2011
DHS Programs:	All
Status:	Completed

Name of Audit:	CIRT - CPS Domestic Violence Review
DHS Programs:	Child Welfare
Status:	Completed

Name of Audit:	SPD Branch Audit - Beaverton
DHS Programs:	Aging and People with Disabilities
Status:	Completed

Name of Audit:	SPD Branch Audit - Brooks House (SOCP)
DHS Programs:	Developmental Disabilities
Status:	Completed

Name of Audit:	SPD Branch Audit - Klamath Falls
DHS Programs:	Aging and People with Disabilities
Status:	Completed

Name of Audit:	CIRT Safety Plan Follow-up
DHS Programs:	Child Welfare
Status:	In Progress

Name of Audit:	Residential Treatment Facilities Licensing for Children
DHS Programs:	Child Welfare, Operations
Status:	Completed

Name of Audit:	Small Purchase Order Transaction System (SPOTS) 2012
DHS Programs:	All
Status:	In Progress

Name of Audit:	APD Adult Abuse Information
DHS Programs:	Aging and People with Disabilities, Operations
Status:	In Progress

Name of Audit:	Information Security Program Assessment
DHS Programs:	Information Services
Status:	In Progress

Name of Audit: Cost Allocation Accuracy
DHS Programs: Shared Services
Status: In Progress

Name of Consult: Protocol for Return of County Programs to State
DHS Programs: Developmental Disabilities, Shared Services
Status: In Progress

Name of Consult: Multnomah County CAF Benefit Issuance Review
DHS Programs: Self-Sufficiency
Status: Completed

Name of Consult: Eastern Oregon Training Center (EOTC) FYE 06-30-09
DHS Programs: Developmental Disabilities, Shared Services
Status: Completed

Name of Consult: Eastern Oregon Training Center (EOTC) FYE 06-30-10
DHS Programs: Developmental Disabilities, Shared Services
Status: Completed

Name of Consult: Cost Allocation Processes
DHS Programs: Shared Services
Status: In Progress

Secretary of State Audits

Name of Audit: SOS Child Welfare Program - Reunification
DHS Programs: Child Welfare
Status: Completed

Name of Audit: SOS Healthy Kids
DHS Programs: Self-Sufficiency, Shared Services
Status: Completed

Name of Audit: SOS Statewide Single Audit Year Ending 6-30-2011
DHS Programs: All
Status: Completed

Name of Audit: SOS Personal Service Contracts
DHS Programs: Shared Services
Status: Completed

Name of Audit: SOS Level of Effort
DHS Programs: All
Status: Completed

Name of Audit:	SOS Public Assistance
DHS Programs:	Aging and People with Disabilities, Self-Sufficiency, Shared Services
Status:	In Progress

Name of Audit:	SOS Statewide Single Audit Year Ending 6-30-2012
DHS Programs:	All
Status:	In Progress

Name of Audit:	SOS Client Maintenance System Follow-up
DHS Programs:	Self-Sufficiency, Aging and People with Disabilities, Information Services
Status:	In Progress

Name of Audit:	SOS Health and Human Service Caseload Forecasting
DHS Programs:	Shared Services
Status:	In Progress

Federal Audits and Reviews

Name of Audit:	HHS OIG Medicaid Management Information System Cost Review
DHS Programs:	Aging and People with Disabilities, Information Services
Status:	Completed

Name of Audit:	CMS Payment Error Rate Measurement (PERM FFY 11)
DHS Programs:	Aging and People with Disabilities, Developmental Disabilities, Self-Sufficiency, Shared Services
Status:	Completed

Name of Audit:	SSA OIG Administrative Costs Claimed by the Oregon Disability Determination Services
DHS Programs:	Aging and People with Disabilities, Shared Services
Status:	Completed

Name of Audit:	GAO Review of Psychotropic Medications Prescribed to Foster Care Children
DHS Programs:	Child Welfare
Status:	Completed

Name of Audit:	SSA OIG Disability Determination Services Suitability Audit
DHS Programs:	Aging and People with Disabilities, Shared Services
Status:	Completed

Name of Audit:	SSA Representative Payee Review Children, Adults and Families
DHS Programs:	Child Welfare, Operations, Shared Services
Status:	Completed

Name of Audit:	HHS OIG Excluded Provider Audit
DHS Programs:	Aging and People with Disabilities, Developmental Disabilities
Status:	Completed

Name of Audit:	ACF Title IV-E Federal Compliance
DHS Programs:	Child Welfare
Status:	Completed

Name of Audit:	SSA Security Compliance Review
DHS Programs:	All
Status:	In Progress

Name of Audit:	CMS Home and Community Based Services (HCBS) Audit
DHS Programs:	Developmental Disabilities, Operations
Status:	In Progress

Name of Audit:	IRS Federal Tax Information Security Review
DHS Programs:	Shared Services
Status:	In Progress

Name of Audit:	CNCS OIG AmeriCorps HOPE Grant Program
DHS Programs:	Self-Sufficiency, Shared Services
Status:	In Progress

Name of Audit:	CMS Review of State Preadmission Screening and Resident Review (PASRR) Policies and Procedures
DHS Programs:	Aging and People with Disabilities, Developmental Disabilities
Status:	Completed

Name of Audit:	FBI Criminal Background Checks
DHS Programs:	Shared Services
Status:	Completed

Name of Audit:	GAO Psychotropic Medications Prescribed to Foster Care Children Follow-up
DHS Programs:	Child Welfare
Status:	In Progress

Name of Audit:	CMS Provider Tax Financial Review
DHS Programs:	Aging and People with Disabilities, Shared Services
Status:	In Progress

Name of Audit: USDA SNAP State Agency Management Evaluation for FY2012
DHS Programs: Aging and People with Disabilities, Self-Sufficiency
Status: Completed

Name of Audit: USDA SNAP Financial Management Review for FFY 2011
DHS Programs: Aging and People with Disabilities, Self-Sufficiency, Shared Services
Status: Completed

Name of Audit: HHS OIG review of On the Move Program
DHS Programs: Aging and People with Disabilities, Developmental Disabilities Shared Services
Status: In Progress

Name of Audit: ACF Office of Refugee Resettlement Refugee Program Review
DHS Programs: Self-Sufficiency
Status: Completed

Name of Audit: ACF National Youth in Transition Database Review
DHS Programs: Child Welfare, Information Services
Status: In Progress

Name of Audit: OIG HHS Estate Recovery Review
DHS Programs: Aging and People with Disabilities, Shared Services
Status: In Progress

Other Agency Reviews

Name of Audit: Information Security Business Risk Assessment Report - 2011
DHS Programs: Information Services
Status: Completed

Name of Audit: LEDS-CJIS Triennial Review
DHS Programs: Child Welfare
Status: Completed

Name of Audit: ACF Child Care Improper Authorization for Payment Review (Self-Review)
DHS Programs: Self-Sufficiency, Shared Services
Status: Completed

Name of Audit: Information Security Business Risk Assessment Report - 2012
DHS Programs: Information Services
Status: In Progress

DAS Quarterly Vacancy Report
October - December 2012

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000384790	025-40-10-10000	VR	0007134	183	PF		Being used to fund Counselor DF positions in VR Field	8
10000	000386110	050-40-02-00000	SPD FRFE	0008037	888	PF		Federal hiring freeze and legislatively mandated savings - Funding temporary employee	8
10000	000386900	050-40-02-00000	SPD FRFE	0008144	885	PF		Federal hiring freeze and legislatively mandated savings - Funding temporary employee	8
10000	000386930	050-40-02-00000	SPD FRFE	0008148	881	PF		Federal hiring freeze and legislatively mandated savings - Funding temporary employee	8
10000	000387130	050-40-02-00000	SPD FRFE	0008201	882	PF		Federal hiring freeze and legislatively mandated savings - Funding temporary employee	8
10000	000708500	050-40-02-00000	SPD FRFE	0008252	886	PF		Federal hiring freeze and legislatively mandated savings - Funding temporary employee	8
10000	000730120	050-40-02-00000	SPD FRFE	0008278	879	PF		Federal hiring freeze and legislatively mandated savings - Funding temporary employee	8
10000	001117930	050-40-02-00000	SPD FRFE	1008589	888	PF		Federal hiring freeze and legislatively mandated savings - Funding temporary employee	8
10000	001117960	050-40-02-00000	SPD FRFE	1008592	889	PF		Federal hiring freeze and legislatively mandated savings - Funding temporary employee	8
10000	001117990	050-40-02-00000	SPD FRFE	1008594	888	PF		Federal hiring freeze and legislatively mandated savings - Funding temporary employee	8
10000	001118100	050-40-02-00000	SPD FRFE	1008625	889	PF		Federal hiring freeze and legislatively mandated savings - Funding temporary employee	8
10000	001016550	025-40-05-20000	SS Field	1003188	432	PF		Filled 1/1/13	2
10000	000235220	025-40-05-20000	SS Field	4100322	268	PF		Filled 1/1/13	2
10000	000210990	025-40-05-10000	CW Field	4100488	242	PF		Filled 1/1/13	2
10000	001107070	025-40-05-20000	SS Field	1008133	403	PF		Filled 1/14/13	2
10000	001104400	025-40-05-20000	SS Field	1008415	532	PF		Filled 1/14/13	2
10000	000897190	025-40-05-20000	SS Field	1000743	362	PF		Filled 1/16/13	2
10000	000386090	050-40-02-00000	SPD FRFE	0008035	875	PF		Filled 1/2/13	2
10000	000386180	050-40-02-00000	SPD FRFE	0008046	883	PF		Filled 1/2/13	2
10000	000730020	050-40-02-00000	SPD FRFE	0008268	889	PF		Filled 1/2/13	2
10000	000869280	050-40-02-00000	SPD FRFE	0008405	888	PF		Filled 1/2/13	2
10000	000204210	025-40-05-10000	CW Field	0789044	266	PF		Filled 1/2/13	2
10000	000692640	025-40-05-10000	CW Field	0797101	329	PF		Filled 1/2/13	2
10000	000899070	025-40-05-20000	SS Field	1000938	394	PF		Filled 1/2/13	2
10000	001029670	025-40-05-10000	CW Field	1004322	398	PF		Filled 1/2/13	2
10000	001107490	025-40-05-20000	SS Field	1008175	268	PF		Filled 1/2/13	2
10000	000861240	050-40-01-00000	SPD LQC	4111602	01M	PF		Filled 1/2/13	2
10000	000903500	050-40-03-00000	SPD Field	1001686	960	PF		Filled 1/22/13	2
10000	001106280	025-40-05-10000	CW Field	1008553	462	PF		Filled 1/3/13	2
10000	000757440	050-05-10-00000	SPD DD SOCP	8100007	857	PF		Filled 1/3/13	2
10000	001118350	050-40-03-00000	SPD Field	1008650	821	PF		Filled 1/5/13	2
10000	000563990	050-40-02-00000	SPD FRFE	0008067	885	PF		Filled 1/7/13	2
10000	001073870	025-40-05-20000	SS Field	1004930	268	PF		Filled 1/7/13	2
10000	001079730	025-40-05-20000	SS Field	1007369	543	PF		Filled 1/7/13	2
10000	001107580	025-40-05-20000	SS Field	1008184	256	PF		Filled 1/7/13	2
10000	000218890	025-40-05-10000	CW Field	9318026	405	PF		Filled 1/7/13	2
10000	000240450	025-40-05-20000	SS Field	9400274	543	PF		Filled 1/7/13	2
10000	000241470	025-40-05-20000	SS Field	9400546	543	PF		Filled 1/7/13	2
10000	000252060	025-40-05-20000	SS Field	9408160	543	PF		Filled 1/7/13	2
10000	000544470	025-40-05-20000	SS Field	9410013	256	PF		Filled 1/7/13	2
10000	000718220	025-40-05-20000	SS Field	9410671	543	PF		Filled 1/7/13	2
10000	000955690	010-45-03-00000	OFRA	1000458	032	PF		Filled 11/30/12	2
10000	000712080	050-40-02-00000	SPD FRFE	0008238	886	PF		Filled 12/17/12	2

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000897070	025-40-05-20000	SS Field	1000731	313	PF		Filled 12/24/12	2
10000	001117550	010-45-05-00000	HR	1008682	051	PF		Funding being used to offset unexpected higher background check costs	7
10000	001165270	050-40-02-00000	SPD FRFE	1010021	882	PF		Funding contract medical consultants	8
10000	001165280	050-40-02-00000	SPD FRFE	1010354	882	PF		Funding contract medical consultants	8
10000	000386400	010-45-06-00000	Facilities	0008075	037	PF		Funding doublefill rotation in finance	8
10000	000956170	010-45-11-00000	OPAR	1001344	04Q	PF		Funding used for AS1 doublefill	8
10000	000920040	010-45-11-00000	OPAR	1002010	04J	PF		Funding used for AS1 doublefill	8
10000	000920060	010-45-11-00000	OPAR	1002011	04R	PF		Funding used for AS1 doublefill	8
10000	000967080	010-45-11-00000	OPAR	1002405	04J	PF		Funding used for AS1 doublefill	8
10000	000967110	010-45-11-00000	OPAR	1002408	04J	PF		Funding used for AS1 doublefill	8
10000	001080940	010-45-11-00000	OPAR	1007427	04J	PF		Funding used for AS1 doublefill	8
10000	000237860	010-45-11-00000	OPAR	9233101	04J	PF		Funding used for AS1 doublefill	8
10000	000733510	010-45-11-00000	OPAR	9410769	04M	PF		Funding used for AS1 doublefill	8
10000	000383240	025-40-10-10000	VR	0003332	171	PF	3/1/2013	In recruitment	2
10000	000383640	025-40-10-10000	VR	0005006	181	PF	3/1/2013	In recruitment	2
10000	000385640	025-40-10-10000	VR	0007248	163	PF	3/1/2013	In recruitment	2
10000	000198820	010-45-04-00000	OFS	0491000	02D	PF	3/1/2013	In recruitment	2
10000	000744500	025-40-05-10000	CW Field	0799027	546	PF	3/1/2013	In recruitment	2
10000	000216990	025-40-05-10000	CW Field	1000073	315	PF	3/1/2013	In recruitment	2
10000	000893770	025-40-05-20000	SS Field	1000710	532	PF	3/1/2013	In recruitment	2
10000	000896970	025-40-05-20000	SS Field	1000721	256	PF	3/1/2013	In recruitment	2
10000	000897750	025-40-05-20000	SS Field	1000781	256	PF	3/1/2013	In recruitment	2
10000	000898590	025-40-05-20000	SS Field	1000834	351	PF	3/1/2013	In recruitment	2
10000	000894650	025-40-05-20000	SS Field	1001029	547	PF	3/1/2013	In recruitment	2
10000	000974310	050-40-03-00000	SPD Field	1002663	935	PF	3/1/2013	In recruitment	2
10000	000974320	050-40-03-00000	SPD Field	1002664	936	PF	3/1/2013	In recruitment	2
10000	000974600	050-40-03-00000	SPD Field	1002692	946	PF	3/1/2013	In recruitment	2
10000	001011390	025-40-05-20000	SS Field	1003469	200	PF	3/1/2013	In recruitment	2
10000	001029190	025-40-05-10000	CW Field	1004279	482	PF	3/1/2013	In recruitment	2
10000	001048350	025-40-05-20000	SS Field	1004421	362	PF	3/1/2013	In recruitment	2
10000	001103340	050-40-03-00000	SPD Field	1008053	955	PF	3/1/2013	In recruitment	2
10000	001107340	025-40-05-20000	SS Field	1008160	312	PF	3/1/2013	In recruitment	2
10000	001107740	025-40-05-20000	SS Field	1008200	256	PF	3/1/2013	In recruitment	2
10000	001108270	025-40-05-20000	SS Field	1008253	355	PF	3/1/2013	In recruitment	2
10000	001104270	025-40-05-20000	SS Field	1008402	545	PF	3/1/2013	In recruitment	2
10000	000122120	010-45-04-00000	OFS	2511004	029	PF	3/1/2013	In recruitment	2
10000	000838730	050-40-03-00000	SPD Field	4111384	937	PF	3/1/2013	In recruitment	2
10000	000839180	050-40-03-00000	SPD Field	4111429	933	PF	3/1/2013	In recruitment	2
10000	000840470	050-40-03-00000	SPD Field	4111507	939	PF	3/1/2013	In recruitment	2
10000	000861340	025-40-05-10000	CW Field	4111615	995	PF	3/1/2013	In recruitment	2
10000	000541370	050-40-03-00000	SPD Field	4114584	957	PF	3/1/2013	In recruitment	2
10000	000765790	050-40-03-00000	SPD Field	4116003	938	PF	3/1/2013	In recruitment	2

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000189940	050-40-03-00000	SPD Field	4117039	939	PF	3/1/2013	In recruitment	2
10000	000796500	050-40-03-00000	SPD Field	4118036	953	PF	3/1/2013	In recruitment	2
10000	000593110	050-40-01-00000	SPD LQC	4119866	01Q	PF	3/1/2013	In recruitment	2
10000	000211590	025-40-05-10000	CW Field	4300768	995	PF	3/1/2013	In recruitment	2
10000	001171130	010-45-04-00000	OFS	4420315	020	PF	3/1/2013	In recruitment	2
10000	000247060	025-40-05-20000	SS Field	9405702	337	PF	3/1/2013	In recruitment	2
10000	000571390	025-40-05-20000	SS Field	9409842	327	PF	3/1/2013	In recruitment	2
10000	000544560	025-40-05-20000	SS Field	9410017	547	PF	3/1/2013	In recruitment	2
10000	000544520	025-40-05-20000	SS Field	9410166	545	PF	3/1/2013	In recruitment	2
10000	000555190	025-40-05-20000	SS Field	9410283	355	PF	3/1/2013	In recruitment	2
10000	000718170	025-40-05-20000	SS Field	9410666	377	PF	3/1/2013	In recruitment	2
10000	000848830	025-40-03-00000	CAF CSP	9410908	119	PF	3/1/2013	In recruitment	2
10000	001014770	050-40-01-00000	SPD LQC	1003037	01M	PF	3/1/2013	In recruitment - having recruitment issues finding qualified candidates	2
10000	000187570	050-40-01-00000	SPD LQC	4111140	01M	PF	3/1/2012	In recruitment - having recruitment issues finding qualified candidates	2
10000	000188370	050-40-01-00000	SPD LQC	4111231	01G	PF	3/1/2012	In recruitment - having recruitment issues finding qualified candidates	2
10000	000168350	010-45-04-00000	OFS	0000038	02J	PF		Legislatively mandated vacancy savings	6
10000	000569180	010-45-06-00000	Facilities	0000522	039	PF		Legislatively mandated vacancy savings	6
10000	000182160	025-40-04-00000	CAF PPR	0002004	004	PF		Legislatively mandated vacancy savings	6
10000	000386080	050-40-02-00000	SPD FRFE	0008034	889	PF		Legislatively mandated vacancy savings	6
10000	000386150	050-40-02-00000	SPD FRFE	0008042	884	PF		Legislatively mandated vacancy savings	6
10000	000386280	050-40-02-00000	SPD FRFE	0008059	877	PF		Legislatively mandated vacancy savings	6
10000	000386290	050-40-02-00000	SPD FRFE	0008060	883	PF		Legislatively mandated vacancy savings	6
10000	000386360	050-40-02-00000	SPD FRFE	0008068	887	PF		Legislatively mandated vacancy savings	6
10000	000386460	050-40-02-00000	SPD FRFE	0008082	882	PF		Legislatively mandated vacancy savings	6
10000	000386620	050-40-02-00000	SPD FRFE	0008099	883	PF		Legislatively mandated vacancy savings	6
10000	000386750	050-40-02-00000	SPD FRFE	0008123	887	PF		Legislatively mandated vacancy savings	6
10000	000564010	050-40-02-00000	SPD FRFE	0008155	884	PF		Legislatively mandated vacancy savings	6
10000	000642710	050-40-02-00000	SPD FRFE	0008234	883	PF		Legislatively mandated vacancy savings	6
10000	000708420	050-40-02-00000	SPD FRFE	0008244	889	PF		Legislatively mandated vacancy savings	6
10000	000708480	050-40-02-00000	SPD FRFE	0008250	889	PF		Legislatively mandated vacancy savings	6
10000	000729980	050-40-02-00000	SPD FRFE	0008264	878	PF		Legislatively mandated vacancy savings	6
10000	000729990	050-40-02-00000	SPD FRFE	0008265	878	PF		Legislatively mandated vacancy savings	6
10000	000233150	025-40-02-00000	CAF SS	0012003	996	PF		Legislatively mandated vacancy savings	6
10000	000197300	025-40-05-10000	CW Field	0390052	261	PF		Legislatively mandated vacancy savings	6
10000	000197410	025-40-05-10000	CW Field	0390063	357	PP		Legislatively mandated vacancy savings	6
10000	000198840	025-40-04-00000	CAF PPR	0491002	813	PF		Legislatively mandated vacancy savings	6
10000	000532110	025-40-05-10000	CW Field	0492001	315	PF		Legislatively mandated vacancy savings	6
10000	000532420	025-40-05-10000	CW Field	0492011	262	PF		Legislatively mandated vacancy savings	6
10000	001145890	010-45-04-00000	OFS	0530801	02B	PF		Legislatively mandated vacancy savings	6
10000	000200800	025-40-05-10000	CW Field	0779321	357	PF		Legislatively mandated vacancy savings	6
10000	000202390	010-45-04-00000	OFS	0785137	02A	PP		Legislatively mandated vacancy savings	6

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000202440	025-40-05-10000	CW Field	0785143	358	PF		Legislatively mandated vacancy savings	6
10000	000203600	025-40-05-10000	CW Field	0787074	434	PF		Legislatively mandated vacancy savings	6
10000	000203720	025-40-05-10000	CW Field	0787088	462	PF		Legislatively mandated vacancy savings	6
10000	000205430	025-40-05-10000	CW Field	0789268	263	PP		Legislatively mandated vacancy savings	6
10000	000205570	025-40-03-00000	CAF CSP	0789282	996	PF		Legislatively mandated vacancy savings	6
10000	000206230	010-45-04-00000	OFS	0791037	02G	PF		Legislatively mandated vacancy savings	6
10000	000552800	025-40-05-10000	CW Field	0793239	261	PF		Legislatively mandated vacancy savings	6
10000	000567140	025-40-05-10000	CW Field	0793374	334	PP		Legislatively mandated vacancy savings	6
10000	000567150	025-40-05-10000	CW Field	0793375	801	PP		Legislatively mandated vacancy savings	6
10000	000644420	025-40-05-10000	CW Field	0795327	315	PP		Legislatively mandated vacancy savings	6
10000	000611180	025-40-03-00000	CAF CSP	0795591	116	PF		Legislatively mandated vacancy savings	6
10000	000692250	025-40-05-10000	CW Field	0797062	266	PF		Legislatively mandated vacancy savings	6
10000	000747890	025-40-05-10000	CW Field	0799183	521	PF		Legislatively mandated vacancy savings	6
10000	000749480	025-40-05-10000	CW Field	0799236	315	PP		Legislatively mandated vacancy savings	6
10000	000755340	025-40-05-30000	CAF Dist Admin	0799446	245	PF		Legislatively mandated vacancy savings	6
10000	000807270	025-40-05-10000	CW Field	0799989	482	PP		Legislatively mandated vacancy savings	6
10000	000807180	025-40-05-10000	CW Field	0799994	405	PP		Legislatively mandated vacancy savings	6
10000	000214020	025-40-03-00000	CAF CSP	1000069	117	PF		Legislatively mandated vacancy savings	6
10000	000718320	025-40-02-00000	CAF SS	1000123	105	PP		Legislatively mandated vacancy savings	6
10000	000730300	010-45-04-00000	OFS	1000131	029	PF		Legislatively mandated vacancy savings	6
10000	000916470	050-40-03-00000	SPD Field	1000300	801	PP		Legislatively mandated vacancy savings	6
10000	000895750	050-40-03-00000	SPD Field	1000340	801	PP		Legislatively mandated vacancy savings	6
10000	000955810	010-45-04-00000	OFS	1000580	02B	PF		Legislatively mandated vacancy savings	6
10000	000893920	025-40-05-20000	SS Field	1000719	205	PP		Legislatively mandated vacancy savings	6
10000	000896990	025-40-05-20000	SS Field	1000723	268	PF		Legislatively mandated vacancy savings	6
10000	000897100	025-40-05-20000	SS Field	1000734	205	PP		Legislatively mandated vacancy savings	6
10000	000897300	025-40-05-20000	SS Field	1000754	442	PF		Legislatively mandated vacancy savings	6
10000	000897360	025-40-05-20000	SS Field	1000760	460	PF		Legislatively mandated vacancy savings	6
10000	000897390	025-40-05-20000	SS Field	1000763	530	PF		Legislatively mandated vacancy savings	6
10000	000898090	025-40-05-20000	SS Field	1000803	256	PF		Legislatively mandated vacancy savings	6
10000	000898130	025-40-05-20000	SS Field	1000805	268	PF		Legislatively mandated vacancy savings	6
10000	000898240	025-40-05-20000	SS Field	1000812	205	PP		Legislatively mandated vacancy savings	6
10000	000898420	025-40-05-20000	SS Field	1000825	328	PF		Legislatively mandated vacancy savings	6
10000	000899030	025-40-05-20000	SS Field	1000857	355	PF		Legislatively mandated vacancy savings	6
10000	000899240	025-40-05-20000	SS Field	1000867	460	PF		Legislatively mandated vacancy savings	6
10000	000898290	025-40-05-20000	SS Field	1000904	205	PP		Legislatively mandated vacancy savings	6
10000	000898440	025-40-05-20000	SS Field	1000907	205	PP		Legislatively mandated vacancy savings	6
10000	000898480	025-40-05-20000	SS Field	1000909	259	PF		Legislatively mandated vacancy savings	6
10000	000898560	025-40-05-20000	SS Field	1000913	312	PF		Legislatively mandated vacancy savings	6
10000	000899320	025-40-05-20000	SS Field	1000951	257	PF		Legislatively mandated vacancy savings	6
10000	000899340	025-40-05-30000	CAF Dist Admin	1000952	995	PF		Legislatively mandated vacancy savings	6
10000	000899350	025-40-05-30000	CAF Dist Admin	1000953	995	PF		Legislatively mandated vacancy savings	6
10000	000899640	025-40-05-30000	CAF Dist Admin	1000959	208	PF		Legislatively mandated vacancy savings	6

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000899450	025-40-05-20000	SS Field	1000967	256	PF		Legislatively mandated vacancy savings	6
10000	000899560	025-40-05-20000	SS Field	1000978	532	PF		Legislatively mandated vacancy savings	6
10000	000894310	025-40-05-20000	SS Field	1001008	384	PF		Legislatively mandated vacancy savings	6
10000	000895100	025-40-02-00000	CAF SS	1001049	00N	PF		Legislatively mandated vacancy savings	6
10000	000895340	025-40-05-20000	SS Field	1001058	355	PF		Legislatively mandated vacancy savings	6
10000	000895590	025-40-05-20000	SS Field	1001080	545	PF		Legislatively mandated vacancy savings	6
10000	000895610	025-40-05-20000	SS Field	1001082	545	PF		Legislatively mandated vacancy savings	6
10000	000895620	025-40-05-20000	SS Field	1001083	545	PF		Legislatively mandated vacancy savings	6
10000	000954930	050-40-02-00000	SPD FRFE	1001156	01T	PF		Legislatively mandated vacancy savings	6
10000	000955010	050-40-03-00000	SPD Field	1001173	800	PF		Legislatively mandated vacancy savings	6
10000	000904170	050-40-03-00000	SPD Field	1001736	937	PF		Legislatively mandated vacancy savings	6
10000	000915960	025-40-05-10000	CW Field	1001959	995	PF		Legislatively mandated vacancy savings	6
10000	000920020	010-45-04-00000	OFS	1002008	027	PP		Legislatively mandated vacancy savings	6
10000	000920710	025-40-05-20000	SS Field	1002099	547	PF		Legislatively mandated vacancy savings	6
10000	000928590	025-40-05-10000	CW Field	1002185	434	PF		Legislatively mandated vacancy savings	6
10000	000967040	010-45-11-00000	OPAR	1002402	04Q	PF		Legislatively mandated vacancy savings	6
10000	000977810	050-40-04-00000	SPD DD	1002481	828	PF		Legislatively mandated vacancy savings	6
10000	000973430	050-40-03-00000	SPD Field	1002558	801	PF		Legislatively mandated vacancy savings	6
10000	000973440	050-40-03-00000	SPD Field	1002559	801	PP		Legislatively mandated vacancy savings	6
10000	000973450	050-40-03-00000	SPD Field	1002560	801	PF		Legislatively mandated vacancy savings	6
10000	000973490	050-40-03-00000	SPD Field	1002564	936	PF		Legislatively mandated vacancy savings	6
10000	000973550	050-40-03-00000	SPD Field	1002570	801	PF		Legislatively mandated vacancy savings	6
10000	000973560	050-40-03-00000	SPD Field	1002571	801	PF		Legislatively mandated vacancy savings	6
10000	000973570	050-40-03-00000	SPD Field	1002572	801	PF		Legislatively mandated vacancy savings	6
10000	000974340	050-40-03-00000	SPD Field	1002666	936	PF		Legislatively mandated vacancy savings	6
10000	000974390	050-40-03-00000	SPD Field	1002671	801	PF		Legislatively mandated vacancy savings	6
10000	000974410	050-40-03-00000	SPD Field	1002673	801	PF		Legislatively mandated vacancy savings	6
10000	000974460	050-40-03-00000	SPD Field	1002678	801	PF		Legislatively mandated vacancy savings	6
10000	000974470	050-40-03-00000	SPD Field	1002679	801	PF		Legislatively mandated vacancy savings	6
10000	000974480	050-40-03-00000	SPD Field	1002680	801	PF		Legislatively mandated vacancy savings	6
10000	000974530	050-40-03-00000	SPD Field	1002685	801	PF		Legislatively mandated vacancy savings	6
10000	000974550	050-40-03-00000	SPD Field	1002687	01K	PF		Legislatively mandated vacancy savings	6
10000	000974560	050-40-02-00000	SPD FRFE	1002688	01T	PF		Legislatively mandated vacancy savings	6
10000	000975210	025-40-05-20000	SS Field	1002765	532	PF		Legislatively mandated vacancy savings	6
10000	000990600	025-40-05-10000	CW Field	1002926	315	PF		Legislatively mandated vacancy savings	6
10000	000990610	025-40-05-10000	CW Field	1002927	315	PF		Legislatively mandated vacancy savings	6
10000	000978960	025-40-02-00000	CAF SS	1002957	131	PF		Legislatively mandated vacancy savings	6
10000	000978970	025-40-02-00000	CAF SS	1002958	120	PP		Legislatively mandated vacancy savings	6
10000	001014490	050-40-03-00000	SPD Field	1003022	801	PF		Legislatively mandated vacancy savings	6
10000	001014910	050-40-03-00000	SPD Field	1003026	959	PF		Legislatively mandated vacancy savings	6
10000	001014930	050-40-03-00000	SPD Field	1003028	801	PF		Legislatively mandated vacancy savings	6
10000	001016250	025-40-05-10000	CW Field	1003157	262	PF		Legislatively mandated vacancy savings	6
10000	001016300	025-40-05-10000	CW Field	1003162	263	PP		Legislatively mandated vacancy savings	6

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	001016340	025-40-05-20000	SS Field	1003166	368	PF		Legislatively mandated vacancy savings	6
10000	001016570	025-40-05-20000	SS Field	1003190	995	PP		Legislatively mandated vacancy savings	6
10000	001016730	025-40-05-20000	SS Field	1003206	403	PF		Legislatively mandated vacancy savings	6
10000	001026030	050-40-03-00000	SPD Field	1004045	801	PF		Legislatively mandated vacancy savings	6
10000	001026040	050-40-03-00000	SPD Field	1004046	801	PF		Legislatively mandated vacancy savings	6
10000	001026070	050-40-03-00000	SPD Field	1004049	801	PF		Legislatively mandated vacancy savings	6
10000	001026080	050-40-03-00000	SPD Field	1004050	801	PF		Legislatively mandated vacancy savings	6
10000	001025550	025-40-05-20000	SS Field	1004057	241	PF		Legislatively mandated vacancy savings	6
10000	001025750	025-40-05-20000	SS Field	1004068	256	PF		Legislatively mandated vacancy savings	6
10000	001025780	025-40-05-20000	SS Field	1004071	351	PF		Legislatively mandated vacancy savings	6
10000	001025690	025-40-02-00000	CAF SS	1004096	814	PF		Legislatively mandated vacancy savings	6
10000	001030680	050-40-03-00000	SPD Field	1004201	801	PF		Legislatively mandated vacancy savings	6
10000	001028930	050-40-03-00000	SPD Field	1004209	801	PF		Legislatively mandated vacancy savings	6
10000	001028940	050-40-03-00000	SPD Field	1004210	801	PF		Legislatively mandated vacancy savings	6
10000	001028960	050-40-03-00000	SPD Field	1004212	801	PF		Legislatively mandated vacancy savings	6
10000	001028990	050-40-03-00000	SPD Field	1004215	801	PF		Legislatively mandated vacancy savings	6
10000	001029000	050-40-03-00000	SPD Field	1004216	957	PF		Legislatively mandated vacancy savings	6
10000	001029030	050-40-03-00000	SPD Field	1004219	801	PF		Legislatively mandated vacancy savings	6
10000	001029140	050-40-02-00000	SPD FRFE	1004230	815	PF		Legislatively mandated vacancy savings	6
10000	001029200	025-40-05-10000	CW Field	1004280	261	PF		Legislatively mandated vacancy savings	6
10000	001029380	025-40-05-10000	CW Field	1004294	229	PF		Legislatively mandated vacancy savings	6
10000	001029980	025-40-05-10000	CW Field	1004344	315	PF		Legislatively mandated vacancy savings	6
10000	001030000	025-40-05-10000	CW Field	1004346	289	PF		Legislatively mandated vacancy savings	6
10000	001030050	025-40-05-10000	CW Field	1004350	352	PF		Legislatively mandated vacancy savings	6
10000	001048220	025-40-05-20000	SS Field	1004412	313	PF		Legislatively mandated vacancy savings	6
10000	001048480	025-40-05-20000	SS Field	1004427	394	PF		Legislatively mandated vacancy savings	6
10000	001048640	025-40-05-20000	SS Field	1004438	477	PF		Legislatively mandated vacancy savings	6
10000	001048790	025-40-05-20000	SS Field	1004448	543	PF		Legislatively mandated vacancy savings	6
10000	001048850	025-40-05-20000	SS Field	1004453	253	PF		Legislatively mandated vacancy savings	6
10000	001049050	025-40-05-20000	SS Field	1004466	256	PF		Legislatively mandated vacancy savings	6
10000	001049100	025-40-05-20000	SS Field	1004470	312	PF		Legislatively mandated vacancy savings	6
10000	001047980	025-40-05-20000	SS Field	1004471	332	PF		Legislatively mandated vacancy savings	6
10000	001048080	025-40-05-20000	SS Field	1004475	351	PF		Legislatively mandated vacancy savings	6
10000	001048190	025-40-05-20000	SS Field	1004477	256	PF		Legislatively mandated vacancy savings	6
10000	001048840	025-40-05-20000	SS Field	1004489	271	PF		Legislatively mandated vacancy savings	6
10000	001042760	050-40-03-00000	SPD Field	1004608	823	PF		Legislatively mandated vacancy savings	6
10000	001042830	050-40-03-00000	SPD Field	1004615	952	PF		Legislatively mandated vacancy savings	6
10000	001042930	050-40-03-00000	SPD Field	1004623	801	PF		Legislatively mandated vacancy savings	6
10000	001042940	050-40-03-00000	SPD Field	1004624	939	PF		Legislatively mandated vacancy savings	6
10000	001042980	050-40-03-00000	SPD Field	1004628	801	PF		Legislatively mandated vacancy savings	6
10000	001042990	050-40-03-00000	SPD Field	1004629	801	PF		Legislatively mandated vacancy savings	6
10000	001043000	050-40-03-00000	SPD Field	1004630	801	PF		Legislatively mandated vacancy savings	6
10000	001043010	050-40-03-00000	SPD Field	1004631	801	PF		Legislatively mandated vacancy savings	6

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	001043020	050-40-03-00000	SPD Field	1004632	801	PF		Legislatively mandated vacancy savings	6
10000	001043040	050-40-03-00000	SPD Field	1004634	801	PF		Legislatively mandated vacancy savings	6
10000	001073970	025-40-05-20000	SS Field	1004940	354	PF		Legislatively mandated vacancy savings	6
10000	001079240	025-40-05-20000	SS Field	1007353	530	PF		Legislatively mandated vacancy savings	6
10000	001079270	025-40-05-20000	SS Field	1007354	532	PF		Legislatively mandated vacancy savings	6
10000	001096830	050-40-02-00000	SPD FRFE	1007754	801	PF		Legislatively mandated vacancy savings	6
10000	001100740	025-40-05-20000	SS Field	1007902	351	PF		Legislatively mandated vacancy savings	6
10000	001100850	025-40-05-20000	SS Field	1007913	438	PF		Legislatively mandated vacancy savings	6
10000	001100900	025-40-05-20000	SS Field	1007918	532	PF		Legislatively mandated vacancy savings	6
10000	001100940	025-40-05-20000	SS Field	1007922	248	PF		Legislatively mandated vacancy savings	6
10000	001100980	025-40-05-20000	SS Field	1007926	249	PF		Legislatively mandated vacancy savings	6
10000	001102360	050-40-03-00000	SPD Field	1007953	965	PF		Legislatively mandated vacancy savings	6
10000	001103070	050-40-03-00000	SPD Field	1008026	965	PF		Legislatively mandated vacancy savings	6
10000	001103080	050-40-03-00000	SPD Field	1008027	964	PF		Legislatively mandated vacancy savings	6
10000	001103090	050-40-03-00000	SPD Field	1008028	966	PF		Legislatively mandated vacancy savings	6
10000	001103120	050-40-03-00000	SPD Field	1008031	964	PF		Legislatively mandated vacancy savings	6
10000	001103150	050-40-03-00000	SPD Field	1008034	966	PF		Legislatively mandated vacancy savings	6
10000	001103210	050-40-03-00000	SPD Field	1008040	966	PF		Legislatively mandated vacancy savings	6
10000	001103220	050-40-03-00000	SPD Field	1008041	966	PF		Legislatively mandated vacancy savings	6
10000	001103350	050-40-03-00000	SPD Field	1008054	801	PF		Legislatively mandated vacancy savings	6
10000	001103360	050-40-03-00000	SPD Field	1008055	801	PF		Legislatively mandated vacancy savings	6
10000	001103370	050-40-03-00000	SPD Field	1008056	801	PF		Legislatively mandated vacancy savings	6
10000	001103380	050-40-03-00000	SPD Field	1008057	801	PF		Legislatively mandated vacancy savings	6
10000	001103390	050-40-03-00000	SPD Field	1008058	801	PF		Legislatively mandated vacancy savings	6
10000	001103410	050-40-03-00000	SPD Field	1008060	801	PF		Legislatively mandated vacancy savings	6
10000	001106470	025-40-05-20000	SS Field	1008073	256	PF		Legislatively mandated vacancy savings	6
10000	001106520	025-40-05-20000	SS Field	1008078	253	PF		Legislatively mandated vacancy savings	6
10000	001106540	025-40-05-20000	SS Field	1008080	253	PF		Legislatively mandated vacancy savings	6
10000	001106560	025-40-05-20000	SS Field	1008082	268	PF		Legislatively mandated vacancy savings	6
10000	001106570	025-40-05-20000	SS Field	1008083	249	PF		Legislatively mandated vacancy savings	6
10000	001106620	025-40-05-20000	SS Field	1008088	313	PF		Legislatively mandated vacancy savings	6
10000	001106630	025-40-05-20000	SS Field	1008089	293	PF		Legislatively mandated vacancy savings	6
10000	001106760	025-40-05-20000	SS Field	1008102	313	PF		Legislatively mandated vacancy savings	6
10000	001106810	025-40-05-20000	SS Field	1008107	355	PF		Legislatively mandated vacancy savings	6
10000	001106880	025-40-05-20000	SS Field	1008114	351	PF		Legislatively mandated vacancy savings	6
10000	001106890	025-40-05-20000	SS Field	1008115	351	PF		Legislatively mandated vacancy savings	6
10000	001106900	025-40-05-20000	SS Field	1008116	354	PF		Legislatively mandated vacancy savings	6
10000	001106910	025-40-05-20000	SS Field	1008117	368	PF		Legislatively mandated vacancy savings	6
10000	001106970	025-40-05-20000	SS Field	1008123	256	PF		Legislatively mandated vacancy savings	6
10000	001107090	025-40-05-20000	SS Field	1008135	393	PF		Legislatively mandated vacancy savings	6
10000	001107280	025-40-05-20000	SS Field	1008154	995	PF		Legislatively mandated vacancy savings	6
10000	001107310	025-40-05-20000	SS Field	1008157	249	PF		Legislatively mandated vacancy savings	6
10000	001107380	025-40-05-20000	SS Field	1008164	995	PF		Legislatively mandated vacancy savings	6

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	001107430	025-40-05-20000	SS Field	1008169	227	PF		Legislatively mandated vacancy savings	6
10000	001107810	025-40-05-20000	SS Field	1008207	271	PF		Legislatively mandated vacancy savings	6
10000	001107940	025-40-05-20000	SS Field	1008220	312	PF		Legislatively mandated vacancy savings	6
10000	001108000	025-40-05-20000	SS Field	1008226	287	PF		Legislatively mandated vacancy savings	6
10000	001108050	025-40-05-20000	SS Field	1008231	313	PF		Legislatively mandated vacancy savings	6
10000	001108180	025-40-05-20000	SS Field	1008244	347	PF		Legislatively mandated vacancy savings	6
10000	001108400	025-40-05-20000	SS Field	1008266	530	PF		Legislatively mandated vacancy savings	6
10000	001108410	025-40-05-20000	SS Field	1008267	362	PF		Legislatively mandated vacancy savings	6
10000	001108510	025-40-05-20000	SS Field	1008277	396	PF		Legislatively mandated vacancy savings	6
10000	001108530	025-40-05-20000	SS Field	1008279	403	PF		Legislatively mandated vacancy savings	6
10000	001108640	025-40-05-20000	SS Field	1008290	432	PF		Legislatively mandated vacancy savings	6
10000	001104130	050-40-03-00000	SPD Field	1008329	801	PF		Legislatively mandated vacancy savings	6
10000	001105020	025-40-05-20000	SS Field	1008381	268	PF		Legislatively mandated vacancy savings	6
10000	001105080	025-40-05-20000	SS Field	1008388	257	PF		Legislatively mandated vacancy savings	6
10000	001104550	025-40-05-20000	SS Field	1008430	532	PF		Legislatively mandated vacancy savings	6
10000	001104560	025-40-05-20000	SS Field	1008431	295	PF		Legislatively mandated vacancy savings	6
10000	001105970	025-40-05-10000	CW Field	1008506	398	PF		Legislatively mandated vacancy savings	6
10000	001106040	025-40-05-10000	CW Field	1008529	357	PF		Legislatively mandated vacancy savings	6
10000	001106060	025-40-05-10000	CW Field	1008531	260	PF		Legislatively mandated vacancy savings	6
10000	001106110	025-40-05-10000	CW Field	1008536	260	PF		Legislatively mandated vacancy savings	6
10000	001118360	050-40-03-00000	SPD Field	1008651	821	PF		Legislatively mandated vacancy savings	6
10000	001118410	050-40-03-00000	SPD Field	1008656	821	PF		Legislatively mandated vacancy savings	6
10000	001126730	050-40-03-00000	SPD Field	1008999	820	LF		Legislatively mandated vacancy savings	6
10000	001126840	050-40-04-00000	SPD DD	1009000	918	PF		Legislatively mandated vacancy savings	6
10000	001126940	050-40-04-00000	SPD DD	1009293	834	PF		Legislatively mandated vacancy savings	6
10000	001127020	050-40-04-00000	SPD DD	1009294	834	PF		Legislatively mandated vacancy savings	6
10000	001148310	025-40-02-00000	CAF SS	1009359	120	PF		Legislatively mandated vacancy savings	6
10000	001148350	025-40-02-00000	CAF SS	1009363	120	LF		Legislatively mandated vacancy savings	6
10000	001160140	025-40-05-20000	SS Field	1010351	247	PF		Legislatively mandated vacancy savings	6
10000	001160150	025-40-05-20000	SS Field	1010352	256	PF		Legislatively mandated vacancy savings	6
10000	001165300	050-40-03-00000	SPD Field	1010356	821	LF		Legislatively mandated vacancy savings	6
10000	001165320	050-40-03-00000	SPD Field	1010358	01T	PF		Legislatively mandated vacancy savings	6
10000	001165360	025-40-09-10000	CAF DO	1010361	014	PF		Legislatively mandated vacancy savings	6
10000	001170490	025-40-05-20000	SS Field	1010547	256	PF		Legislatively mandated vacancy savings	6
10000	001170500	025-40-05-20000	SS Field	1010548	256	PF		Legislatively mandated vacancy savings	6
10000	001170510	025-40-05-20000	SS Field	1010549	253	PF		Legislatively mandated vacancy savings	6
10000	001170520	025-40-05-20000	SS Field	1010550	293	PF		Legislatively mandated vacancy savings	6
10000	001170530	025-40-05-20000	SS Field	1010551	312	PF		Legislatively mandated vacancy savings	6
10000	001170540	025-40-05-20000	SS Field	1010552	519	PF		Legislatively mandated vacancy savings	6
10000	000233450	025-40-09-10000	CAF DO	1300052	014	PF		Legislatively mandated vacancy savings	6
10000	000208970	025-40-05-10000	CW Field	2000010	536	PF		Legislatively mandated vacancy savings	6
10000	000122010	010-45-10-00000	Audits	2000092	031	PP		Legislatively mandated vacancy savings	6
10000	000233740	025-40-05-20000	SS Field	2100131	259	PF		Legislatively mandated vacancy savings	6

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000209470	010-45-04-00000	OFS	2100546	028	PF		Legislatively mandated vacancy savings	6
10000	000853380	050-40-06-10000	SDP DO	2720030	801	PP		Legislatively mandated vacancy savings	6
10000	000209920	025-40-09-10000	CAF DO	3200181	995	PF		Legislatively mandated vacancy savings	6
10000	000210060	025-40-03-00000	CAF CSP	3200748	996	PF		Legislatively mandated vacancy savings	6
10000	000235330	025-40-05-20000	SS Field	4100338	255	PF		Legislatively mandated vacancy savings	6
10000	000187100	050-40-01-00000	SPD LQC	4110034	801	PF		Legislatively mandated vacancy savings	6
10000	000765820	050-40-03-00000	SPD Field	4111123	959	PP		Legislatively mandated vacancy savings	6
10000	000188040	050-40-03-00000	SPD Field	4111197	801	PF		Legislatively mandated vacancy savings	6
10000	000188100	050-40-03-00000	SPD Field	4111203	937	PF		Legislatively mandated vacancy savings	6
10000	000838030	050-40-03-00000	SPD Field	4111319	944	PF		Legislatively mandated vacancy savings	6
10000	000838630	050-40-03-00000	SPD Field	4111374	960	PF		Legislatively mandated vacancy savings	6
10000	000838720	050-40-03-00000	SPD Field	4111383	801	PF		Legislatively mandated vacancy savings	6
10000	000838760	050-40-03-00000	SPD Field	4111387	942	PF		Legislatively mandated vacancy savings	6
10000	000839110	025-40-05-10000	CW Field	4111422	315	PF		Legislatively mandated vacancy savings	6
10000	000839220	050-40-03-00000	SPD Field	4111433	935	PF		Legislatively mandated vacancy savings	6
10000	000861220	050-40-01-00000	SPD LQC	4111614	01G	PF		Legislatively mandated vacancy savings	6
10000	000802010	050-40-03-00000	SPD Field	4111919	801	PF		Legislatively mandated vacancy savings	6
10000	000802220	050-40-03-00000	SPD Field	4111940	801	PF		Legislatively mandated vacancy savings	6
10000	000541660	050-40-03-00000	SPD Field	4114439	960	PP		Legislatively mandated vacancy savings	6
10000	000541960	050-40-03-00000	SPD Field	4114460	801	PF		Legislatively mandated vacancy savings	6
10000	000542370	050-40-03-00000	SPD Field	4114501	935	PF		Legislatively mandated vacancy savings	6
10000	000542380	050-40-03-00000	SPD Field	4114502	801	PP		Legislatively mandated vacancy savings	6
10000	000541330	050-40-03-00000	SPD Field	4114580	801	PF		Legislatively mandated vacancy savings	6
10000	000541350	050-40-03-00000	SPD Field	4114582	955	PF		Legislatively mandated vacancy savings	6
10000	000758450	050-40-03-00000	SPD Field	4115101	801	PF		Legislatively mandated vacancy savings	6
10000	000796620	050-40-03-00000	SPD Field	4118025	953	PF		Legislatively mandated vacancy savings	6
10000	000190190	050-40-03-00000	SPD Field	4119009	935	PF		Legislatively mandated vacancy savings	6
10000	000190230	050-40-03-00000	SPD Field	4119015	933	PF		Legislatively mandated vacancy savings	6
10000	000190310	050-40-03-00000	SPD Field	4119023	801	PF		Legislatively mandated vacancy savings	6
10000	000190330	050-40-03-00000	SPD Field	4119025	801	PF		Legislatively mandated vacancy savings	6
10000	000190520	050-40-03-00000	SPD Field	4119060	801	PP		Legislatively mandated vacancy savings	6
10000	000191830	050-40-03-00000	SPD Field	4119216	953	PF		Legislatively mandated vacancy savings	6
10000	000674740	050-40-03-00000	SPD Field	4119300	948	PF		Legislatively mandated vacancy savings	6
10000	000193010	050-40-03-00000	SPD Field	4119337	801	PF		Legislatively mandated vacancy savings	6
10000	000195430	050-40-01-00000	SPD LQC	4119601	01P	PF		Legislatively mandated vacancy savings	6
10000	000195450	050-40-01-00000	SPD LQC	4119603	01P	PF		Legislatively mandated vacancy savings	6
10000	000581920	050-40-03-00000	SPD Field	4119775	801	PF		Legislatively mandated vacancy savings	6
10000	000609140	050-40-03-00000	SPD Field	4119896	936	PF		Legislatively mandated vacancy savings	6
10000	000609220	050-40-03-00000	SPD Field	4119904	938	PF		Legislatively mandated vacancy savings	6
10000	000622700	050-40-03-00000	SPD Field	4119949	948	PF		Legislatively mandated vacancy savings	6
10000	000622630	050-40-02-00000	SPD FRFE	4119952	836	PF		Legislatively mandated vacancy savings	6
10000	000211640	025-40-05-10000	CW Field	4300862	260	PF		Legislatively mandated vacancy savings	6
10000	000212560	025-40-05-30000	CAF Dist Admin	4500790	458	PF		Legislatively mandated vacancy savings	6

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000213240	025-40-05-10000	CW Field	4800650	262	PF		Legislatively mandated vacancy savings	6
10000	000123420	050-40-01-00000	SPD LQC	6152000	01K	PF		Legislatively mandated vacancy savings	6
10000	000870280	050-40-03-00000	SPD Field	6600015	801	PP		Legislatively mandated vacancy savings	6
10000	000215660	025-40-05-10000	CW Field	7100709	995	PF		Legislatively mandated vacancy savings	6
10000	000237000	025-40-05-20000	SS Field	7600037	545	PF		Legislatively mandated vacancy savings	6
10000	000215950	025-40-05-10000	CW Field	7600105	315	PF		Legislatively mandated vacancy savings	6
10000	000215980	025-40-05-10000	CW Field	7600112	315	PF		Legislatively mandated vacancy savings	6
10000	000216000	025-40-05-10000	CW Field	7600115	315	PF		Legislatively mandated vacancy savings	6
10000	000237230	025-40-05-30000	CAF Dist Admin	9202022	208	PF		Legislatively mandated vacancy savings	6
10000	000237610	025-40-05-20000	SS Field	9221402	328	PF		Legislatively mandated vacancy savings	6
10000	000237940	025-40-05-20000	SS Field	9306027	377	PF		Legislatively mandated vacancy savings	6
10000	000238180	025-40-05-20000	SS Field	9310042	543	PF		Legislatively mandated vacancy savings	6
10000	000238570	025-40-02-00000	CAF SS	9317028	996	PF		Legislatively mandated vacancy savings	6
10000	000218950	025-40-05-20000	SS Field	9318301	256	PF		Legislatively mandated vacancy savings	6
10000	000238750	025-40-05-20000	SS Field	9318403	205	PP		Legislatively mandated vacancy savings	6
10000	000219160	025-40-05-10000	CW Field	9322302	329	PF		Legislatively mandated vacancy savings	6
10000	000239350	025-40-05-20000	SS Field	9336104	287	PF		Legislatively mandated vacancy savings	6
10000	000239380	025-40-05-20000	SS Field	9336406	287	PF		Legislatively mandated vacancy savings	6
10000	000240050	025-40-05-20000	SS Field	9400161	205	PP		Legislatively mandated vacancy savings	6
10000	000240090	025-40-05-20000	SS Field	9400175	362	PF		Legislatively mandated vacancy savings	6
10000	000240160	025-40-05-20000	SS Field	9400198	250	PF		Legislatively mandated vacancy savings	6
10000	000240200	025-40-02-00000	CAF SS	9400207	00P	PF		Legislatively mandated vacancy savings	6
10000	000240480	025-40-05-20000	SS Field	9400287	205	PP		Legislatively mandated vacancy savings	6
10000	000240550	025-40-05-20000	SS Field	9400297	312	PF		Legislatively mandated vacancy savings	6
10000	000240590	025-40-05-20000	SS Field	9400324	394	PF		Legislatively mandated vacancy savings	6
10000	000241160	025-40-05-20000	SS Field	9400480	995	PF		Legislatively mandated vacancy savings	6
10000	000242350	010-45-11-00000	OPAR	9400961	04Q	PP		Legislatively mandated vacancy savings	6
10000	000244110	025-40-05-20000	SS Field	9402492	227	PF		Legislatively mandated vacancy savings	6
10000	000245280	025-40-05-10000	CW Field	9403334	315	PF		Legislatively mandated vacancy savings	6
10000	000245420	025-40-05-20000	SS Field	9403386	205	PP		Legislatively mandated vacancy savings	6
10000	000185820	025-40-09-10000	CAF DO	9404202	996	PF		Legislatively mandated vacancy savings	6
10000	000245760	025-40-05-20000	SS Field	9404226	205	PP		Legislatively mandated vacancy savings	6
10000	000245930	025-40-05-20000	SS Field	9404326	249	PF		Legislatively mandated vacancy savings	6
10000	000246580	025-40-05-20000	SS Field	9405498	256	PF		Legislatively mandated vacancy savings	6
10000	000246610	025-40-05-20000	SS Field	9405503	340	PF		Legislatively mandated vacancy savings	6
10000	000246990	010-45-04-00000	OFS	9405687	02F	PF		Legislatively mandated vacancy savings	6
10000	000247020	025-40-05-20000	SS Field	9405696	432	PF		Legislatively mandated vacancy savings	6
10000	000247170	025-40-05-20000	SS Field	9405715	205	PP		Legislatively mandated vacancy savings	6
10000	000247260	010-45-11-00000	OPAR	9405772	04L	PP		Legislatively mandated vacancy savings	6
10000	000247600	025-40-05-20000	SS Field	9406091	257	PF		Legislatively mandated vacancy savings	6
10000	000247680	025-40-05-20000	SS Field	9406100	205	PP		Legislatively mandated vacancy savings	6
10000	000247740	025-40-05-20000	SS Field	9406129	205	PP		Legislatively mandated vacancy savings	6
10000	000249280	025-40-05-20000	SS Field	9406604	314	PF		Legislatively mandated vacancy savings	6

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000249370	025-40-05-20000	SS Field	9406665	403	PF		Legislatively mandated vacancy savings	6
10000	000249920	025-40-05-30000	CAF Dist Admin	9407023	208	PF		Legislatively mandated vacancy savings	6
10000	000250140	025-40-05-30000	CAF Dist Admin	9407224	208	PF		Legislatively mandated vacancy savings	6
10000	000250190	025-40-05-20000	SS Field	9407650	355	PF		Legislatively mandated vacancy savings	6
10000	001101850	010-45-11-00000	OPAR	9408133	04J	PP		Legislatively mandated vacancy savings	6
10000	000252710	025-40-05-20000	SS Field	9408348	205	PP		Legislatively mandated vacancy savings	6
10000	000253360	025-40-05-20000	SS Field	9408643	241	PF		Legislatively mandated vacancy savings	6
10000	000253390	025-40-05-20000	SS Field	9408646	256	PF		Legislatively mandated vacancy savings	6
10000	000253470	025-40-05-20000	SS Field	9408654	205	PP		Legislatively mandated vacancy savings	6
10000	000253870	025-40-05-20000	SS Field	9408729	313	PF		Legislatively mandated vacancy savings	6
10000	000254780	025-40-05-20000	SS Field	9408920	395	PF		Legislatively mandated vacancy savings	6
10000	000255360	025-40-05-20000	SS Field	9408978	287	PF		Legislatively mandated vacancy savings	6
10000	000255650	025-40-05-20000	SS Field	9409007	545	PF		Legislatively mandated vacancy savings	6
10000	000256370	025-40-05-20000	SS Field	9409151	293	PF		Legislatively mandated vacancy savings	6
10000	000256650	025-40-05-20000	SS Field	9409209	394	PF		Legislatively mandated vacancy savings	6
10000	000257730	025-40-05-20000	SS Field	9409353	314	PF		Legislatively mandated vacancy savings	6
10000	000259580	025-40-05-30000	CAF Dist Admin	9409553	208	PF		Legislatively mandated vacancy savings	6
10000	000260860	025-40-05-20000	SS Field	9409725	477	PF		Legislatively mandated vacancy savings	6
10000	000570980	025-40-05-20000	SS Field	9409759	293	PF		Legislatively mandated vacancy savings	6
10000	000571360	025-40-05-30000	CAF Dist Admin	9409786	208	PF		Legislatively mandated vacancy savings	6
10000	000556070	025-40-05-20000	SS Field	9410306	432	PF		Legislatively mandated vacancy savings	6
10000	000607880	025-40-05-30000	CAF Dist Admin	9410535	995	PF		Legislatively mandated vacancy savings	6
10000	000607890	025-40-05-30000	CAF Dist Admin	9410536	995	PF		Legislatively mandated vacancy savings	6
10000	000718290	025-40-05-20000	SS Field	9410678	257	PF		Legislatively mandated vacancy savings	6
10000	000733470	025-40-05-30000	CAF Dist Admin	9410765	208	PF		Legislatively mandated vacancy savings	6
10000	000733500	010-45-06-00000	Facilities	9410768	039	PF		Legislatively mandated vacancy savings	6
10000	000824290	010-45-11-00000	OPAR	9410861	04J	PF		Legislatively mandated vacancy savings	6
10000	000824860	025-40-05-20000	SS Field	9410883	200	PP		Legislatively mandated vacancy savings	6
10000	000857750	025-40-02-00000	CAF SS	9411010	120	PF		Legislatively mandated vacancy savings	6
10000	000703720	025-40-05-10000	CW Field	0797511	206	PF		Pending reclassification	4
10000	001016220	025-40-05-10000	CW Field	1003154	379	PP		Pending reclassification	4
10000	000544460	025-40-05-20000	SS Field	9410112	255	PF		Pending reclassification	4
10000	000685830	050-05-10-00000	SPD DD SOCP	7110015	853	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000124570	050-05-10-00000	SPD DD SOCP	7162070	851	PP		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000686460	050-05-10-00000	SPD DD SOCP	7210002	997	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000687510	050-05-10-00000	SPD DD SOCP	7310014	851	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000124890	050-05-10-00000	SPD DD SOCP	7367270	853	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000643400	050-05-10-00000	SPD DD SOCP	7367760	851	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000527180	050-05-10-00000	SPD DD SOCP	7515300	851	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000527680	050-05-10-00000	SPD DD SOCP	7667277	851	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000527700	050-05-10-00000	SPD DD SOCP	7667279	853	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000527750	050-05-10-00000	SPD DD SOCP	7667284	853	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000756840	050-05-10-00000	SPD DD SOCP	7800005	851	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000757260	050-05-10-00000	SPD DD SOCP	8000008	851	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000757430	050-05-10-00000	SPD DD SOCP	8100006	851	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000757580	050-05-10-00000	SPD DD SOCP	8200002	838	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000758090	050-05-10-00000	SPD DD SOCP	8400015	853	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000802380	050-05-10-00000	SPD DD SOCP	9400012	853	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000802510	050-05-10-00000	SPD DD SOCP	9400025	853	PF		Position abolished as part of 2013-15 Pkg 040 SOCP Reclassifications (abolishments/establishes)	1
10000	000957920	010-45-04-00000	OFS	1002030	020	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000967090	010-45-11-00000	OPAR	1002406	04J	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	001013940	010-45-11-00000	OPAR	1003370	04M	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	001013950	010-45-11-00000	OPAR	1003371	04M	PP		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	001014870	010-45-05-00000	HR	1003411	051	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	001080840	010-45-07-00000	IRMS	1007417	048	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000233420	010-45-05-00000	HR	1200156	054	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000183660	010-45-07-00000	IRMS	2200136	048	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000183770	010-45-07-00000	IRMS	2200163	048	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	001171080	010-45-04-00000	OFS	3900017	02G	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000188760	010-45-12-00000	Perf Excellence	4112232	05P	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000190770	010-45-05-00000	HR	4119093	051	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000236520	010-45-04-00000	OFS	6100862	027	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000185290	010-45-07-00000	IRMS	9400454	048	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000185320	010-45-07-00000	IRMS	9400532	048	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000185450	010-45-07-00000	IRMS	9400927	048	PP		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000186170	010-45-07-00000	IRMS	9406352	048	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000249720	010-45-02-00000	Budget Center	9406734	033	PP		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	001170160	010-45-04-00000	OFS	9410727	02H	PF		Position abolished as part of 2013-15 Pkg 094 Shared Services office positions true-up, used to finance another position	1
10000	000233860	010-45-04-00000	OFS	2100209	020	PF	2/1/2013	Position filled, employee starting 2/1/13	2
10000	000209790	010-45-04-00000	OFS	3100708	02E	PF	2/1/2013	Position filled, employee starting 2/1/13	2
10000	000632110	010-45-04-00000	OFS	9410543	02B	PF	2/1/2013	Position filled, employee starting 2/1/13	2
10000	000718650	025-40-01-00000	CAF Field Admin	0697002	995	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000744230	025-40-05-10000	CW Field	0799011	995	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000730210	010-45-02-00000	Budget Center	1000127	994	PP		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000900760	050-40-03-00000	SPD Field	1000655	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001013820	010-45-11-00000	OPAR	1003358	994	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001013860	010-45-11-00000	OPAR	1003362	994	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001014230	010-45-03-00000	OFRA	1003394	995	PP		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001030640	050-40-03-00000	SPD Field	1004197	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001030660	050-40-03-00000	SPD Field	1004199	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001030690	050-40-03-00000	SPD Field	1004202	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001030710	050-40-03-00000	SPD Field	1004204	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001030720	050-40-03-00000	SPD Field	1004205	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001029020	050-40-03-00000	SPD Field	1004218	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	001029040	050-40-03-00000	SPD Field	1004220	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001102270	050-40-04-00000	SPD DD	1007944	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001103260	050-40-03-00000	SPD Field	1008045	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	001126900	050-40-04-00000	SPD DD	1009292	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000234000	010-45-11-00000	OPAR	2100270	994	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000155300	010-40-01-00000	Cntrl Svs - DO	3101003	995	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000210330	010-45-10-00000	Audits	3500227	995	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000235100	050-40-02-00000	SPD FRFE	4000801	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000542610	050-40-03-00000	SPD Field	4114525	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000189480	050-40-03-00000	SPD Field	4115005	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000766030	010-45-11-00000	OPAR	4116029	994	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000189750	050-40-03-00000	SPD Field	4117003	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000190180	025-40-01-00000	CAF Field Admin	4119007	995	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000192710	050-40-03-00000	SPD Field	4119306	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000870290	050-40-03-00000	SPD Field	6600016	997	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000568640	010-45-01-00000	hared Svcs Adm	9005074	994	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000243540	010-45-04-00000	OFS	9401286	994	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000252910	010-40-02-10000	HR	9408376	994	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000792620	010-45-10-00000	Audits	9410994	995	PF		Position in 2013-15 Pkg 081 (May 2012 E-Board) targeted for abolishment	1
10000	000168600	010-40-02-10000	HR	0000077	011	PF		Position paying for other doublefills/temps	8
10000	000168660	010-45-08-00000	C&P	0000087	061	PF		Position paying for other doublefills/temps	8
10000	000382610	050-40-02-00000	SPD FRFE	0001253	876	PF		Position paying for other doublefills/temps	8
10000	000708340	050-40-02-00000	SPD FRFE	0008212	882	PF		Position paying for other doublefills/temps	8
10000	000204930	025-40-03-00000	CAF CSP	0789216	112	PF		Position paying for other doublefills/temps	8
10000	000545550	025-40-03-00000	CAF CSP	0793029	111	PF		Position paying for other doublefills/temps	8
10000	000730400	010-45-08-00000	C&P	1000140	062	PF		Position paying for other doublefills/temps	8
10000	000233370	010-40-02-10000	HR	1000705	995	PF		Position paying for other doublefills/temps	8
10000	001101810	050-05-10-00000	SPD DD SOCP	1007741	838	PP		Position paying for other doublefills/temps	8
10000	001101870	010-45-04-00000	OFS	4113312	02G	PP		Position paying for other doublefills/temps	8
10000	000186410	010-40-02-20000	BPA	4114667	995	PF		Position paying for other doublefills/temps	8
10000	000190700	010-45-04-00000	OFS	4119086	02C	PF		Position paying for other doublefills/temps	8
10000	000622530	010-40-02-20000	BPA	4119958	033	PF		Position paying for other doublefills/temps	8
10000	000123610	050-05-10-00000	SPD DD SOCP	6021630	997	PF		Position paying for other doublefills/temps	8
10000	000685470	050-05-10-00000	SPD DD SOCP	7000001	997	PF		Position paying for other doublefills/temps	8
10000	000685720	050-05-10-00000	SPD DD SOCP	7110003	838	PF		Position paying for other doublefills/temps	8

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000685770	050-05-10-00000	SPD DD SOCP	7110009	838	PF		Position paying for other doublefills/temps	8
10000	000685930	050-05-10-00000	SPD DD SOCP	7120004	853	PF		Position paying for other doublefills/temps	8
10000	000685940	050-05-10-00000	SPD DD SOCP	7120005	852	PF		Position paying for other doublefills/temps	8
10000	000124490	050-05-10-00000	SPD DD SOCP	7160016	848	PF		Position paying for other doublefills/temps	8
10000	000124530	050-05-10-00000	SPD DD SOCP	7160221	838	PF		Position paying for other doublefills/temps	8
10000	000124550	050-05-10-00000	SPD DD SOCP	7160223	838	PF		Position paying for other doublefills/temps	8
10000	000124560	050-05-10-00000	SPD DD SOCP	7160224	838	PF		Position paying for other doublefills/temps	8
10000	000686490	050-05-10-00000	SPD DD SOCP	7210001	839	PF		Position paying for other doublefills/temps	8
10000	000686200	050-05-10-00000	SPD DD SOCP	7210004	838	PF		Position paying for other doublefills/temps	8
10000	000124720	050-05-10-00000	SPD DD SOCP	7260101	851	PF		Position paying for other doublefills/temps	8
10000	000687500	050-05-10-00000	SPD DD SOCP	7310013	860	PF		Position paying for other doublefills/temps	8
10000	000642980	050-05-10-00000	SPD DD SOCP	7367718	854	PF		Position paying for other doublefills/temps	8
10000	000643160	050-05-10-00000	SPD DD SOCP	7367738	841	PF		Position paying for other doublefills/temps	8
10000	000643480	050-05-10-00000	SPD DD SOCP	7367768	853	PF		Position paying for other doublefills/temps	8
10000	000643530	050-05-10-00000	SPD DD SOCP	7367773	848	PF		Position paying for other doublefills/temps	8
10000	000643560	050-05-10-00000	SPD DD SOCP	7367776	848	PF		Position paying for other doublefills/temps	8
10000	000643590	050-05-10-00000	SPD DD SOCP	7367779	860	PF		Position paying for other doublefills/temps	8
10000	000643620	050-05-10-00000	SPD DD SOCP	7367782	848	PF		Position paying for other doublefills/temps	8
10000	000643910	050-05-10-00000	SPD DD SOCP	7367811	997	PF		Position paying for other doublefills/temps	8
10000	000643900	050-05-10-00000	SPD DD SOCP	7367814	838	PP		Position paying for other doublefills/temps	8
10000	000783500	050-05-10-00000	SPD DD SOCP	7410033	848	PF		Position paying for other doublefills/temps	8
10000	000527490	050-05-10-00000	SPD DD SOCP	7662410	838	PF		Position paying for other doublefills/temps	8
10000	000527510	050-05-10-00000	SPD DD SOCP	7667260	860	PF		Position paying for other doublefills/temps	8
10000	000527610	050-05-10-00000	SPD DD SOCP	7667270	860	PF		Position paying for other doublefills/temps	8
10000	000527650	050-05-10-00000	SPD DD SOCP	7667274	997	PF		Position paying for other doublefills/temps	8
10000	000527720	050-05-10-00000	SPD DD SOCP	7667281	853	PF		Position paying for other doublefills/temps	8
10000	000527810	050-05-10-00000	SPD DD SOCP	7667290	860	PF		Position paying for other doublefills/temps	8
10000	000756820	050-05-10-00000	SPD DD SOCP	7800003	843	PF		Position paying for other doublefills/temps	8
10000	000756860	050-05-10-00000	SPD DD SOCP	7800007	848	PF		Position paying for other doublefills/temps	8
10000	000756870	050-05-10-00000	SPD DD SOCP	7800008	860	PF		Position paying for other doublefills/temps	8
10000	000756920	050-05-10-00000	SPD DD SOCP	7800012	860	PF		Position paying for other doublefills/temps	8
10000	000756940	050-05-10-00000	SPD DD SOCP	7800014	860	PF		Position paying for other doublefills/temps	8
10000	000757090	050-05-10-00000	SPD DD SOCP	7900010	848	PF		Position paying for other doublefills/temps	8
10000	000757100	050-05-10-00000	SPD DD SOCP	7900011	860	PF		Position paying for other doublefills/temps	8
10000	000757400	050-05-10-00000	SPD DD SOCP	8100003	852	PF		Position paying for other doublefills/temps	8
10000	000757710	050-05-10-00000	SPD DD SOCP	8200015	865	PF		Position paying for other doublefills/temps	8
10000	000757720	050-05-10-00000	SPD DD SOCP	8200016	843	PF		Position paying for other doublefills/temps	8
10000	000757780	050-05-10-00000	SPD DD SOCP	8300003	860	PF		Position paying for other doublefills/temps	8
10000	000757820	050-05-10-00000	SPD DD SOCP	8300007	848	PF		Position paying for other doublefills/temps	8
10000	000757840	050-05-10-00000	SPD DD SOCP	8300009	862	PF		Position paying for other doublefills/temps	8

Agency	Authorization	XREF	Division	Position	RDC	Pos Type	Anticipated Fill Date	Reason Narrative	Reason Category
10000	000757890	050-05-10-00000	SPD DD SOCP	8300014	843	PF		Position paying for other doublefills/temps	8
10000	000758050	050-05-10-00000	SPD DD SOCP	8400011	851	PF		Position paying for other doublefills/temps	8
10000	000758100	050-05-10-00000	SPD DD SOCP	8400016	862	PF		Position paying for other doublefills/temps	8
10000	000758130	050-05-10-00000	SPD DD SOCP	8500002	853	PF		Position paying for other doublefills/temps	8
10000	000758150	050-05-10-00000	SPD DD SOCP	8500004	860	PF		Position paying for other doublefills/temps	8
10000	000758180	050-05-10-00000	SPD DD SOCP	8500007	860	PF		Position paying for other doublefills/temps	8
10000	000758200	050-05-10-00000	SPD DD SOCP	8500009	860	PF		Position paying for other doublefills/temps	8
10000	000758230	050-05-10-00000	SPD DD SOCP	8500012	843	PF		Position paying for other doublefills/temps	8
10000	000758280	050-05-10-00000	SPD DD SOCP	8500017	860	PF		Position paying for other doublefills/temps	8
10000	000758440	050-05-10-00000	SPD DD SOCP	8600005	848	PF		Position paying for other doublefills/temps	8
10000	000758530	050-05-10-00000	SPD DD SOCP	8600010	865	PF		Position paying for other doublefills/temps	8
10000	000758770	050-05-10-00000	SPD DD SOCP	8800000	997	PF		Position paying for other doublefills/temps	8
10000	000758860	050-05-10-00000	SPD DD SOCP	8800009	872	PF		Position paying for other doublefills/temps	8
10000	000758910	050-05-10-00000	SPD DD SOCP	8800014	865	PF		Position paying for other doublefills/temps	8
10000	000759100	050-05-10-00000	SPD DD SOCP	8900016	848	PF		Position paying for other doublefills/temps	8
10000	000759110	050-05-10-00000	SPD DD SOCP	9000000	997	PF		Position paying for other doublefills/temps	8
10000	000802280	050-05-10-00000	SPD DD SOCP	9400002	853	PF		Position paying for other doublefills/temps	8
10000	000802290	050-05-10-00000	SPD DD SOCP	9400003	997	PF		Position paying for other doublefills/temps	8
10000	000824830	010-45-05-00000	HR	9410882	994	PF		Position paying for other doublefills/temps	8
10000	000990050	010-45-11-00000	OPAR	1003005	04K	PF	3/1/2013	Program seeking approvals to recruit position	2

INSTRUCTIONS: HB 4131 Report
Include a written summary in the Special Report section of the request budget of how the agency is making progress toward the objectives of HB 4131. The summary should include such things as the current ratio and minimum required target ratio as of October 2013. Be sure to include administrative actions taken by the agency in 2011-13 biennium, such as reclass packages and permanent finance plans that roll into the Base Budget, including actions planned through June 2013. Also explain the effect of policy packages on staffing ratios in the requested budget.

SPECIAL REPORT: HB 4131

DHS Plan to move agency wide to more than a 1:11 ratio

DHS started with a budgeted ratio of 1:9 (6689/738) based on information provided by DAS and confirmed by DHS staff.

DHS approached the ratio work from an enterprise perspective with a goal of exceeding the ratio, if possible, and not limiting the review to only those areas under the target ratio.

Through the following actions DHS achieved a budgeted supervisory to non-supervisory ratio of 1:11:

1. In May 2012, DHS abolished 40 supervisory management, 11 non-supervisory management and 12 non-management (including two in communications) positions as part of the plan to achieve the DHS share ($6.1 million) of the statewide $28 million reduction target. This action allowed the agency to receive the required plus-one certification in June 2012 from the Department of Administrative Services, Human Resources Service Division for moving the ratio from 1:9 to 1:10.

2. In October 2012, DHS requested an exception to the 1:11 ratio for Child Welfare supervisors due to the clinical supervision nature of these positions as allowed in HB 4131 (2012) section 1 (4). During the 2007 Legislative Session the legislature made a $3.2 million TF investment to increase the number Child Welfare caseworkers and supervisors. The intended result was to bring Oregon's child welfare supervisor to caseworker ratio to 1:7 which is considered the national best practice standard by the National Resource Center for Organizational Improvement. Before this action the Oregon ratio was 1:9.5. Best practices continue to recommend 1:7 or lower due to the clinical supervision provided by the supervisors. Child Welfare supervisors take years to gain the clinical experience necessary to assist and ensure caseworkers make appropriate safety and case planning decisions for Oregon's children. DHS requests that all child welfare caseworkers and direct caseworker supervisors be excluded from the supervisor to non-supervisor ration calculation. The result is removing 188 supervisors and 1,283 non-supervisors from the equation moving DHS to 1:11.

3. DHS continues to examine all units, especially those with smaller supervisory ratios, to determine if there are natural ways to combine supervisory functions. This requires shifting how supervisory, as opposed to "management" functions are performed. Consolidating supervisory functions where

possible will lead to the additional net reclassification of approximately 18 positions to non-supervisory status. In addition, DHS identified positions where the position authority was supervisory but the incumbent was not performing supervisory duties, and vice versa. The appropriate adjustments were made to ensure accuracy of data information. The net result was a further reduction. DHS expects to be completed with the formalization of these shifts by the end of 2012 which maintains the ratio of 1:11.

Impact of GRB policy packages on DHS supervisory ratio

PACKAGE 21: Phase-Ins
Two non-supervisory positions will phase-in as a result of HB 3650 and eight non-supervisory positions will phase into Child Welfare.

PACKAGE 40: Mandated Caseload
In the State Operated Community Programs a new staffing model was built to streamline the staffing and improve service delivery. The resulting package 40 netted the abolishment of three supervisory and 31 non-supervisory positions. In addition, 31 non-supervisory positions will be established for the Aging and People with Disabilities field delivery system.

STRATEGIC FUNDING PROPOSALS
Through the Strategic Funding Proposal process, DHS proposed the net addition of 446 positions, 38 of which are supervisory.

The resulting DHS supervisory ratio will be 1:11.19.

NET IMPACT TABLE OF POSITION MOVEMENTS IMPACTING RATIO

Reason for change	Non-supervisory	Supervisory	Total Positions
11-13 Baseline (DAS report as of 04/12)	6,689	738	7,427
May 2012 Abolishment Action	(23)	(40)	(63)
Child Welfare Exception	(1,283)*	(188)*	(1,471)*
Agency Restructure of Supervisors *[approx.]*	18	(18)	-
13-15 GRB net additions	415	38	453
	(197)*	(28)*	(225)*
RESULTING POSITION COUNTED FOR RATIO	**5,619**	**502**	**6,121**

* Positions removed from count only, not removing position authority.

Department of Human Services - Child Welfare
Report to the Legislature
Chapter 418.580 Oregon Laws Legislative Report for 2013
February 19, 2013

The Department of Human Services is submitting this report to the Legislature as required by Senate Bill 964 enacted in the 2011 Regular Legislative Session and now part of Chapter 418 of the Oregon Revised Statute. This report relates to the Strengthening, Preserving, and Reunifying Families programs being implemented throughout Oregon. The specific requirements of the report are as follows: The department, in consultation with programs, shall report annually to the Governor and the appropriate interim committees of the Legislative Assembly that address child welfare issues on the progress toward and projected costs of full implementation of ORS 418.575 to 418.598.

As of February 19, 2013, the Department has collaborated with county partners in seven counties (Jackson, Clackamas, Malheur, Umatilla, Josephine, Coos and Multnomah) to develop and implement services consistent with those outlined in ORS 418.580. The process that was used to develop an individualized service array in the counties included facilitated meetings with county partners and program staff. The intent of the meetings was to identify gaps in current service provision and to build capacity in services already being rendered. Once the gaps were identified, proposals were written regarding the specific services identified in the community meetings. The following community partners had representatives at community meetings in the counties and provided valuable input and planning of the service array for the individual counties: Judicial Department, Law Enforcement, County employees, faith based organizations, school districts/education, drug and alcohol and mental health programs, parent programs, etc.

The following list provides an overview of the available services and the counties where the service is being used:

- Navigators: Specialists to help navigate social service agencies. (Multnomah, Clackamas)
- Parenting: Father, Culturally Specific, and Intensive parenting classes. (Multnomah)
- Parent Mentoring: Specialists to reinforce parenting behaviors, supportive services. (Clackamas, Umatilla, Josephine, Jackson, Multnomah)

- Relief Nursery: Daycare, parenting, support services. (Umatilla, Jackson, Coos, Malheur, Clackamas)
- A&D Treatment: Inpatient/Outpatient services that focus on multi-dimensional issues such as parenting, DV services, and a relief nursery. (Umatilla, Clackamas, Jackson)
- Housing: Short-term & Emergency Housing services. (Umatilla, Josephine, Jackson, Multnomah, Malheur, Clackamas
- Front End Interventions: Specialists (Alcohol and Drug, Mental Health, Domestic Violence, and human service generalists) responding with CPS workers. (Clackamas, Umatilla, Josephine, Jackson, Malheur)
- Life Skills Coaches / Home Visitors: Provides similar services as Navigators. (Umatilla, Josephine, Multnomah, Coos)
- Reconnecting Families: Specialists used to engage families and conduct relative searches for additional familial resources/placements. (Josephine, Jackson)
- Trauma Services and therapeutic services: Intensive services to trauma affected families and children. (Multnomah, Clackamas, Jackson)
- Family visitation: (Josephine, Jackson, Umatilla)

Currently, there are 8 active contracts and 28 pending in the first 7 counties.

Tillamook, Deschutes and Washington are the next three counties where services will be implemented. Contracts for these counties, as well as the initial 7, are expected to be in place by the end of June, 2013.

Currently, $6.7 million dollars have been encumbered for the initial 7 counties and we expect the next 3 counties to encumber approximately 2 million dollars. Each county has presented with unique service issues and gaps in their service array. This has made it exceedingly difficult to anticipate or project costs from one county to the next. Additionally, this approach to developing contracted services is unique to this service provision and requires a new assessment of service needs as implementation begins in each successive county. At this time, there is no methodology that will provide a reasonably accurate projection of costs for full implementation.

OHA audits in 2011-2013

2011-2013 Internal and External Audits and Reviews for OHA

Internal Audits and Consults

Name of Audit:	MMIS Implementation - Reporting and Documentation Provider Payments
OHA Programs:	Medical Assistance Programs, Information Services
Status:	In Progress
Name of Audit:	Targeted Case Management (TCM)
OHA Programs:	Medical Assistance Programs, Public Health Programs, Shared Services
Status:	In Progress
Name of Audit:	Key Performance Measure 2011 (KPM)
OHA Programs:	Office of Private Health Partnerships, Public Health Programs,
Status:	Completed
Name of Audit:	Small Purchase Order Transaction System (SPOTS) 2011
OHA Programs:	All
Status:	Completed
Name of Audit:	Small Purchase Order Transaction System (SPOTS) 2012
OHA Programs:	All
Status:	In Progress
Name of Audit:	Information Security Program Assessment
OHA Programs:	Information Services
Status:	In Progress
Name of Audit:	Cost Allocation Accuracy
OHA Programs:	Shared Services
Status:	In Progress
Name of Audit:	Federal Reporting and MMIS Interface
OHA Programs:	Medical Assistance Programs, Shared Services
Status:	In Progress
Name of Consult:	Protocol for Return of County Programs to State
OHA Programs:	Addictions and Mental Health Programs, Public Health Programs, Shared Services
Status:	In Progress

Name of Consult:	Desk Review of Oregon State Hospital Settlement FYE 6-30-11
OHA Programs:	Addiction and Mental Health Programs, Shared Services
Status:	Completed

Name of Consult:	Blue Mountain Recovery Center Settlement FYE 06-30-11
OHA Programs:	Addiction and Mental Health Programs, Shared Services
Status:	Completed

Name of Consult:	IT Security Controls Assessment (MMIS)
OHA Programs:	Medical Assistance Programs, Information Services
Status:	In Progress

Name of Consult:	Cost Allocation Processes
OHA Programs:	Shared Services
Status:	In Progress

Contracted Audits and Reviews

Name of Audit:	TKW Oregon Controls Audit of MMIS 2011
OHA Programs:	Medical Assistance Programs, Information Services
Status:	Completed

Name of Audit:	Acumentra 2011 External Quality Review OHP Managed Mental Health Care
OHA Programs:	Addictions and Mental Health Programs, Medical Assistance Programs
Status:	Completed

Name of Audit:	Acumentra External Quality Review Annual Report 2010-2011 OHP Managed Care
OHA Programs:	Medical Assistance Programs
Status:	Completed

Name of Audit:	Disproportionate Share Hospital Payments Audit FYE 6/30/2008
OHA Programs:	Medical Assistance Programs
Status:	Completed

Name of Audit:	PEBB Dependent Eligibility Verification
OHA Programs:	Public Employees Benefit Board
Status:	Completed

Name of Audit:	OEBB Dependent Eligibility Audit
OHA Programs:	Oregon Educators Benefit Board
Status:	Completed

Name of Audit:	Acumentra 2012 External Quality Review OHP Managed Mental Health Care
OHA Programs:	Addictions and Mental Health Programs, Medical Assistance Programs
Status:	In Progress

Name of Audit:	Acumentra External Quality Review Annual Report 2011-2012 OHP Managed Care
OHA Programs:	Medical Assistance Programs
Status:	Completed

Name of Audit:	FMIP OPHP Audit of Financial Statements
OHA Programs:	Office of Private Health Partnerships, Shared Services
Status:	Completed

Name of Audit:	Health Professionals Service Program Independent Audit of Program and Monitoring Entity
OHA Programs:	Addictions and Mental Health Programs
Status:	Completed

Name of Audit:	Drug Rebate Program Service Provider Controls
OHA Programs:	Medical Assistance Programs, Information Services
Status:	Completed

Name of Audit:	TKW Oregon Controls Audit of MMIS 2012
OHA Programs:	Medical Assistance Programs, Information Services
Status:	Completed

Name of Audit:	Disproportionate Share Hospital Payments Audit FYE 6/30/2009
OHA Programs:	Medical Assistance Programs
Status:	Completed

Secretary of State Audits

Name of Audit:	SOS Children's Mental Health
OHA Programs:	Addiction and Mental Health Programs
Status:	Completed

Name of Audit:	SOS Healthy Kids
OHA Programs:	Medical Assistance Programs, Shared Services
Status:	Completed

Name of Audit:	SOS Statewide Single Audit Year Ending 6-30-2011
OHA Programs:	All
Status:	Completed

Name of Audit:	SOS Level of Effort
OHA Programs:	All
Status:	Completed

Name of Audit:	SOS Safe Drinking Water Revolving Loan Fund Review Year Ending 6-30-2011
OHA Programs:	Public Health Programs, Shared Services
Status:	Completed

Name of Audit:	SOS Public Assistance
OHA Programs:	Medical Assistance Programs, Shared Services
Status:	In Progress

Name of Audit:	SOS Statewide Single Audit Year Ending 6-30-2012
OHA Programs:	All
Status:	In Progress

Name of Audit:	SOS Client Maintenance System Follow-up
OHA Programs:	Medical Assistance Programs, Information Services
Status:	In Progress

Name of Audit:	SOS Health and Human Service Caseload Forecasting
OHA Programs:	Shared Services
Status:	In Progress

Federal Audits and Reviews

Name of Audit:	HHS OIG Family Planning Services Family Planning Expansion Project
OHA Programs:	Medical Assistance Programs, Public Health Programs, Shared Services
Status:	Completed

Name of Audit:	HHS OIG Medicaid Management Information System Cost Review
OHA Programs:	Medical Assistance Programs, Information Services
Status:	Completed

Name of Audit:	CMS Payment Error Rate Measurement (PERM FFY 11)
OHA Programs:	Addiction and Mental Health Programs, Medical Assistance Programs, Office of Private Health Partnerships, Public Health Programs, Shared Services
Status:	Completed

Name of Audit:	GAO Review of Psychotropic Medications Prescribed to Foster Care Children
OHA Programs:	Addictions and Mental Health Programs, Medical Assistance Programs
Status:	Completed

Name of Audit:	USDA FY 2011 WIC STAR Review
OHA Programs:	Public Health Programs, Shared Services
Status:	Completed

Name of Audit:	HHS OIG Excluded Provider Audit
OHA Programs:	Medical Assistance Programs
Status:	Completed

Name of Audit:	SSA Security Compliance Review
OHA Programs:	Medical Assistance Programs, Office of Private Health Partnerships, Public Health Programs, Shared Services
Status:	In Progress

Name of Audit:	CMS Home and Community Based Services (HCBS) Audit
OHA Programs:	Medical Assistance Programs
Status:	In Progress

Name of Audit:	IRS Federal Tax Information Security Review
OHA Programs:	Shared Services
Status:	In Progress

Name of Audit:	USPHS Region X Title X Family Planning Program Review
OHA Programs:	Public Health Programs, Shared Services
Status:	Completed

Name of Audit:	USDOJ Office of Civil Rights Compliance Review
OHA Programs:	Addictions and Mental Health Programs, Shared Services
Status:	Completed

Name of Audit:	HHS OIG Physician Administered Drugs
OHA Programs:	Medical Assistance Programs, Shared Services
Status:	In Progress

Name of Audit:	CMS State MMIS Certification Review Final Report for Oregon
OHA Programs:	Medical Assistance Programs, Information Services
Status:	Completed

Name of Audit:	CMS Review of State Preadmission Screening and Resident Review (PASRR) Policies and Procedures

OHA Programs:	Addictions and Mental Health Programs, Medical Assistance Programs
Status:	Completed

Name of Audit:	FBI Criminal Background Checks
OHA Programs:	Public Health Programs, Shared Services
Status:	Completed

Name of Audit:	ONC Health Information Exchange
OHA Programs:	Office of Health Information Technology, Shared Services
Status:	In Progress

Name of Audit:	GAO Psychotropic Medications Prescribed to Foster Care Children Follow-up
OHA Programs:	Addictions and Mental Health Programs, Medical Assistance Programs
Status:	In Progress

Name of Audit:	USDA 2012 WIC STAR Review
OHA Programs:	Public Health Programs, Shared Services
Status:	Completed

Name of Audit:	CMS Provider Tax Financial Review
OHA Programs:	Medical Assistance Programs, Shared Services
Status:	In Progress

Name of Audit:	USDA WIC Financial Management Review for FFY 2011
OHA Programs:	Public Health Programs, Shared Services
Status:	Completed

Name of Audit:	EPA State Drinking Water Revolving Fund FY 2011 Program Evaluation Report
OHA Programs:	Public Health Programs, Shared Services
Status:	Completed

Name of Audit:	HHS OIG review of On the Move Program
OHA Programs:	Medical Assistance Programs, Shared Services
Status:	In Progress

Name of Audit:	HHS OCR OMIP HIPAA Privacy and Security Review
OHA Programs:	Office of Private Health Partnerships, Information Services
Status:	Completed

Name of Audit:	OIG HHS Estate Recovery Review
OHA Programs:	Medical Assistance Programs, Shared Services
Status:	In Progress

Name of Audit:	HHS CMS Pre-existing Condition Insurance Pool (PCIP)
OHA Programs:	Office of Private Health Partnerships, Shared Services
Status:	In Progress

Name of Audit:	EPA State Drinking Water Revolving Fund FY 2012 Program Evaluation Report
OHA Programs:	Public Health Programs, Shared Services
Status:	In Progress

Other Agency Reviews

Name of Audit:	Information Security Business Risk Assessment Report - 2011
OHA Programs:	Information Services
Status:	Completed

Name of Audit:	Information Security Business Risk Assessment Report - 2012
OHA Programs:	Information Services
Status:	In Progress

Statewide Children's Wraparound Initiative
Biennial Legislative Report
March 1, 2013

This Statewide Children's Wraparound Initiative report fulfills the requirement in ORS 418.985 (4) that the Department of Human Services (DHS) and the Oregon Health Authority (OHA), in consultation with the Advisory Committee, shall report biennially to the Governor and the Legislature on the progress toward, and projected costs of, full implementation of the Wraparound Initiative.

Introduction

Passed in 2009, House Bill 2144 created the Statewide Children's Wraparound Initiative (SCWI). SCWI is the result of many years of hard work by youth, families, treatment providers, and local and state agencies. The initiative supports Governor Kitzhaber's agenda to integrate and streamline state services in health care and education to deliver better outcomes at lower costs. The Statewide Children's Wraparound Initiative is consistent with health system transformation and other strategies that are changing the structure and mission of state agencies that provide health, social services and supports, education, and juvenile justice. The statute identifies the Department of Human Services, the Oregon Health Authority, the Department of Education and the Oregon Youth Authority as partners in implementing the initiative.

Oregon is building a community-based, coordinated system of services and supports for children with complex behavioral health needs and their families. Oregon's goal is a fully functional System of Care – implemented using a Wraparound planning process – in every community. The desired outcomes are family- and youth-driven care that is culturally and linguistically competent and that serves children in their home communities in a family setting, with all systems becoming fully integrated.

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Executive summary

The goals of the Statewide Children's Wraparound Initiative (SCWI) are to bring Wraparound, an evidence-based practice model, to all communities' children with the highest levels of need and their families. The SCWI model engages a creative and collaborative process that develops a flexible, coordinated, and individualized plan of services and supports to meet each young person's needs and strengths. Wraparound moves away from the existing model of eligibility for existing pre-determined services, which may not adequately address the child's needs.

SCWI was launched at three demonstration sites in July 2010: Mid-Valley WRAP (Linn, Marion, Polk, Tillamook and Yamhill counties), Rogue Valley Wraparound Collaborative (Jackson and Josephine counties), and the Washington County Wraparound Demonstration Project (Washington County). More than 579 children have been served since the project began in 2010.

Over the past two years SCWI has accomplished much through its intensive care coordination model for cross-system planning of children's service and support needs. Data have demonstrated that children in SCWI have:

- ✓ "**Better health**" as the rate of prescribing of psychotropic meds decreases over the course of SCWI participation.
- ✓ Children have "**better care**" when they are able to move out of facility-based care and into long-term family settings, either with biological family or through adoption. Families experience "**better care**" when they no longer need child welfare involvement in their lives and children are released from state custody.
- ✓ The system is able to provide services at a "**lower cost**" through participation of multiple systems. Use of higher-end services can be reduced through the intensive-care coordination model, thus allowing more children to be served at reduced cost. Anecdotal evidence and family stories suggest that a key outcome not yet captured is the increase in the level of dignity and respect with which families are being treated within the Wraparound process. This area could benefit from further qualitative measurement.

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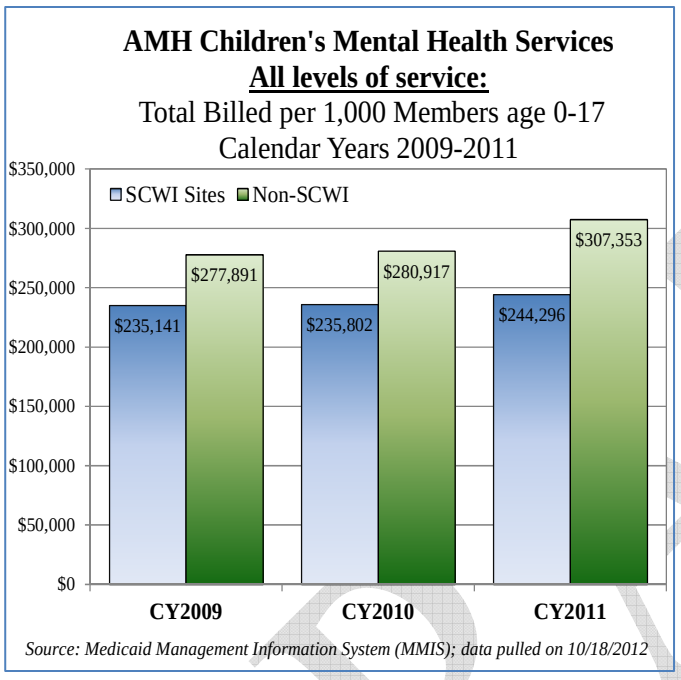
Fiscal analysis

One goal of the Wraparound model is to provide services and supports to help children successfully return to their families and communities instead of moving into higher, more costly levels of care. A recent fiscal study of the SCWI demonstration sites validated that they experience reduced overall costs for higher levels of care relative to those without Wraparound.



Combined results for all levels of service indicate that in each year SCWI sites spent less for children's mental health services. In 2009 and 2010, the cost per child was 15% and 16% lower at SCWI sites than Non-SCWI. In 2011, after Wraparound was fully established at all three demonstration sites, the cost difference between SCWI and other sites jumped to 21%.

Between 2010 and 2011, the amount billed per child enrolled in OHP increased by 3.6% at SCWI sites, much less than the 9.4% increase observed in non-SCWI areas of the state..

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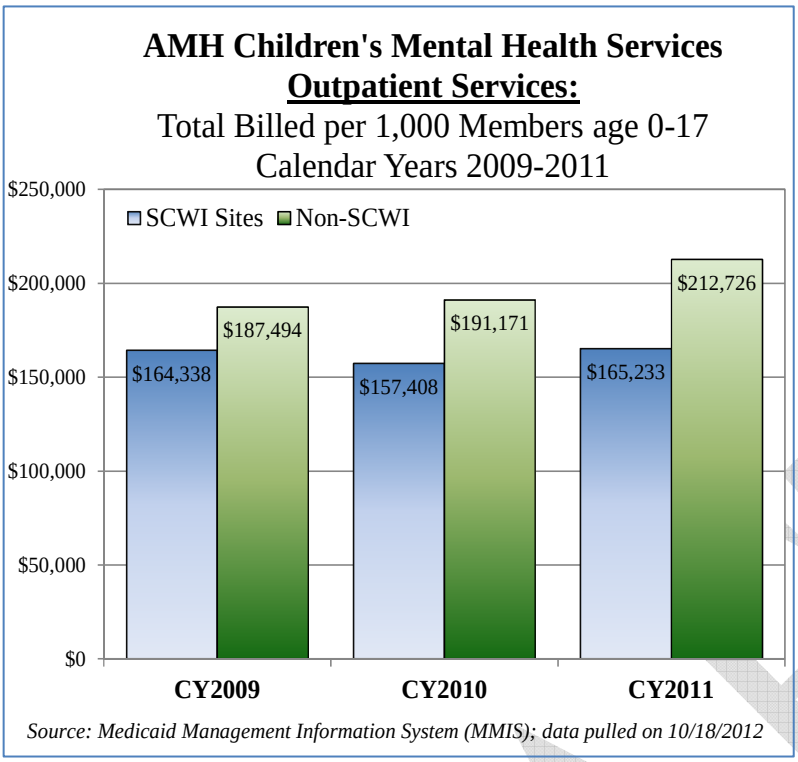

Outpatient services account for just more than two-thirds (67.5-69.5 percent) of the combined costs, so it is not surprising that the relationship of SCWI and non-SCWI cost-per-1,000 member children follows a similar pattern. Again, it appears that outpatient costs in SCWI avoided the steep cost increases occurring in the non-SCWI group.

Individual and systemic outcomes

To ensure the effective implementation of Wraparound, it is critical to have a strong quantitative data measurement system. A Web portal, called the Children's Progress Review System (CPRS), was created to collect and house information from the child and family team. That information comprises a progress review report and administration of a standardized outcomes tool, the Behavioral and Emotional Rating Scale, 2nd edition (BERS-2).

The report covers key progress indicators such as residential stability, academic performance, risk of harm to self and others, risk or history of running away, risk or history of delinquency, substance use, caregiver supports, estimation of progress, and BERS-2 ratings. These real-time data have been effective in demonstrating outcomes. Data for each young person are entered in CPRS at intake and then every quarter. This measures a youth's progress toward his or her ability to be at home, in school and out of trouble.

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The data below marked with asterisks are compiled on 208 children who have entered the Wraparound project, had at least one quarterly review, and left the project with an exit review. These data are taken from a report issued in January 2013.

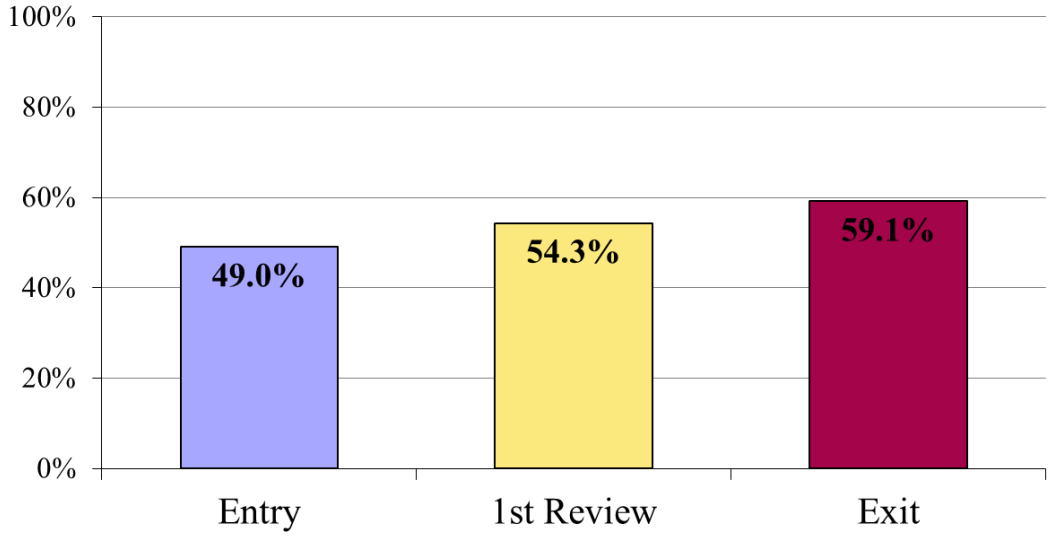
Better Health

*Psychotropic medications

A high percentage of children who enter this program also need treatments such as psychotropic medications. At the time of entry, 51 percent of the children received treatment with psychotropic medications. However, at exit 39.9 percent of the children remained on psychotropic medications.

Wraparound appears to reduce the need for psychotropic prescribing, because the child's mental health conditions improve substantially as evident on functional measures. Decreased reliance on psychotropic medications within the first 90 days can reflect the increased availability of a primary care provider and can also reflect implementation of changes in a child's treatment plan.

Figure 3b: Children Who Are NOT Currently Prescribed Psychotropic Medications



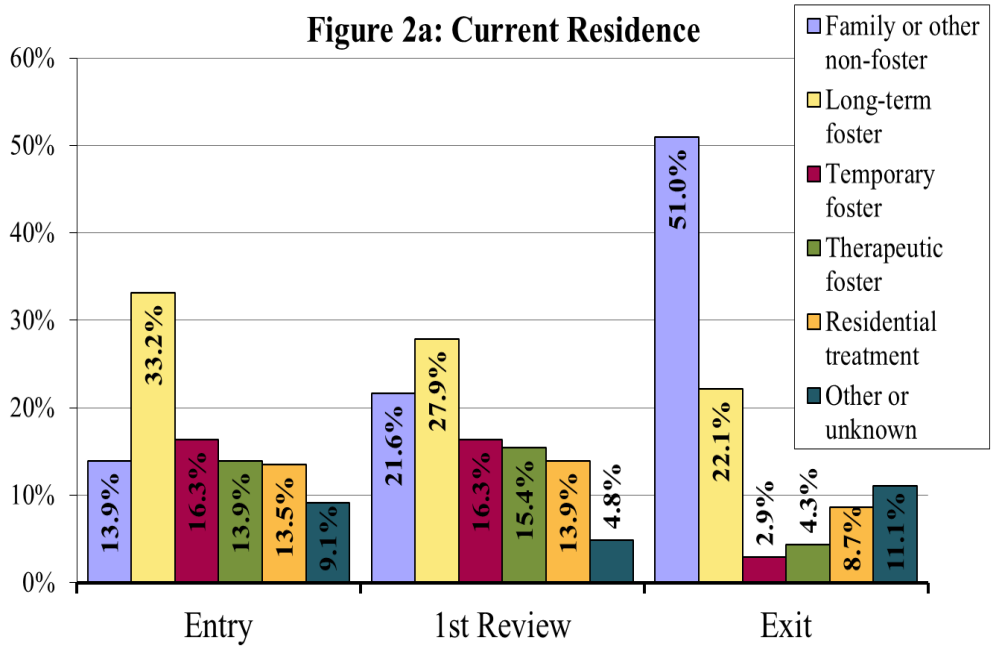
Results for 208 children with assessment at Entry, first Progress Review, and at Exit.

Better Care

*Residence

All children served in Wraparound are in the custody of Child Welfare. Remaining with their families, or returning to their families or extended families, is of paramount importance. These children's lives already have been significantly disrupted and they are in need of stable family and living arrangements.

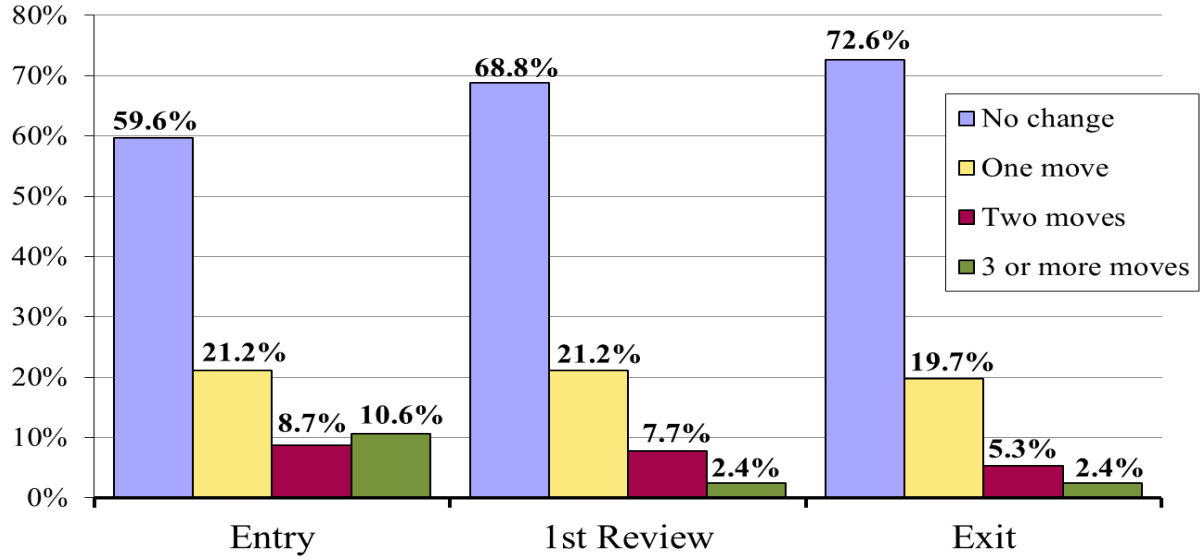
Only about 14 percent of children entering the project are able to live with their immediate families or relatives in non-foster care settings. After 90 days, this increases to 22 percent. By the time they exit the Wraparound project, 51 percent youth are able to live with their own families rather than in therapeutic foster care or residential treatment.



Results for 208 children with assessment at Entry, first Progress Review, and at Exit.

Figure 2b below shows that as treatment progresses, living situations stabilize. The proportion of youth who did not change residence during the previous 90 days rises from 60 percent at entry to 73 percent when they leave Wraparound. At the same time, the number of children who moved three or more times drops from 11 percent at the first review to just over 2 percent at exit.

Figure 2b: Residence Changes in Prior 90 Days

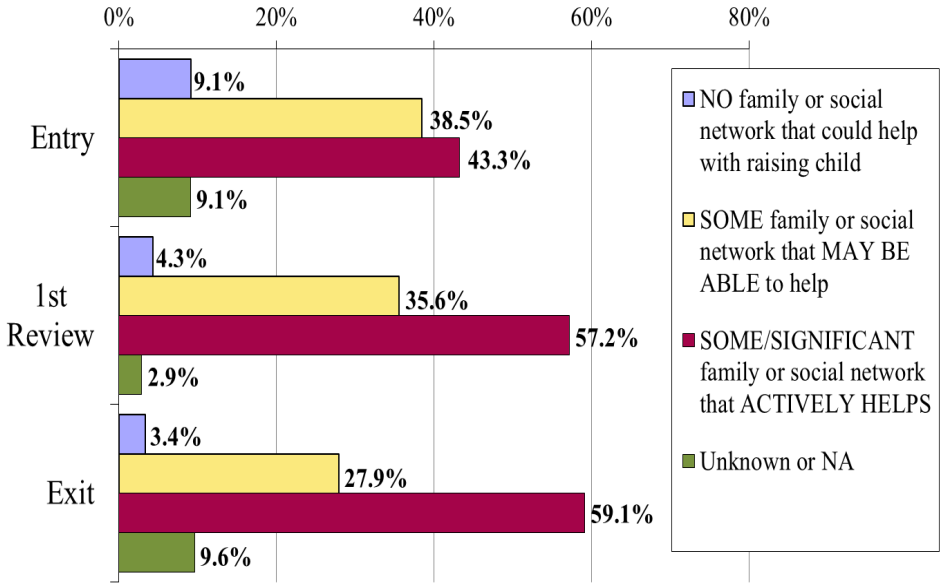


Results for 208 children with assessment at Entry, first Progress Review, and at Exit.

*Support available to caregivers

The family or social network available to caregivers of children with significant behavioral disorders is a key component to their being able to successfully care for the child. These charts illustrate that caregivers participating in Wraparound feel more supported over time. The percentage of caregivers who respond that they have active help from family or social networks is 59 percent at exit, compared to 43 percent at entry (Figure 6a).

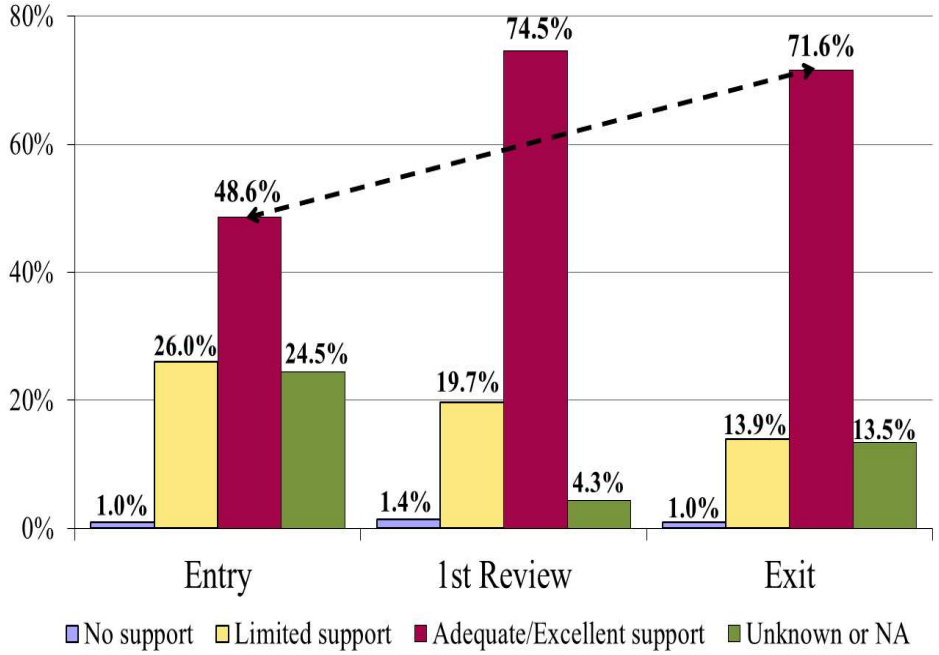
Figure 6a: Caregiver Family/Social Network Support Past 30 Days



Results for parents/caregivers of 208 children with assessment at Entry, first Progress Review, and at Exit

Caregivers' support for addressing their children's problem behaviors also increases with each stage of Wraparound, particularly between entry and the first progress review (Figure 6b). This data point is consistent with children being able to transistion to family living situations through the Wraparound process.

Figure 6b: Caregiver Support to Address Problematic Behaviors



Results for parents/caregivers of 208 children with assessment at Entry, first Progress Review, and at Exit

Training and the Wraparound practice model

A key element to SCWI's success has been its partnership with Portland State University. With its national expertise in training to the Wraparound model, PSU provides direct technical assistance to each project site and the state core implementation team. The PSU System of Care Institute developed an individualized training plan in collaboration with each site. Within a little over a year of beginning implementation, each site was able to achieve a high level of fidelity to the evidence-based practice model. An ability to implement the model to the researched protocols is critical to achieve the desired outcomes of any evidence-based practice.

Fidelity to the Wraparound model was measured in early 2012 through the Wraparound Fidelity Index. All three demonstration sites scored at or above the national mean for Wraparound fidelity as measured by the National Wraparound Initiative. System level indicators were measured for baseline in the fall of 2010 by the National Wraparound Initiative's Community Supports for Wraparound Inventory (CSWI), which assesses readiness to operate within a system of care. This community-level measurement of systemic accountability is an important component of SCWI and SOC success. Results of these inventories are posted atwww.oregon.gov/OHA/amh/pages/wraparound/main.aspx under the subheading Community Supports for Wraparound Inventory.

Project site implementation – initially and under CCOs

In December 2009, DHS issued a request for applications for the initial SCWI implementation. Three demonstration sites representing eight counties were selected from seven applications in March 2010. Notably, 28 of Oregon's 36 counties applied, indicating a significant interest in and commitment to System of Care (SOC) values and wraparound processes as innovative ways to meet the needs of youth and families.

SCWI launched three demonstration sites on July 1, 2010. These sites are Mid-Valley WRAP (180 youth in Linn, Marion, Polk, Tillamook and Yamhill counties), Rogue Valley Wraparound Collaborative (100 youth in Jackson and Josephine counties), and Washington County Wraparound Demonstration Project (95 youth) in Washington County.

The criteria for the clients served by the initial demonstration were youth who had been in the custody of DHS Child Welfare (CW) for at least a year and who had been in four or more placements, or youth in their first year of DHS custody whose needs required the highest levels of care in either system. Though helpful in identifying a population of focus, the criteria initially used was restricted to Child Welfare and Mental Health and Addictions involvement, which created a barrier for families and youth with other system involvement. A broader population of focus invites more significant engagement from multiple system partners at both the state and local levels, and offers communities greater latitude to serve the children of highest need. Over the past year, the inclusion criteria have been broadened and are governed by local need. The requirement that participants be in DHS custody has been retained.

The current picture in state government is one of transformation. Multiple child-serving state agency initiatives are working toward the same or similar goals: coordinating and integrating services and supports to improve outcomes for children and families. Establishment of the Early Learning Council, Youth Development Council, Health System Transformation within OHA, and DHS initiatives such as Differential Response, Strengthening, Preserving and Reunifying Families, and the Casey Family Project constitute some key strategies designed to improve services and supports to children and their families. Oregon Youth Authority and the Department of Education are also transforming their agencies and delivery systems.

Currently all the sites have a unique opportunity and challenge with the implementation of the coordinated care organization (CCO) model for health system transformation. One site, Washington County, has successfully applied the model to all children requiring intensive mental health services in addition to those served in the SCWI project. The successes, lessons learned and positive growth at the state and local level specific to the implementation of SCWI should prove to be useful to communities as they transition to the CCO structure, and should be integrated to ensure sustainable practice. Assistance with strategies to leverage strengths from lessons learned is needed.

Governance and accountability

State leadership and support for SCWI is a joint commitment between Addictions and Mental Health (AMH) and Child Welfare (CW). DHS/OHA identified a state lead to work in partnership with a local site lead. Local leads provide guidance and leadership specific to implementation at the community level. Through this collaboration, direct support and technical assistance are being provided to each demonstration site. State leads assigned to each site have taken on this responsibility in addition to their existing roles.

Accountability is enhanced through engagement of the youth and families served, who have a critical role in shaping policy and practice in their communities through their membership on and involvement with committees in the governance structure. There is significant consensus for the value of a System of Care and a Wraparound model among the child mental health and child welfare systems.

A critical component of Wraparound and System of Care is system-level collaboration. Legislation identified DHS Child Welfare and OHA Mental Health as lead agencies in the implementation of this initiative. In response, DHS Child Welfare and OHA Mental Health dedicated resources to support SCWI. Positive outcomes have emerged from this initial commitment. Stronger collaboration and communication have developed between OHA Mental Health and DHS Child Welfare within the demonstration sites. The initiative will be even more effective with strategic engagement of other system partners.

To ensure coordination of the initiative, the core implementation team of DHS/OHA Initiative co-leads and DHS/OHA project site leads meet biweekly with training partners from Portland State University, the Family Partnership Specialist, Oregon Family Support Network and Youth M.O.V.E. leadership, DHS field representatives, a representative from OYA and a representative from Developmental Disabilities. Shared leadership serves as a vehicle to convey information, identify opportunities and highlight areas for growth and development at the local and state level to allow community-based implementation. Aligned guidance and leadership at the local and state level are critical for system change. An advisory committee required by statute includes representation from the statutory partner agencies, stakeholders, youth and families, and SCWI providers.

Each demonstration site collaboratively chose its mental health organization (MHO) as the demonstration's administrative service organization (ASO). These MHOs are being phased out during health system transformation and coordinated care organizations (CCO) are required under contract to maintain and move forward the existing Wraparound sites. All three sites created an advisory committee that includes representation from youth and families, provider agencies, partner agencies, and advocates. With the advent of coordinated care organizations in November 2012, some changes have taken place for the participating demonstration projects.

Though all of the sites are affected by the transition to CCOs, two of the sites are experiencing structural challenges specific to the transition in that each is shared by more than one CCO. For example, one local site project lead is no longer employed by the ASO administering the project due to this transition.

CCOs are being informed about SCWI and the value of the Wraparound model, as well as about efforts to continue with creation of a statewide System of Care. The attached handout has been distributed to CCOs. A presentation was recently made to the CCO medical directors, quality improvement managers and other CCO administrative staff.

The three demonstration sites selected for SCWI comprised projects representing a wide range of geographical areas, diverse demographics, and experience with Systems of Care and Wraparound. The strategies implemented by each demonstration site were individualized to the community and the populations served. Progress made at one site illustrates more sustainable gains that a single county can make, as opposed to a multiple-county approach. Specific examples include system integration, cross-system partnerships, interdisciplinary practice, referral processes and funding structures. An area for consideration is how to structure system design and delivery of services and supports to allow for multiple or cross-county implementation. This becomes even more important as the CCOs are being implemented, because CCO coverage areas are not bound by county lines and some single counties are covered by multiple CCOs.

This initiative was based on implementing the Wraparound model as an intensive care coordination model and as a practice. In order to fully implement the law and support cross-system efforts under way in Oregon, we need to focus on developing and implementing System of Care (SOC) values and principles across agencies and

initiatives. The three core values of SOC provide a meaningful way to integrate efforts across agencies: family-driven and youth-guided, culturally and linguistically responsive, and community-based. Lessons learned through workforce development and technical assistance, and from the perspective of families and youth are of vital importance in informing OHA and DHS to engage system partner leaders to work together in creating a true statewide SOC.

System of Care (SOC) is a system-level collaborative framework. Wraparound is a planning process that puts System of Care into operation at the practice level. It is important to note the interconnectedness of the two, while helping communities understand the need to implement strategies for both. It is evident in the SCWI demonstration project that communities may think that the two words are synonymous. Creating a clear understanding of SOC framework provides a structure for related initiatives to thrive (i.e. Differential Response, coordinated care organizations (CCOs), SB 964-Strengthening, Preserving and Reunifying Families, Early Learning Council, etc.).

There are specific Child Welfare practices that integrate well into the System of Care and Wraparound Model.

- *Family Find* supports the identification and engagement of family members as a supportive system for children who are involved in the Child Welfare system as a whole.
- *Strengthening, Preserving, Reunifying Families (SB964)*, is an avenue for communities to collaborate with DHS to develop a culturally specific, community-based service array to meet the needs of families.
- The implementation of a *Differential Response* to Child Protective Services (CPS) investigations will allow CPS to intervene with families in a more collaborative, less intrusive way, supporting the Wraparound family engagement model of a family-driven case plan and without a needed CPS abuse finding or disposition.
- Finally, one of Oregon's federal IV-E Waiver demonstration projects focuses on engaging CPS clients with *Parent Mentors* at the onset of an investigation. The use of non-traditional helpers such as *Parent Mentors*, who are former clients who have been successful in the CPS system, gives

an opportunity to engage clients using their unique experiences as former child welfare service recipients. This practice mirrors the Wraparound model of using natural resources and partners to effectively engage clients in services.

Cultural competence in a family- and youth-driven model

It is a fundamental principle of System of Care and Wraparound that family and youth drive the services and supports in their plan. Child-serving systems are responsible to come to the table with an ability to hear solutions created by the youth and family to meet their identified strengths and needs, partner with the family and youth's natural supports and deliver services based on these qualities. Families and the youth themselves are a core element of the solution.

The use of Youth and Family Voice to inform the way services and supports are delivered to children and families is growing in Oregon. Through continued emphasis on and reiteration of the core values of System of Care, the SCWI demonstration project has supported and fostered greater Youth and Family Voice at multiple levels of system implementation.

The efforts to include Youth and Family Voice within the sites will continue to positively affect other initiatives and system-level transformation. Project sites have actively hired family and youth support partners as peers. Peers are family members or youth with personal experience, training and credentials who work directly with the child and family team as part of the planned services and supports. Youth peer specialists were recently hired at one of the demonstration sites by Youth M.O.V.E. Oregon, providing peer-to-peer support in that system.

Families and youth are increasing their roles in policy and oversight. The state has partnered with the Oregon Family Support Network and Youth M.O.V.E. Oregon to increase the system's capacity for meaningful youth and family involvement.

A core value associated with System of Care and Wraparound is culturally responsive practice. Each demonstration site has implemented strategies to support cultural and linguistic competency. An indicator was added to the Children's Progress Review System to have caregivers rate whether or not their family's language and culture has been addressed in the planning.

Based on the finding of the Community Supports for Wraparound Inventory (CSWI) at baseline (fall 2010), there appeared to be inconsistencies in the way communities perceive the needs of their county or region. For instance, all demonstration sites responding to CSWI rated themselves low in cultural and linguistic competency, whereas some community stakeholders felt that this was not a high priority area of need. To address this, it may be fruitful to intentionally adopt the three core values of System of Care (family-driven and youth-guided, cultural and linguistic competency, and community-based) as non-negotiable at the state, region and local level. A future second administration of CSWI is also possible to measure growth in this area.

Workforce development

Workforce development is available to all sites for implementation of high fidelity Wraparound. Portland State University provides community- and practice-level training, coaching and technical assistance. In addition, consultation regarding implementation has been offered at multiple levels at each site, inclusive of practice and supervisory, community advisory groups and leadership councils. Work plans are tailored to meet the specific strengths, needs and cultural considerations of each community served.

Strategic consultation regarding integration of feedback from demonstration sites to the CSWI team has occurred to support ongoing evaluation of implementation, the collection of lessons learned to support expansion and inform course correction. PSU has offered tools, resources and expertise in the development and implementation of System of Care at the statewide level.

Workforce development and training for SCWI has been successful due to the efforts of Oregon Family Support Network, PSU and DHS/OHA. These partnerships could be further strengthened by equitable and clearly defined funding that supports collaboration consistent with the values and principles of System of Care and Wraparound, and incorporates other child-serving system partners.

Service array

The implementation of high-fidelity Wraparound requires intensive and active care coordination. The initiative has established a caseload ratio of one care coordinator for up to 15 children. This ratio is important to effectively facilitate the Wraparound team, coordinate the service array, and monitor to ensure that

necessary services and supports are developed and provided for children with highly complex behavioral health needs.

In all of the demonstration sites, the authority to coordinate the service array rests in the local community through the Child and Family (Wraparound) Team. Children in the project have the full array of child welfare and mental health services available to them as well as other child-serving system services and supports.

This model creates a flexible, coordinated, individualized plan of services and supports that draws on each young person's strengths and meets his or her needs. Families and youth in partnership with a care coordinator, family and youth partner, natural supports and other professionals devise a plan and all are accountable for carrying it out. There is a strong emphasis on accountability, utilizing strategies for removal of barriers, fostering independence, and engaging natural supports.

Data sharing

The law outlines requirements to collect and evaluate data by establishing a committee to review and select outcomes or performance measures, create data-sharing agreements and support the acquisition of information technology that allows local entities to share real-time data.

The development of the CPRS system allows for collection and sharing in real time of case- and system-level data. A fundamental need (and a requirement in the law) of an integrated system of care is the ability to share information across child-serving systems. Sustained and focused attention needs to be given to integrate numerous information system initiatives throughout state government. Standard data-sharing agreements still need to be developed at the state and local levels. Numerous barriers associated with confidentiality laws and information systems technology need to be resolved with consensus from all agencies. This has become especially significant with the restructuring of the system under the coordinated care organizations.

A Children's Outcomes Workgroup developed a core set of outcomes and indicators, and methods of collecting and tracking the data. Metrics and process-level measures have been established at the child and system level. The project

sites have been able to demonstrate, through CPRS and other data measurement tools, the individual, systemic and fiscal indicators that show success.

Costs of full implementation

DHS and OHA have reinvested current financial and staff resources to initiate the implementation schedule. However, new resources or reinvestment of existing resources are required to maintain the current sites, continue implementation and expand project sites and populations as intended by the law.

The Governor's Balanced Budget provides funding to continue the enhanced care coordination in the three project sites. However, it does not include additional resources that would be needed to expand the project. These items include needed workforce development and training, flexible case-level resources, support for family and youth peer-delivered services, enhancing culturally specific services, further information system integration, and state agency staff positions.

An additional 1,400 children in child-welfare custody have complex needs that can best be met through an integrated system of culturally specific services and supports. Nearly every county has developed a multi-agency community plan to better organize and administer its local system of care so that children and their families receive the necessary services and supports to be at home, in school, with friends, and out of trouble. In order to expand to statewide implementation for the identified population of children in the care and custody of child welfare, an additional General Fund investment of approximately $13 million would be necessary.

The Oregon Health Authority's work to integrate health care services into regional managed care environments across payer sources will provide further structure to implement SCWI. The CCO contract requires "creation of a system of care by implementing a children's Wraparound Demonstration Project and by providing oversight and, in collaboration with OHA, evaluation. Contractor shall develop local and state level partnerships to collaborate with OHA on the implementation of ORS 418.975 to 418.985 in the development of the Statewide Children's Wraparound Initiative." Preliminary collaboration efforts are beginning to emerge under the CCO structure.

To fully comply with the requirements of ORS 418.975 to 418.985 by 2015, all partner agencies will need to take significant action. This includes analysis and re-

evaluation of the current spending levels and resources already being dedicated to children who meet the law's defined targets. They are youth who have emotional, behavioral or substance use-related needs, or are at risk of doing so, and who are involved with two or more child-serving systems.

To meet the statute's intent, partner agencies need to further analyze their mandates and missions for flexibility and fit, to incorporate the law's principles and practices. The ability to integrate and blend funding with partner agencies would significantly propel this work forward. This work is critical to improving the outcomes for children and families while increasing effectiveness and efficiency.

Success stories

1. Haley was 10 years old, with diagnoses of Pervasive Developmental Disorder, Attention Deficit Hyperactivity Disorder and Mood Disorder when her mother remarried Tom. The transition was difficult. Haley left therapists behind in another community. She began to have "meltdowns" daily which included yelling, throwing things, hitting and kicking her family members and being destructive to property, including punching holes in the walls of the family home. She could not ride in the family car or share a room with her younger sibling because the risk of her aggression was too great.

   Through Wraparound, Haley's mom Heather was taught skills to help Haley. She learned about collaborative problem-solving and other skills to increase the quality and consistency of her parenting. Today, after two years of Wraparound-based care coordination, Haley has had no meltdowns in more than 90 days, can ride in the car, is no longer violent, and is using coping skills learned in therapy to manage her anxiety and other issues. Heather says, "I am so immensely grateful to the Wraparound Team for all of their support, trust, and knowledge. My family would not be where we are today if it was not for them. The community is lucky to have people who care so much about the mental health of our children."

2. Annie was first seen in outpatient mental health at age 9 and diagnosed with mood disorder, oppositional defiant disorder, and parent-child conflict in the home. Things got worse for her between the ages of 11 and 15. She ended up in foster care and began to commit crimes: assaulting authority figures, shoplifting, petty theft, running away. She was referred to Wraparound and

began receiving individual and family therapy, skills training, 24-hour crisis support, and medication management.

Things did not go smoothly for Annie. She ended up needing residential treatment, but progress continued with Wraparound support. After returning home, a violent fight in the home led her to call for support and she was moved to a placement for respite. She continued to decompensate along with her family as the familiarity of her life began to erode.

She returned to psychiatric residential treatment, a new plan was identified by the Wraparound team, and she began to get connected to Independent Living resources for Transition Age Youth. The team assigned a family partner to Annie herself, to empower her in overcoming her mental health disorders and to begin to learn how to advocate for herself. Since this plan began, Annie has followed through with therapy and transition-age youth services, and completed her GED. When the judge asked her what changed at a recent hearing, she replied, “I finally got it that what my parents can’t do, I can do; I can use my skills to help me make right choices.”

DRAFT

Wraparound & Systems of Care

A Guide for Coordinated Care Organizations

Wraparound

An intensive evidence-based planning process that is used to implement Systems of Care values & principles for children with special healthcare needs.

Systems of care (SOC)

A coordinated network to support children/youth with challenges and their families in order to help them function better at home, school and in life. It's a spectrum of effective, community-based services and supports that build meaningful partnerships. Benefits:

- Cost effective way to treat children
- Decrease in the risk of self-harm & harm to others
- Improved Quality School Work
- Increased caregiver support
- Improves services

Relevant for CCOs

The stated goals of CCOs – better health, better care and lower costs – are closely aligned with those of Wraparound and SOC. Oregon's Statewide Children's Wraparound Initiative serves as a useful and relevant guide for CCOs on cross-system workforce development, finance structures, policy development, data collection, referral process and multi-disciplinary collaboration.

To learn more about SOC/ Wraparound and the link to CCO's, contact:

- Bill Bouska, Oregon Health Authority (503.945.9717; bill.bouska@state.or.us)
- Bill Baney, PSU System of Care Institute (503.725.5914; baneyw@pdx.edu)

Oregon
John A. Kitzhaber, MD, Governor

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Executive Summary
ORS 412.079
Temporary Assistance for Needy Families (TANF)

Date: February 15, 2013
To: Members of the Legislative Assembly

The report as required by ORS 412.079 is based on the monitoring and reporting of information related to the Temporary Assistance for Needy Families (TANF) program.

The Department of Human Services is required to report to each session of the Legislative Assembly the following information:

- The average time families have received cash assistance by family size.
- The wages and benefits received by an individual that becomes employed while receiving aid.
- The rate at which persons who cease receiving aid for employment subsequently apply for and receive aid.

The department monitored and recorded the above information by family. The findings are included in the full report. The report also includes information on a proposed 36-month time limit included in the Governor's Recommended Budget.

This report will be posted at the following website:

http://www.oregon.gov/DHS/assistance/publications/index.shtml

Please contact Xochitl Esparza at (503) 945-6122 if you have any question or concerns regarding the report.

Oregon
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Report to the 2013 Legislative Assembly Regarding Temporary Assistance for Needy Families As Required by ORS 412.079

Background:

ORS 412.079 requires the department to report to each session of the Legislative Assembly information described in ORS 412.079. The requirements in ORS 412.079 are listed below:

412.079 Time limits; exceptions; rules (as amended by SB 1579 in 2012)

(1) Except as provided in subsections (2) and (3) of this section, a needy caretaker relative may not receive aid under ORS 412.006 if the needy caretaker relative has received aid under the temporary assistance for needy families program in this state or any other state for more than a total of 60 months.

(2) The Department of Human Services may not count toward the 60-month limit on receipt of aid described in subsection (1) of this section any month in which a needy caretaker relative:

(a) Receives a grant of temporary assistance to needy families under ORS 412.001 to 412.069 and 418.647, or assistance funded under Title IV-A of the Social Security Act in this or another state, prior to July 1, 2003;

(b) Resides in an area described in 18 U.S.C. 1151, and 50 percent or more of the adult residents in the area are unemployed;

(c) Is, in that month, a minor child and neither the head of the household nor married to the head of the household;

(d) Receives aid under ORS 411.878, 412.014 or 412.124;

(e) Is enrolled at an educational institution under ORS 412.016;

(f) Is exempt from time limits pursuant to rules adopted by the department in accordance with section 408(a)(7)(C) of the Social Security Act; or

(g) Is unable to obtain or maintain employment for a sufficient number of hours in a month to satisfy the federally required participation rates because the needy caretaker relative:

(A) Is a victim of domestic violence as defined in ORS 411.117;

(B) Has a certified learning disability;

(C) Has a mental health condition or an alcohol or drug abuse problem;

(D) Has a disability as defined by the department by rule in a manner consistent with the definition of disability in the Americans with Disabilities Act;

(E) Has a child with a disability;

(F) Is deprived of needed medical care; or

(G) Is subjected to battery or extreme cruelty as defined by the department by rule.

(3) A needy caretaker relative may not be denied aid or terminated from receiving aid on the basis of the 60-month limitation described in subsection (1) of this section if the individual is experiencing a situation described in subsection (2) of this section.

(4)(a) The Department of Human Services shall monitor the average period of time a family receives aid and shall record such information by family size. The department shall monitor the wages and benefits received by an individual who becomes employed while receiving aid, including medical and child care benefits. The department shall monitor and record the rate at which families who cease receiving aid for employment subsequently apply for and receive aid.

(b) The department shall report the results of the monitoring required under paragraph (a) of this subsection to the Legislative Assembly not later than the 15th day of each legislative session. [Formerly 418.131]

The following information is provided in accordance with ORS 412.079:

Average Time a Household Received Cash Assistance by Family Size: The Temporary Assistance for Needy Families (TANF) program provides cash assistance and services to single parent households, two-parent households, households in which one or both parents receive Social Security benefits of SSI, and households in which the primary caretaker is a relative other than the child's parent. General Fund moneys are also used to provide cash assistance for families in which one or both parents are applying for Social Security benefits of SSI/SSDI.

TANF on-going cash assistance for all household types in June 2012 reveal the following average months on TANF by Need Group Size since July 2003.

Average Months on TANF by Need Group

Need Group Size	Total Number of Families	Average Months
01	3,216	39.85
02	14,083	25.05
03	9,480	26.78
04	5,403	29.98
05	2,448	32.52
06	1,004	34.41
07	376	35.70
08	131	34.64
09	52	33.98
10	29	38.79
11	9	28.33
12	3	32.33

Average Countable Months a Household Received Cash Assistance by Family Size (based on Oregon's Time Limit): Federal law prohibits providing assistance to a family that includes an adult in the need group who has received cash assistance under any state program with funds provided by the Federal government, for more than 60 months (whether or not consecutive). TANF time limits do not apply to families in which the only recipients are children. Examples include: an adult who is not receiving TANF because he or she is receiving Supplemental Security Income (SSI); or an adult who is not in the need group because he or she is a relative caregiver who is not the child's parent; or when the adult is not in the need group for any other reason.

States can exempt from time limits up to 20 percent of their TANF cash assistance caseload based on hardship as defined by the state. House Bill 2469 (2007) established a state 60 month time limit for adults receiving TANF cash assistance which began in July 2003. HB 2469 also defined the state exemptions to TANF time limits. Those exemptions are listed in ORS 412.079 (2). In addition, the department established an economic hardship exemption which applied to all adults during periods when Oregon's unemployment rate is equal to or exceeds 7 percent. This exemption began in July 2008 and ended in May 2012. Oregon's time limit suspends counting of time on TANF whenever a hardship exemption applies. The time limit applies only to adults and teen parents who are the head of household. Children may continue receiving TANF for themselves even after the adult or teen parent exceeds the 60-month time limit and does not meet an exemption.

Effective May 2012, there were two main amendments to ORS 412.079 made through Senate Bill 1579, one of which clarified that a person cannot receive TANF beyond 60 months in this or another state. The other amendment made time limits applicable to adults in two-parent households in the same way they apply to single parent households (and regardless of the source used to fund the two-parent program).

The table below displays the average countable months on TANF based on state time limit criteria. This information includes the average countable months for families receiving TANF on-going cash assistance in June 2012 by Need Group Size and averaged since July 2003. Need groups are the people whose basic and special needs are used in determining eligibility.

Average Countable Months on TANF by Need Group
(Based on Oregon Time Limit criteria)

Need Group Size	Total Number of Adults	Average Countable Months
01	3,204	1.10
02	13,785	2.20
03	9,430	2.11
04	5,458	2.08
05	2,544	1.88
06	1,051	1.65
07	400	1.65
08	138	1.29
09	53	1.38
10	30	1.53
11	9	0.89

The reason for the low average countable months above is not only based on hardship criteria but it also stems from the economic hardship exemption which applied to all families between July 2008 and April 2012.

The Governor's Recommended Budget includes a 36-month time limit which would apply to the entire family. If this policy option goes into effect, current policy would change in three ways: (1) the time limit would be shorter (from 60 to 36 months); 2) each family's circumstances will be reviewed after the family reaches 36 months of TANF receipt to determine whether a hardship exists. If a hardship exists, TANF eligibility for the family would be extended beyond 36 months. And 3) for families where no hardship exists, the entire case would close. Children in the household would no longer be eligible to continue receiving TANF.

Wages and Benefits after Becoming Employed: The average starting full-time (30 or more hours per week) wage reported by TANF clients during the 2012 calendar year was $10.33 per hour. A typical TANF family of three (one adult, two children) would no longer qualify for cash assistance if the adult worked for more than 16 hours per week at minimum wage. Approximately 96 percent of all families receiving TANF benefits have no earnings.

After having their cases close due to employment on or after July 2011, the following number of families (cases) were receiving Employment Related Day Care (ERDC) and/or Medical Assistance (such as OHP) in June 2012:

ERDC Only:	30
Medical Only:	5,825
ERDC and Medical:	1,556

Rate of Return to Cash Assistance: For the 2012 calendar year, 82 percent of the families who left TANF cash assistance due to employment were not receiving aid 18 months later. Of these families, 62 percent did not return to cash assistance during the entire 18 month period, while 20 percent returned for some period of time, but had left cash assistance again by the end of the 18 months. The remaining 18 percent of families who left cash assistance due to employment returned to cash assistance and were still receiving cash assistance at the end of the 18 month period.

This report will be posted at the following website:

http://www.oregon.gov/DHS/assistance/publications/index.shtml

Please contact Xochitl Esparza at (503) 945-6122 if you have any question or concerns regarding the report.

HB 2040 – Policy Placeholder

Concept
The Department of Human Services shall review the statutory laws governing programs administered by the department and shall determine needed changes. Add emergency clause.

Need for policy change
The Department of Human Services may need a policy placeholder to make necessary program changes requiring legislative changes.

Fiscal impact
DHS does not anticipate a fiscal impact.

SB 20 – Budget Placeholder

Concept
The Department of Human Services shall review the statutory laws governing programs administered by the department and shall determine needed changes. Add emergency clause.

Need for policy change
The Department of Human Services may need a policy placeholder to make necessary program changes requiring legislative changes.

Fiscal impact
DHS does not anticipate a fiscal impact.

SB 21 – Long-Term Care 3.0

Concept
Mandate that DHS convene a planning process to improve and modernize the long term care system.: The bill mandates that the planning process occur over the course of 2013 with a wide range of stakeholders, ultimately resulting in a report to the 2014 Legislative Assembly.

Need for policy change
Most Oregonians take today's array of choices and cost effectiveness in long term care for granted. As the first state in the country to apply for a Medicaid waiver to provide community-based care, Oregon has been a leader for the country but we have not fundamentally reviewed the system nor determined if there are other options and

strategies available to Oregon. We have focused almost exclusively on individuals who are Medicaid eligible and have done little to develop preventative and early intervention strategies.

With the aging of the baby boomers, Oregon needs a focus on preventative supports that is not present in today's system. Oregon needs a concentrated planning and implementation process that will help Oregon position itself for this future.

Fiscal impact
DHS does not anticipate a fiscal impact.

HB 2053 – Tribal Criminal Background Checks

Concept
A minor addition to ORS 181.537 will provide clear authority for DHS and the Tribes to run background checks on behalf of an Oregon Tribe for the purpose of screening current and prospective tribal foster parents and adults who live in the home a foster parent.

Need for policy change
Tribes do not have a clear and consistent way to accomplish required criminal checks on prospective foster parents and other persons who live in the homes of prospective foster parents. Tribes need a clear and reliable way to run criminal background checks on these individuals in order to ensure the safety of children placed in tribal foster homes and to comply with federal Title IV-E requirements for the screening foster parents and other persons who live in foster homes. Some Tribes have expressed interest in having the ability for Department of Human Services or the Tribes to conduct background checks on prospective Tribal foster parents and adults in the homes of prospective foster parents. ORS 181.537 gives DHS the authority to conduct background checks and describes the circumstances in which DHS can conduct checks. Within the current limits contained in ORS 181.537, it isn't possible for DHS or the Tribes to conduct checks for the purpose of screening prospective tribal foster parents or other persons in their homes.

Fiscal impact
DHS does not anticipate a fiscal impact.

HB 2054 – Temporary Assistance for Needy Families (TANF) Sustainability Placeholder

Concept
This is a placeholder bill relating to statute changes for the Temporary Assistance for Needy Families will be necessary to make identified program changes in efforts to make the TANF program more sustainable.

Need for policy change
The continuing economic crisis in Oregon, and resulting rapid increase in the Temporary Assistance for Needy Families (TANF) program caseload has created challenges in maintaining the TANF and TANF related programs services and outcomes as designed by the 2007 Legislative Assemply through HB 2469. The TANF caseload has continuously grown due to the economic slowdown and is currently 88% higher than four years ago. Staffing levels and resources have not kept pace. A placeholder bill will be necessary for addressing ways to make the program more sustainable.

Fiscal impact
Unknown at this time. DHS does not anticipate a fiscal impact.

HB 2055 – Temporary Assistance for Needy Families (TANF) Restructure Placeholder

Concept
This is a placeholder bill relating to public assistance for families with dependent children will be necessary to make the TANF program more sustainable the 2013-2015 biennium.

Need for policy change
HB 2049 (2011) suspended aspects of Temporary Assistance for Needy Families (TANF) statutes enacted during the 2007 Legislative Assembly via HB 2469 (2007). These suspensions expire at the end of the 2011-13 biennium. HB 2049 (2011) also extended reductions to the TANF and Employment Related Day Care (ERDC) programs that were originally taken in the 2007-09 biennium. These reductions also expire at the end of 2011-13. A placeholder bill will be necessary in case the 2013 Legislative Assembly proposes to continue or modify the suspended statutes as well as reductions in the 2013-2015 biennium.

Fiscal impact
Unknown at this time. DHS does not anticipate a fiscal impact.

HB 2056 – Nursing Facility Provider Tax Reauthorization and Capacity Efficiencies

Concept
The existing provider tax statute is scheduled to sunset on June 30, 2014 causing an increased general fund need of approximately $33M. This bill reauthorizes the nursing facility provider tax through June 30, 2020 and provides incentives for nursing facilities to reduce excess capacity. This bill is projected to reduce state general fund need by approximately $18M. Previously, a class of nursing facilities residing in continuing care

retirement communities were exempt from the tax. This bill proposes eliminating those exemptions.

Additionally, this bill establishes a statewide reduction target of 1,500 nursing facility beds. Enhanced rates are available to support achievement of this reduction target. Reimbursement rate reductions will be implemented if reduction targets are not achieved. Additionally, this bill eliminates the ability of nursing facilities to expand their capacity by the lesser of 10% or ten beds every two years.

Need for policy change

Since 1990, there has been a steady decline in NF occupancy percentages in Oregon. Although Oregon's occupancy rate of 63 percent is already much lower than the national average of 83.7 percent, the NF occupancy rate continues to decline rapidly. Of the 131 NFs in Oregon, 71 (more than 54 percent) have a five year average occupancy rate under 65 percent.

High vacancy rates increase costs to the Medicaid program because of the statutory rate setting methodology and will ultimately threaten financial solvency of all facilities. NF occupancy is declining, causing an increase in Medicaid rates. If the trend continues, NFs will compete for a smaller and smaller market at government subsidized rates. Without cost containments measures, the NF rate will be unsustainable for the state.

Under Oregon Certificate of Need (CON) law, NFs can increase the number of licensed beds by 10 beds or 10 percent of the bed capacity, whichever is less, within a two-year period without going through the formal CON process. This exception exacerbates the excess capacity problem Oregon is experiencing.

Fiscal impact

This bill is projected to save approximately $18M in state general funds for the 13-15 biennium.

SB 22 – Developmental Disabilities Technical Fix

Concept

The statutory authority for many of the programs that are funded and managed by the Department of Human Services (DHS), Office of Developmental Disabilities Services (ODDS) are outdated. Current statute requires the state to maintain boards that are no longer functional, connects court commitments to State Training Centers that no longer operate and are vague on the authority to certify agencies for work and non-residential services. When the Oregon Health Authority (OHA) split from DHS some of the authority that was shared by local counties for both mental health and developmental disability (DD) services were split, leaving DD authority vague. This split also resulted in a DHS reorganization, separating DD services from aging and people with disabilities

(APD) services, leaving the statutorily defined role and relationship of DD services with other departments needing updating.

Need for policy change
The legislative concept eliminates references to institutional and training center services, aligns the court commitment process to current practice since the closing of all institutions for people with developmental disabilities, clarifies the authority of the department to certify and license programs for people with developmental disabilities, updates and clarifies key terms and definitions, and clarifies the role of ODDS as it relates to OHA and DHS.

Fiscal impact
DHS does not anticipate a fiscal impact.

STATUS OF REQUIRED DHS LEGISLATIVE REPORTS

Report: **Children's Wraparound Initiative (ORS 418.985)**
Due: Biennial at each odd-numbered year regular session
Destination: Legislative Assembly and Governor
Status: Presentation to the House Human Services Committee February 2, 2011

Report: **Expansion of capacity of residential care facilities and adult foster homes (ORS 443.424)**
Due: Semiannually
Destination: Legislative Assembly or Emergency Board
Status: Last report sent 10-24-12; Next report due 5-1-13

Report: **Child Welfare Data Book (to meet the reporting requirements of ORS 418.036 and 418.319)**
Due: ORS 418.036: Before November 1 of each even-numbered year
ORS 418.319: Biennially at each odd-numbered year regular session
Destination: ORS 418.036: Appropriate Legislative Interim Committee
ORS 418.319: Legislative Assembly
Status: Report sent 10-12

Report: **Developmental Disabilities Community Housing Fund: Report of revenues to and expenditures from (ORS 427.340)**
Due: Not in statute. It may have been intended as a one-time report regarding the sale of Fairview.
Destination: Legislative Assembly and Governor
Status: March 21, 2011 presentation to the Human Services Ways and Means Subcommittee

Report: **Equal Access (ORS 417.270)**
Due: Biennial at each odd-numbered year regular session.
Destination: Legislative Assembly
Status: For 2011-13 was part of ARB report (http://www.oregon.gov/DHS/aboutdhs/budget/2011-2013/arb/docs/sr.6-gender-equity.pdf?ga=t)

Report: **Government to Government Report (ORS 181.166)**
Due: No later than December 15 each year
Destination: Governor and Commission on Indian Services
Status: Report sent November

Report: **JOBS Plus Report (ORS 411.896)**
Due: Annually
Destination: Legislative Assembly and Governor
Status: Report sent to Governor and Legislative Leadership 8-9-12

Report: **Outreach to Veterans (ORS 408.505)**
Due: October 1 of each even-numbered year
Destination: Appropriate interim committees of the Legislative Assembly
Status: Sent 10-13

Report: **Safety of individuals receiving developmental disability services and a schedule of all license fees and civil penalties (ORS 430.216)**
Due: Biennial at each odd-numbered year regular session
Destination: Appropriate legislative committees, the Oregon Council on Developmental Disabilities and the agency designated to administer the state protection and advocacy system
Status: March 2011 presentation to Human Services Ways and Means Subcommittee

Report: **Staffing and Workload (ORS 409.161)**
Due: Biennial at each odd-numbered year regular session
Destination: Legislative Assembly
Status: Report due during the 2013 Legislative Session

Report: **Strengthening, Preserving and Reunifying Families (twice in statute: ORS 418.485 and 418.580)**
Due: ORS 418.485: Annual
ORS 418.580: Annual
Destination: ORS 418.485: Appropriate legislative committees
ORS 418.580: Governor and appropriate interim committees

Status: Verbal report to the Senate Interim Committee on Health Care, Human Services and Rural Health Policy on January 18, 2012

Report: TANF Report (ORS 412.079)
Due: Fifteenth day of each odd-numbered year regular session
Destination: Legislative Assembly
Status: Will be completed by the 15th day of the 2013 legislative session

Report: Temporary Assistance for Domestic Violence Survivors (TADVS – ORS 411.154)
Due: Biennial at each odd-numbered year regular session
Destination: Legislative Assembly
Status: Will be completed by June 2013

Report: Vacant Budgeted Positions (ORS 291.371)
Due: Biennial
Destination: Joint Committee on Ways and Means during the period when the Legislative Assembly is in session and the Emergency Board or the interim Joint Committee on Ways and Means during the interim period between sessions
Status: Report is due during the 2013 Legislative Session

Report: Statewide call system – 2-1-1 (Oregon Law Chapter 70, Section 20, 2012 Legislative Session)
Due: One Time – October 1, 2012
Destination: Human Services Legislative Committee
Status: Report sent 9-24-12

Report: Report on abuse of persons 65 years of age or older (Oregon Law Chapter 70, Section 22, 2012 Legislative Session)
Due: One Time – October 1, 2012
Destination: Human Services Legislative Committee
Status: Report sent 9-24-12

Budget Note –

TANF

The Department of Human Services is directed to report to the 2012 Legislature on the impact of the restructured Temporary Assistance for Needy Families (TANF) program and JOBS employment and training services on program clients and program outcomes. The Department is to work with the Employment Department, the Department of Community Colleges and Workforce Development, WorkSource Oregon, the Family Services Review Commission and other stakeholders to review the program changes and develop any recommendations for potential program improvements.

Report to Legislature due by February 2012

Action Taken:

The department presented a report to the Ways and Means Human Services Subcommittee on February 8, 2012. The department also sent this report to the Senate President and House Co-Speakers this same day.

APD

Oregon has a duty to enhance and preserve a long-term care system prepared to address the needs of low-income seniors and people with physical disabilities, provide maximum service delivery and make the best use of public funds as Oregon's population ages. The Governor shall convene key stakeholders, including representatives from the Department of Human Services, to study and recommend:

1. The best mix of services and supports, including supports to caregivers, to be available in every Oregon community that will keep seniors and people with disabilities as independent as possible, healthy and safe.

2. Specific plans and recommended steps to best blend state and federal resources with private pay to assure access to high quality care and supports for individuals, families and caregivers.

3. Plans and recommended steps to better align state and local administrative structures, identify cost efficiencies and create incentives to assure consistent, efficient and effective service delivery and high quality service outcomes.

The work group shall seek broad input from all stakeholder groups before submitting recommendations to the appropriate legislative committee by January 2012.

Recommendations to a legislative Committee in Nov. 2011 (if a verbal presentation)

Action Taken:

The Governor appointed two distinct and highly inclusive groups to address this budget note. The formal report was sent over to the Legislature January 13, 2012 and the Director presented the report, along with the first Adult Protective Services report, to the legislature February 8, 2012.

DD

Funding is continued at reduced levels during the 2011-13 biennium for the Alternatives to Employment (ATE) programs and related transportation services. The Department is directed to review and report to the 2012 Legislature on utilization, cost and outcome data for services received by adults in ATE programs, including services for adults not engaged in employment activities. By July 1, 2012, the Department of Human Services is to restructure its contracts with program providers to assure the quality of client services, clarify objectives of non-employment day programs, measure and report client outcomes, and minimize administrative costs within available funding.

Report due by February 2012
Restructure of contracts due by July 2012

Action Taken:

The department provided a report to the 2012 Legislature. The report was sent over January 13, 2012 and the department presented the report to the Legislature February 13, 2012

APD (2012 Legislative Session):

The Department of Human Services is to report to the Emergency Board in September 2012 on the outcome of the negotiations for the adult foster care programs. If the negotiations result in a reduction that is more than 6% below the 2009-11 reimbursement rate, DHS is to identify options for bringing reimbursement for adult foster care programs to no more than a 6% reduction for the balance of the biennium, and include its preferred option in the agency's next budget rebalance plan.

No action has been taken at this time because negotiations/arbitration have not been completed. Once negotiations/arbitration have been completed, we will know if they resulted in a reduction greater than 6%.

APD

The adjustments in Senate Bill 5701 include an additional $40 million General Fund appropriation in this program area, reducing the potential reimbursement reduction from $53.4 million to $13.4 million. The Co-Chairs" intent is that the Governor's Office, the Oregon Health Authority and DHS will pursue additional federal Medicaid funding or other federal revenue to mitigate or eliminate the full reduction. DHS is expected to report on this issue to the Emergency Board at its May 2012 meeting, with recommendations regarding any further action to be taken at that time.

Action Taken:

DHS will join OHA during the May 2012 committee days for their transformation update to include any update in pursuing additional federal Medicaid funding. The update is that DHS has submitted the waiver asking for additional match of 6% in a variety of programs including long term care.

CMS has indicated that they will not address the waiver until other transformation conversations are complete.

HUMAN SERVICES, DEPARTMENT of

Annual Performance Progress Report (APPR) for Fiscal Year (2011-2012)

Original Submission Date: 2012

Finalize Date: 10/1/2012

2011-2012 KPM #	2011-2012 Approved Key Performance Measures (KPMs)
1	OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.
2	TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.
3	TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.
4	SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.
5	SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments
6	ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS
7	ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.
8	Timeliness and Permanency of Reunification of Children.
9	Timeliness of Foster Care Related Adoptions
10	ACCESS TO I & R AND I & A - Access to accurate and consistent Information & Referral and Information & Assistance for people who are not currently served by SPD
11	SENIORS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregon's seniors receiving SPD long-term care services who are living outside of nursing facilities.
12	DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.
13	PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.

2011-2012 KPM #	2011-2012 Approved Key Performance Measures (KPMs)
14	INTEGRATED EMPLOYMENT SETTINGS - The percentage of people with developmental disabilities who receive SPD services who are working in integrated employment settings.
15	ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.
16	ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES - The percentage of seniors and adults with physical disabilities experiencing abuse.
17	CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2013-2015
NEW	**Title:** PLACEHOLDER: RE-ABUSE OF SENIORS AND ADULTS WITH DISABILITIES - % of individuals who have experienced re-abuse within a one year period. **Rationale:** This measure will report re-abuse in facility and community settings to show the effectiveness of protecting victims from repeat abuse.
NEW	**Title:** PLACEHOLDER: SERVICE EQUITY **Rationale:** Service equity is a core value for DHS. The Office of Equity and Multicultural Services (OEMS) is charged with providing leadership and direction supporting equity, diversity and inclusion thorughout DHS. OEMS is also committed to reducing disparities and barriers within the communities that we serve. DHS has identified KPMs by race and ethnicity and has made the information available in The State of Equity Report. Our goal is to reduce disparities in client outcomes.
NEW	**Title:** LTC NEED PREVENTION - Percentage of seniors (65+) needing publicly-funded long term care services. **Rationale:** This proposed new KPM measures effectiveness of strategies to prevent seniors from needing to access publicly-funded long term care.
NEW	**Title:** LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities. **Rationale:** Stakeholder input recommended that this KPM include all long-term care recipients, not just seniors.
NEW	**Title:** SUPPORTED EMPLOYMENT - Increase the number of individuals in supported employment. **Rationale:** Supported employment represents breakthrough work the agency is pursuing and is a more functional, refined and meaningful measure. Data structures and capacity are more aligned to report on supported employment.The goal is to increase supported employment by 32% by 2017. We propose to report discrete numbers since percentages may mask success or failure and are not a true representation of progress.
DELETE	**Title:** ACCESS TO I & R AND I & A - Access to accurate and consistent Information & Referral and Information & Assistance for people who are not currently served by SPD **Rationale:** DHS proposes to drop this KPM due to a lack of resources to collect the data.

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2013-2015
DELETE	**Title:** INTEGRATED EMPLOYMENT SETTINGS - The percentage of people with developmental disabilities who receive SPD services who are working in integrated employment settings. **Rationale:** We are proposing to replace this KPM with one around supported employment which represents breakthrough work the agency is pursuing and is a more functional, refined and meaningful measure. Data structures and capacity are more aligned to report on supported employment.
DELETE	**Title:** SENIORS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregon's seniors receiving SPD long-term care services who are living outside of nursing facilities. **Rationale:** Stakeholder input recommended the inclusion of all recipients of long term care, not just seniors for this KPM
DELETE	**Title:** ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES - The percentage of seniors and adults with physical disabilities experiencing abuse. **Rationale:** PLACEHOLDER: We are proposing to replace this KPM with a measure that reports re-abuse in both facility and community settings. Baseline data are currently being collected.

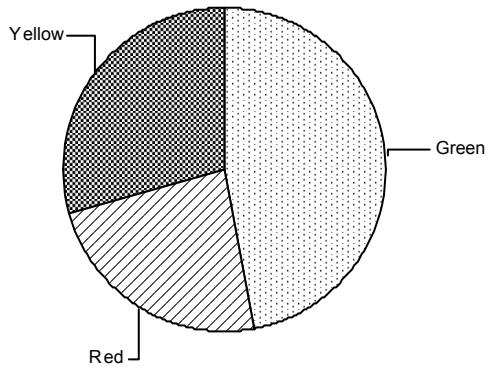
Proposed Key Performance Measures Targets for Biennium 2011-2013	2012	2013
Title: TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.	30.00	30.00
Title: SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments	95.00	95.00
Title: ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS	60.00	64.00
Title: SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.	80.00	80.00
Title: Timeliness and Permanency of Reunification of Children.	125.00	125.00
Title: TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.	65.00	65.00

HUMAN SERVICES, DEPARTMENT of	I. EXECUTIVE SUMMARY

Agency Mission: Assisting people to become independent, healthy and safe.

Contact:	Cathy Iles, DHS/OHA Shared Services	**Contact Phone:**	503-602-1507
Alternate:	Pam McVay, Finance and Research Analysis	**Alternate Phone:**	503-945-5930

Performance Summary



Green	47.1%
Red	23.5%
Yellow	29.4%
Total:	100.0%

Green	Yellow	Red	Exception
= Target to -5%	= Target -6% to -15%	= Target > -15%	Can not calculate status (zero entered for either Actual or

1. SCOPE OF REPORT

This report covers a broad array of programs throughout the Department of Human Services (DHS), such as employment, child well-being, independence of seniors and people with disabilities that support the mission and goals of the agency. The purpose of this annual performance report is to communicate the results of the work we do. While the primary audience of this report is the Oregon Legislature and other key stakeholders, it is also a communication tool for staff, other governmental agencies and the public.

2. THE OREGON CONTEXT

DHS helps achieve Oregon's goals: Quality jobs for all Oregonians; Safe, caring and engaged communities; and Healthy, sustainable surroundings. The DHS Key Performance Measures support many of the Oregon Benchmarks such as: #14 Workers above 150% of poverty; #51 Child abuse and/or neglect; #52 Elder abuse; #58 Food insecurity; #59 Independent seniors; #60 Working disabled; and, #61 People with physical/cognitive limitations living in poverty. More information about Oregon Benchmarks and state partners can be accessed at http://www.oregon.gov/DAS/OPB/KPM_links.shtml

3. PERFORMANCE SUMMARY

DHS achieved green status on eight (47%) Key Performance Measures. Five (29%) KPMs achieved yellow status. Four (24%) achieved red status. Green status = Target to -5% Yellow status = Target -6% to -15% Red status = Target > -15%

4. CHALLENGES

Poor economic conditions and unemployment appear to have an influence on many of our measures. Cuts in funding and limited resources (such as staff and providers) have an impact on whether or not we can achieve our desired results. Other challenges include the fact that the work of DHS is complex and requires coordinated efforts to see an impact on the results. It's not uncommon for clients to have multiple barriers to face. They may have drug or alcohol abuse issues, involvement with law enforcement, have mental health challenges, or be unemployed.

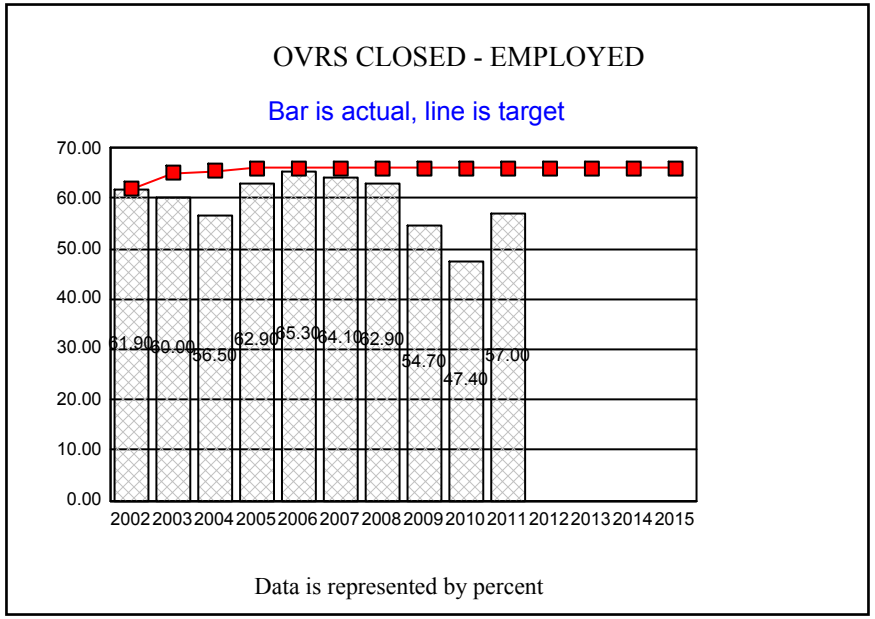
It continues to be a challenge to connect the daily work of the agency to intermediate and high level outcomes. However, doing so will enable us to prioritize and clarify the results of what we do (effectiveness) and the importance of efficient processes, thereby creating a culture throughout DHS by which all managers and staff rigorously use performance measures and other metrics for decision-making, managing the daily work and driving improvements throughout the agency. More effective communication with the public and stakeholders of the value of DHS services is desired as we attempt to educate others about our role as good stewards of public resources.

5. RESOURCES AND EFFICIENCY

2011-13 Total Fund Budget by Division
This section provides overall budget information for DHS and the major program areas.
Division, Total Funds (in millions), % Funds
Children, Adults and Families, $4,305.6, 54%
Seniors and People with Disabilities, $3,543.8, 44%
Central and Shared Services, $.133.2, 2%
TOTAL FUNDS = $7,982.6

Source: DHS/OHA Budget, Finance and Analysis Division

KPM #1	OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	1997
Goal	People are living as independently as possible.	
Oregon Context	Percentage of individuals receiving services who had employment outcomes during the state fiscal year.	
Data Source	Office of Vocational Rehabilitation Services Core Performance Status Summary Report	
Owner	DHS - Vocational Rehabilitation, David Ritacco, 503-945-6720	



1. OUR STRATEGY

Obtaining and maintaining suitable employment is consistent with the Department's goal of assisting people to live independently. This outcome measure shows how successful DHS and its partners are at helping people with disabilities become employed in local communities. Based on a Harris Survey of Americans with Disabilities, "Two out of three

unemployed people with disabilities would prefer to be working." During State Fiscal Year2011, VR clients who closed with employment earned an average wage of $11.68 an hour and worked an average of 27 hours per week.

2. ABOUT THE TARGETS

This target, often internally referred to as the success rate, reports the percentage of vocational rehabilitation clients who have received services and maintained suitable employment for a minimum of 90 consecutive days and who have exited the program. A higher percentage indicates more individuals obtaining successful employment outcomes.

3. HOW WE ARE DOING

OVRS' performance declined on this measure with the imposition of the Order of Selection on January 15, 2009, which requires that OVRS serve the most severely disabled clients first, as well with the decline in the labor market during the past year. However, the performance began to improve in FFY 11 increasing from 47% in FFY10 to 57% in FFY11. Currently, OVRS' percentage of individuals receiving services who had employment outcomes for FFY 12 to date is 57.6%, which continues the improvement in performance seen in FFY11.

4. HOW WE COMPARE

All 50 states have a state run general VR program. The State of Oregon's VR program is required to meet or exceed a national performance level of 55.8 percent. As such, this percentage is considered a minimum acceptable number. The State of Oregon's VR program did not meet this measure in FFY 09 (52.5%) and FFY10 (47%), however Oregon met this requirement in FFY11 (57%) and is on track through June 2012 to meet it in FFY12

5. FACTORS AFFECTING RESULTS

There are two factors which may continue to have an impact on Oregon's performance. The first is the continuing high unemployment rate. The second factor is the threat of the re-imposition of an Order of Selection due to the possibility of further funding cuts at both the Federal and State levels,

6. WHAT NEEDS TO BE DONE

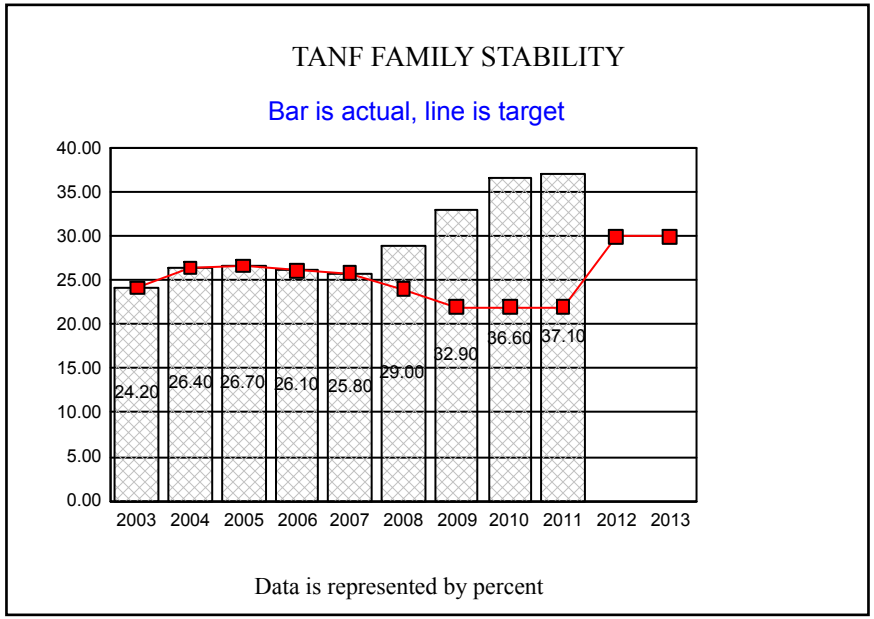
The VR program will continue to conduct program monitoring and implement any necessary program improvements based on the data analysis.

7. ABOUT THE DATA

Reporting cycle – federal fiscal year. The success rate calculation is based on dividing the number of clients who exited the VR program in employment by the number of clients who exited the VR program after receiving services, multiplied by 100.

VR relies on a state and federal relationship. Federal funding requires a state match of 21.3 percent and this has worked well for over 80 years but under the current appropriations, the VR program can meet the needs of only a small percentage of people with disabilities who live in Oregon. The VR program continues to look at state population distributions and have relocated staff to meet the increased demands in specific areas.

KPM #2	TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.	2007
Goal	People are safe	
Oregon Context	Oregon Benchmark #51 - Number of children per 1,000 persons under 18, who are: a) neglected/abused, b) at substantial risk of being neglected/abused.	
Data Source	Cumulative Federal Fiscal report cycle using AFCARS quarterly is used to identify the number of children entering foster care and Client Maintenance System to identify whether those children were from a household that received TANF cash assistance within the prior two months (referred to as TANF children). The number of TANF children is divided by the total number of children entering foster care for the federal fiscal year to arrive at the percent of children entering foster care who had received TANF cash assistance within the prior two months.	
Owner	DHS - Self Sufficiency, Xochitl Esparza, TANF Manager, 503-945-6122	



1. OUR STRATEGY

This measure tracks the movement of low-income children who leave the TANF program and enter foster care within two months of exit. This is designed to increase the overall effectiveness of the TANF program's family stability efforts.
The programs and services provided include supports to meet immediate needs and holistic family assessments, prevention (Family Support and Connections); Families are offered a holistic family assessment including screenings for physical health, substance abuse, mental health, domestic violence, learning needs and other family stability issues.

Family Support and Connections provides supports to prevent children in at-risk TANF families from entering the child welfare system. Home and community based services are used to guide interventions that build on family strengths and address family functioning issues. The services are designed to strengthen and support families by increasing parental protective factors and addressing risk factors related to child abuse. Temporary Assistance to Domestic Violence Survivors (TA-DVS) provides temporary financial assistance and support services to families with children who need to flee and stay free from domestic violence. TA-DVS is used to help the domestic violence survivor and the children address their safety concerns and to stabilize their living situation, thus reducing the likelihood of the survivor returning to the abuser. These services maintain the safety of these vulnerable children and their parents, and can prevent sometimes life-threatening situations. These services also help prevent child abuse and the need for child welfare intervention.

2. ABOUT THE TARGETS

Our objective is to decrease the percentage of children being served by the TANF cash assistance program who enter the foster care system.
DHS used the 2003 through 2007 performance data to develop a baseline. Currently Foster Care entries are decreasing and TANF cash assistance cases are on the rise, this can cause an increase in the percentage.

3. HOW WE ARE DOING

In FFY2007, 25.8 percent of the children entering foster care had received TANF cash assistance within the prior two months. During FFY2008 29.0 percent of the children entering foster care had received TANF cash assistance within the prior two months. The rate increased to 37.1 percent for FFY2011.

4. HOW WE COMPARE

This is a unique measure for Oregon and, therefore, there is a lack of current data from other states for purposes of a comparison. However, a comparison of Aid to Families with Dependent Children (AFDC) and child welfare caseloads in California, Illinois and North Carolina found the majority of children entering foster care had been removed from AFDC-eligible households (U.S. Department of Health and Human Services, Office of Assistant Secretary for Planning

and Evaluation, 2000).

5. FACTORS AFFECTING RESULTS

The factors affecting results include: multiple child abuse risk factors present in families such as, alcohol or drug use, parental involvement with law enforcement, domestic violence, and unemployment. Often, there are several of these factors in families of child abuse/neglect victims. Following a national trend, the number of Oregon children entering foster care has been decreasing. This has caused an inverse relationship between the total number of children going into foster care and the KPM.

As Oregon's economy worsens it decreases stability in families. There has been approximately 38.4 percent increase in the TANF caseload over the past two FFY's. As the caseload increases a smaller percentage are able to be served.

6. WHAT NEEDS TO BE DONE

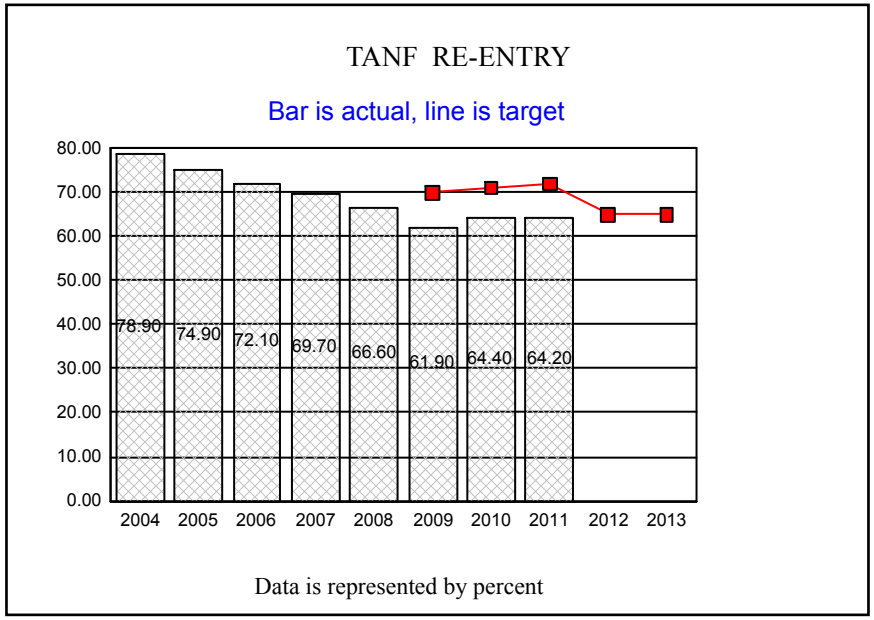
We will continue to monitor data and trends related to family stability, child abuse and foster care utilization.

7. ABOUT THE DATA

Reporting cycle - Federal Fiscal year. AFCARS quarterly data is used to identify the number of children entering foster care and Client Maintenance System to identify whether those children were from a household that received TANF cash assistance within the prior two months (referred to as TANF children). The number of TANF children is divided by the total number of children entering foster care for the federal fiscal year to arrive at the percent of children entering foster care who had received TANF cash assistance within the prior two months.

The percentage can be skewed by differing rate of increase/decrease of the two programs. Currently Foster Care entries are decreasing and TANF cash assistance cases are on the rise, this can cause an increase in the percentage.

KPM #3	TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.	1991
Goal	People are able to support themselves and their families	
Oregon Context	Oregon Benchmark #14 and the DHS high-level outcome; "Percentage of covered Oregon workers with earnings of 150% or more of the poverty level for a family of four."	
Data Source	JAS/TRACS system placement data and Client Maintenance system public assistance data is used to determine the TANF clients who left TANF due to employment and did not return to case assistance ore were still off case assistance 18 months after case closed.	
Owner	DHS - Self Sufficiency, Xochitl Esparza, TANF Manager, (503) 945-6122	



1. OUR STRATEGY

One of the main goals of the Temporary Assistance for Needy Families (TANF) JOBS program is to help clients find and keep employment. The longer clients can maintain

employment, the higher their wages will be. The department's strategies are focused on family stability and as part of this we strive to give clients the tools they need to be successful in the workplace and to reduce incidences of returning to assistance..

Our partners include other state agencies such as the Employment Department and Community Colleges and Workforce Development. We also work closely with county –based services, JOBS program providers, and community social service partners.

2. ABOUT THE TARGETS

Our objective is to increase the number of former TANF clients who do not require future TANF cash assistance. Due to the current economic crisis DHS used only the 2007 performance data to develop a baseline. The target was determined by adding 1% to the baseline performance. The goal for 2012 and 2013 was adjusted to reflect the prolonged effects of the economic recession. This measure has changed from counting all clients who are currently off TANF due to employment, to counting only clients who have never returned. Our goal continues to be focused on achieving high level of success in this area.

3. HOW WE ARE DOING

64.2% of TANF clients that left public cash assistance due to employment between January 2011 and December 2011 were not receiving cash assistance 18 months later, this is slightly lower than 64.4 the previous year. This indicates that the majority of TANF clients who left the program due to employment were having relative success in the workplace, or have found other resources to maintain their own and their family's financial independence. However, the Oregon economic crisis has affected performance in this measure. Oregon's unemployment rate remains higher than the national average. In December 2011, Oregon's unemployment rate was 8.9% .4% higher than the national unemployment rate. The economic crisis has increased demand for TANF/JOBS services and it also has put pressure on funding for the program.

4. HOW WE COMPARE

There are no relevant public or private industry standards that directly compare to this measure.

5. FACTORS AFFECTING RESULTS

This measure may be affected by several things, including the status of the economy, the labor market and industry. It can also be affected by the effectiveness of the JOBS program that determines, coordinates, and provides services to assist TANF clients find and retain employment, and offer strategies to enhance wage gain efforts. As the TANF caseload increases a smaller percentage of families are able to be served in the JOBS program which also affects the program's ability to help families move off assistance through job placement. As a way to help the state balance its budget shortfall, the JOBS Program budget was reduced by half in 2011-13 compared to the previous biennium budget. This meant that the program was funded to support only 25% of those required to participate in employment or other alternatives. Additionally, the Post TANF payment was progressively reduced from $150 to $100 and then from $100 to $50 in 10/01/10. On May 2011 the Post TANF program was suspended.

6. WHAT NEEDS TO BE DONE

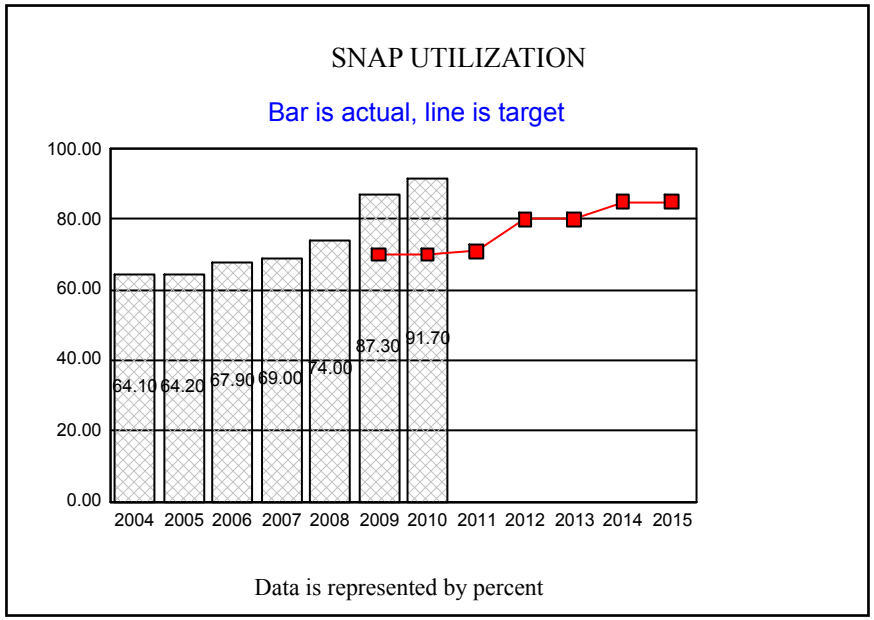
Further study of this measure is needed to ensure it accurately reflects the TANF/JOBS programs' design in future biennia. This measure was modified for calendar year 2010.

7. ABOUT THE DATA

Reporting cycle – Calendar Year. This measure recently changed from counting all clients who left due to employment and are currently off TANF, to counting only clients who have never returned. The methodology and criteria used to obtain the data is adjusted as program changes occur, to ensure the validity of the data. Recidivism and Placement reports are issued separately, on a monthly basis and studied for any potential anomalies, as well as to identify trends in performance. The data is sent to program managers and interested parties.

This KPM was audited in 2009 and was certified as "verified" meaning that performance reported is consistently accurate within plus or minus five percent and adequate controls are in place to ensure consistency and accuracy in collection of all supporting data and subsequent reports.

KPM #4	SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.	2001
Goal	People are able to support themselves and their families.	
Oregon Context	This performance measure links to the DHS goal, "People are able to support themselves and their families." This measure also links to Oregon Benchmark #57 and the DHS high-level outcome, "Percent of Oregon households that are food insecure as a percentage of the US."	
Data Source	Food Stamp Management Information System and Census estimates.	
Owner	DHS, Self Sufficiency, Belit Burke, (503) 947-5389	



1. OUR STRATEGY

Our strategy is to maintain our outreach efforts, increase access and continue a focus on customer service. Outreach and education efforts will continue to focus on the most vulnerable populations (children and elderly) and the most under-served (the elderly).

2. ABOUT THE TARGETS

Target levels are established to assess the relative improvement in the proportion of Oregonians eligible for Supplemental Nutrition Assistance Program (SNAP) who are accessing the program. An increase in the proportion eligible that accesses the program is a positive outcome. The targets are set using the Program Access Index (PAI), which is one of the measures Food and Nutrition Services (FNS) uses to reward states for high performance.

The PAI is an index of the average monthly number of SNAP participants over the course of a calendar year to the number of people with income below 125 percent of the official poverty level. FNS computes average monthly participation over a calendar year – rather than the Federal fiscal year – to better align the participation count with the annual poverty measure. FNS makes an adjustment to the counts of participants, the numerator of this index, to better reflect State performance in the administration of SNAP.

3. HOW WE ARE DOING

SNAP participation (persons receiving benefits) has increased monthly for several years. In just the last 12-month period (3/31/11 – 3/31/12), the number of households receiving SNAP in Oregon increased by 6.7%: from 411,599 to 439,352 households/805,883 persons (1 in 5 state residents The DHS SNAP has received federal participation bonuses for the past three federal fiscal years for ranking in the top three states nation-wide in participation rate.

4. HOW WE COMPARE

In 2007 Oregon was ranked number 18 in the nation in participation according to the PAI. In 2008 and 2009, Oregon was ranked second in the nation in SNAP participation based on the PAI and has remained in the top three. FNS ranking is based on the number of potential eligibles compared to the number receiving benefits.

There are eight states within the FNS Western Region: Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon and Washington. (Guam is excluded from this comparison because of its small size and temporary suspension of SNAP.) Within the region, Oregon continues to be ranked 1st in participation (2nd in the nation), the next closest state is Washington, ranked 4th in the nation. California is last in the Western Region and in the nation (ranked 51st). An additional comparison looks at Oregon and other states outside of the Western Region. These states have similar populations and a similar mix of relatively few urban/population centers with larger rural/remote areas as is found in Oregon. These states are: Alabama, ranked 26th; Kentucky, ranked 14th; Minnesota, 40th; Oklahoma, ranked 25th; and South Carolina, 13th.

5. FACTORS AFFECTING RESULTS

Oregon has had great success in encouraging use of the on-line application, which is one of several efforts to ease access to SNAP benefits. The recession created critical need for basic necessities such as food in households that never expected asking for help. Oregon is also working to expand outreach efforts to identify and remove barriers to the SNAP program in all populations.

6. WHAT NEEDS TO BE DONE

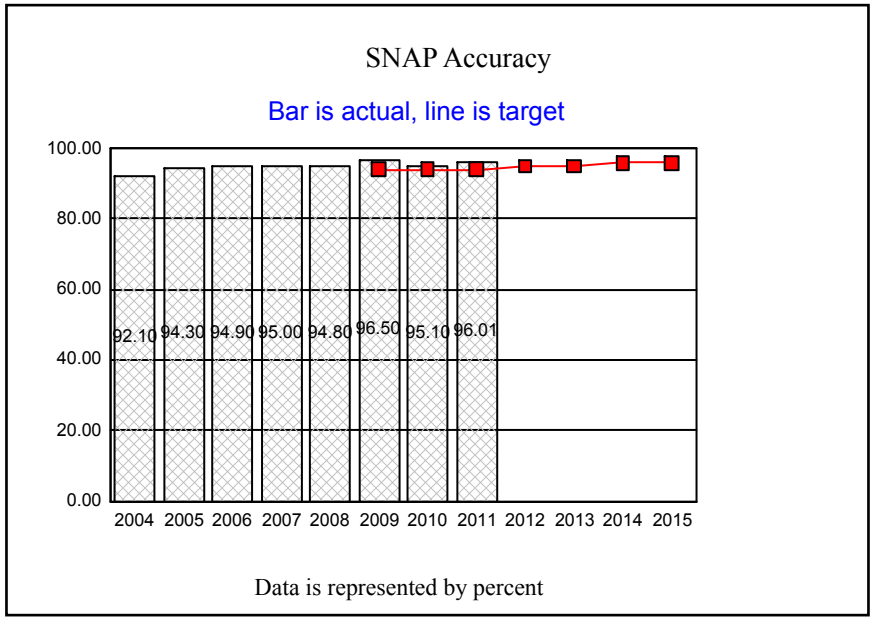
Despite our outstanding performance in getting benefits to eligible households, Oregon as a state has a hunger problem. For several years, Oregon ranked among the top three states in food insecurity: the number of households in which residents were not certain where their next meal was coming from. Finally, the state is making progress. In the latest FRAC data on food hardship, Oregon ranks 26th in the nation[1]. Oregon continues efforts in outreach and improved customer service to reach more Oregonians; including working to increase population segments that are underserved

[1] Food Research and Action Center; Food Hardship in America (Feb 2012), http://frac.org/

7. ABOUT THE DATA

Reporting cycle – calendar year. Reports submitted to Food and Nutrition Services (FNS) from our Food Stamp Management Information system is compared by FNS to Census estimates of Oregonians living at or below the federal poverty level.

KPM #5	SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments	2009
Goal	People are able to support themselves and their families	
Oregon Context	Oregon Benchmark #58 and the DHS high-level outcome, "Percent of Oregon households that are food insecure as a percentage of the US."	
Data Source	Quality Control (QC) Active case accuracy rate.	
Owner	DHS - Office of Program Integrity - Central Services, Susan Becktold, Manager - Quality Control Unit, 503-373-7961	



1. OUR STRATEGY

DHS has utilized an effective strategy in the past several years to reduce the error rate to below the national standard. This includes:

§ Use of the SNAP Steering Committee, including field representatives, advocacy groups, policy, and Program Integrity, to oversee accuracy, access and customer services initiatives.

§ Making available a variety of training tools for all levels of field staff, including materials listed on the SNAP policy website. Tools include classroom training, NetLink classes, monthly skill challenges, On Target accuracy newsletter and e-learning.

§ Continuation and enhancement of a local review process which utilizes dedicated program accuracy reviewers. Over three thousand SNAP cases are assessed each month and feedback is shared with local offices. Reports produced from the database help identify areas of concern and keep track of accuracy targets.

§ Updating and expanding SNAP related training, including SNAP core training, interview and narration training, and refresher training.

§ Pursue continuous improvement concepts through Program Integrity Steering Committee.

2. ABOUT THE TARGETS

The target for this measure is for the state's error rate to be below the national standard. The national standard changes every year based on each state's performance. The national standard has improved each year since FY 06. In FY 11, the national error rate was 3.80%, a historic low.

3. HOW WE ARE DOING

Oregon has been out of penalty since lowering the error rate to 5.71 percent in FY 05. In FY 09, Oregon reached an all-time low error rate of 3.54 percent. Oregon decreased the error rate from 4.88 percent in FY 10 to 3.99 percent in FY 11.

4. HOW WE COMPARE

There are eight states within the FNS Western Region: Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon and Washington. (Guam is excluded from this comparison because of its small size.) In FY11, Oregon was ranked fifth in our region in accuracy. The state continues to be ranked first in participation within the region, eight o percentage points ahead of the next closest state (Washington).

5. FACTORS AFFECTING RESULTS

Oregon has worked hard to improve our Quality Control Payment Error Rate over the past decade. Despite increasing caseloads, efforts have been successful in reducing the error rate to 3.54 percent in FY 09, an all time low, and to 3.99 percent in FY 11. Strategies contributing to this success include:

§ Statewide Quality Assurance (QA) panel video-conference meetings are held each month to discuss QC errors and preventative measures. This collaborative effort includes participation from field staff, Office of Program Integrity, training staff and policy staff.

§ DHS has implemented an improved intake process. As a result, clients are seen more quickly, benefits are issued sooner and errors caused by delays in processing have been significantly reduced.

§ Provision of "Error Trends" training with a focus on current error trends. Class helps resolve common misunderstanding between SNAP and medical programs.

6. WHAT NEEDS TO BE DONE

Oregon needs to continue to maintain focus on SNAP accuracy. This will be accomplished by continuing to implement the strategies listed above and by ongoing collaborative efforts with Office of Program Integrity, field staff, the SNAP policy unit and training staff. In addition, continuing to move forward with modernization efforts is expected to result in increased program integrity in SNAP.

7. ABOUT THE DATA

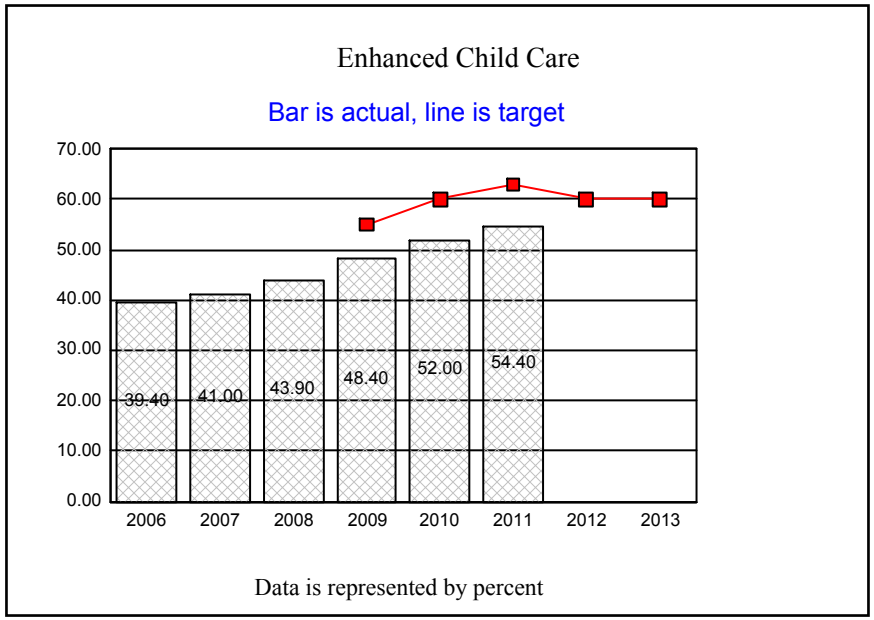
Quality Control (QC) Active Case Accuracy Rate.

This data is available in June every year for the previous Federal Fiscal Year. The data is regressed by federal validation and allows comparison of Oregon to other states. FY 10 and FY 11 payment accuracy data has been regressed by federal validation.

Error rates are published on the FNS Partnerweb website at https://www.partnerweb.usda.gov.

The QC active case accuracy rate will be determined subtracting the error rate from 100.

KPM #6	ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS	2009
Goal	People are able to support themselves and their families	
Oregon Context	This performance measure links to the DHS goal, "People are able to support themselves and their families." With respect to children in care this measure links to the DHS goals, "People are healthy" and "People are safe."	
Data Source	DHS Provider Pay system. Percent of children receiving care from providers paid through DHS Provider Pay system receiving the enhanced or licensed rate.	
Owner	DHS - Self Sufficiency, Rhonda Prodzinski, (503) 945-6108	



1. OUR STRATEGY

To improve the quality of care available to subsidized families, DHS provides an incentive of 7% above the standard rate for license-exempt providers who meet the same basic training requirements that are required of licensed family providers.

DHS partners with Child Care Resource & Referral Agencies (CCR&R), Service Employees International Union Local 503 (SEIU) and the Oregon Registry. The CCR&R's educate parents and help them find quality child care. They also assist with provider training that is required to qualify for the DHS enhanced rate. The Oregon Registry documents provider training and encourages trained providers to care for families on the DHS subsidy. DHS, the CCR&Rs, SEIU and the Oregon Registry team together to publicize training and resources available.

A Child Care Orientation class is required for all new license-exempt providers. The Orientation class includes information on resources available including no-cost training on First Aid/CPR, Recognizing and Reporting Child Abuse and Neglect, and Food Handlers to publicize the enhanced rate as well as the USDA Food Program. Providers also receive a license-exempt provider Literacy Tool Kit.

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, for providers to have stable funding and for families to have continuity of quality child care to support their employment. 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 (ELC) 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.

2. ABOUT THE TARGETS

The targets were set based on an anticipated - and desired - increase in the numbers of children receiving care from providers who meet the training standards required to become licensed. These training standards promote child safety and well-being and enhance the quality of child care which encourages a more stable provider base. Stability in care arrangements promotes healthy child development and helps parents remain employed.

3. HOW WE ARE DOING

There was a steady increase in the percentage of children receiving care either from a license-exempt provider receiving the enhanced rate or from a licensed provider from 2009 through present.

4. HOW WE COMPARE

Although a number of states have a tiered reimbursement system for child care providers, requirements vary too widely to draw meaningful comparisons.

5. FACTORS AFFECTING RESULTS

The 2007 Legislature authorized significant rate increases that took effect October 1,2007. This gave parents increased access to licensed providers. In addition the Legislature authorized significant funding for outreach and training for license-exempt providers. The combination of more parents selecting licensed providers and increased investment in exempt provider training resulted in a steady increase in the percentage of children receiving care from providers earning the enhanced rate or the licensed rate. In July 2010, a Child Care Orientation class became required for all new license-exempt providers.

An analysis of Subsidy Employment by Industry Sector was completed by the DHS Forecasting Unit in April 2010. The majority of ERDC clients work in industries that constrain child care options. Many subsidy parents work evening or night shifts, weekend shift or have a week or less advance notice of work schedule. A recent study confirmed that the majority of subsidy participants have two or more constraints on child care options.[1] Most regulated child care facilities only operate during the day, and many require the parent pay for a part-time or full-time slot, so this limits subsidy parents

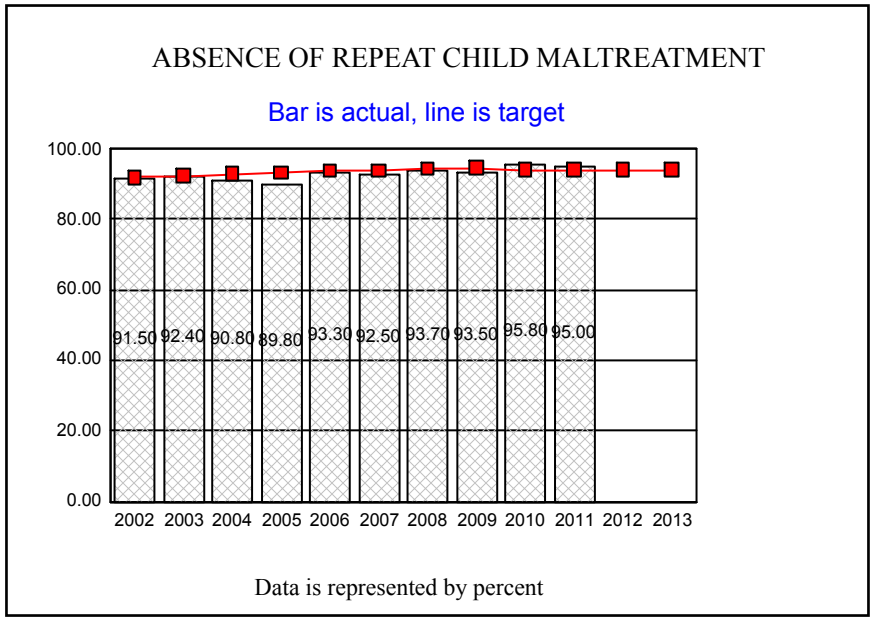
6. WHAT NEEDS TO BE DONE

Efforts to inform parents and providers of the importance of quality child care and training must be improved Exempt providers are represented by SEIU. DHS, Child Care Resource and Referral agencies and SEIU will continue to work together to promote the enhanced rate and help exempt providers access the training required to earn the enhanced rate. Beginning in September, DHS will offer contracted child care slots for ERDC families with 21 Oregon Programs of Quality (OPQ) facilities and continue contracted slots with some full-day, full-year Head Start programs. OPQ programs have completed a rigorous process of documenting a high level of quality in the areas of collaborative family partnership, child development and learning, physical environment, highly qualified personnel, administrative & business practices and healthy and safety. Field testing will occur with OPQ programs to measure the level of continuous quality child care while participating in the contract. With this expansion of quality providers, we are moving towards more stable programs that promote quality child care providers to a variety of DHS subsidy families.

7. ABOUT THE DATA

Reporting cycle - point in time, October of each year. This measure is reported as a percentage. The data are taken from the DHS Provider Pay system and compares the number of children in care with providers earning the enhanced and licensed rate to the total number of active providers in the system. As a result, the number is very reliable. Any variance caused by possible coding errors would be too small to be statistically significant. The data has been adjusted to include Head Start. Beginning, September 1, 2012, OPQ contracted child care will need to be included.

KPM #7	ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.	1997
Goal	People are safe	
Oregon Context	This performance measure links to the DHS goal, "People are safe." It also links to Oregon Benchmark #50 and the DHS high-level outcome, "Number of children per 1,000 persons under 18, who are: a) neglected/abused, b) at a substantial risk of being neglected/abused." This measure concerns children who are victims in founded cases of abuse. The term "founded" means that there is reasonable cause to believe that child abuse or neglect has occurred.	
Data Source	State Child Welfare HS data system. State Child Welfare IIS data system.	
Owner	DHS - Child Safety Program, Office of Child Welfare Programs, Stacey Ayers (503) 945-6696	



1. OUR STRATEGY

The state Child Welfare Program in conjunction with the National Resource Center for Child Protective Services (NRCCPS) developed and implemented a comprehensive Safety Intervention Model in March 2007. The Safety Intervention Model includes all actions and decisions required throughout the life of a case to:

·Define Child Welfare as the "safety expert" and assure that all child welfare staff receives training in child safety interventions.

·Assess allegations of child abuse in a timely manner and provide a comprehensive protective capacity assessment of caregivers when a child has been determined to be unsafe.

·Develop focused service plans in families impacted by issues of abuse and create change goals to increase capacity and restore safety for children.

·The Safety Intervention System includes specific statewide training, and policy/procedure development to *reconfirm* the safety of children in their own homes or in out-of-home care throughout the life of the case. Active safety monitoring will enhance safety of children and decrease the potential of reabuse.

·The Model moves away from incident-based child abuse assessments toward comprehensive safety assessments which focus on six factors related to child safety: 1) The extent of the abuse or neglect; 2) The circumstances surrounding the abuse or neglect; 3) Child functioning; 4) Adult functioning ; 5) Parenting; and 6) Disciplinary practices.

2. ABOUT THE TARGETS

The current national standard for Absence of Repeat Maltreatment is 94.6 percent. The Target for 2015 is set at the national standard level, with the 2014 Target representing a middle ground between the 2013 and 2015 Target. Oregon has been performing above the stated Targets for the 2010 and 2011 period. The Targets are not set above current performance because 1. The performance Target selected does represent achievement of the current national standard. 2. Between 2010 and 2011 Oregon experienced a decrease in performance.

3. HOW WE ARE DOING

In 2010, Oregon achieved its best performance in this measure with 95.8% of children not experiencing repeat maltreatment, an increase of 2.3% above 2009. Between 2010 and 2011 Oregon experienced a decrease in performance.

4. HOW WE COMPARE

Oregon's absence of repeat maltreatment rate is higher than the national standard of 94.6%.

5. FACTORS AFFECTING RESULTS

Much of this decrease can be attributed to the static staff available to do adequate safety analysis for when children remain at home. The comprehensiveness of child abuse/neglect assessments takes significant resources and workload demand and urgency.

The major factors affecting families of abused and neglected children are drug/alcohol abuse, parental involvement with law enforcement, domestic violence and poverty. Often, there are several of these factors co-occurring in families of child abuse/neglect victims.

6. WHAT NEEDS TO BE DONE

Oregon has implemented a Safety Intervention model to improve safety intervention and service provision to families impacted by child abuse and neglect. As Oregon's Child Welfare system continues to improve in its use of the Safety Model and how we approach this performance measure, our plan includes ongoing statewide training on comprehensive assessments, in-home safety planning, conditions for return, and reconfirmingthe safety of children in their own homes or in out-of-home care throughout the life of the case. Active safety monitoring will enhance safety of children and decrease potential of reabuse. A concerted effort to provide further training on the safety model with Supervisors will also occur.

Oregon is also in the beginning stages of implementing a Differential Response system. Once fully implemented, the goal of this alternative response is to decrease the number of children maltreated in Oregon. Differential Response is about assessing the needs of each family on an individual basis and offering services to meet those needs. It allows for greater flexibility in responding earlier and more meaningfully towards a collaborative helping process for families.

Finally, DHS is enacting SB 964 which requires DHS and county partners to implement programs to provide family preservation and reunification services for children in the custody of DHS, with the goal of fostering collaboration across programs and resources to help children remain safely with their families and thereby reduce the number of Oregon children in foster care.

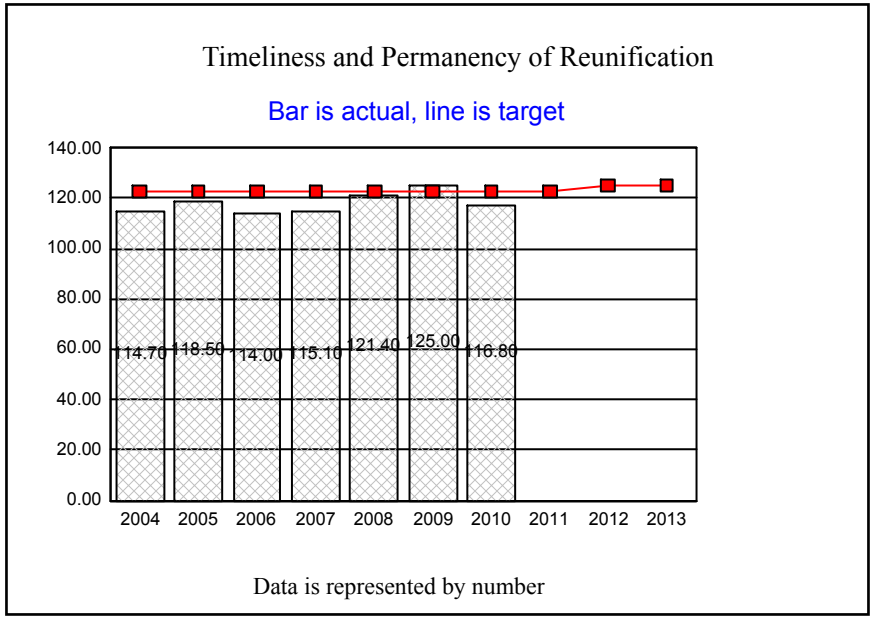
Both Differential Response and SB 964 provide earlier interventions that connect families with preventive, community based services which can prevent further contact with the Child Welfare System, thus further reducing the reabuse rate.

7. ABOUT THE DATA

Definition: Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of the year, the percent who were not victims of another substantiated maltreatment allegation within 6 months of the original abuse/neglect.

This KPM was audited in 2008 and was certified as "verified" meaning that performance reported is consistently accurate within plus or minus five percent and adequate controls are in place to ensure consistency and accuracy in collection of all supporting data and subsequent reports.

KPM #8	Timeliness and Permanency of Reunification of Children.	2009
Goal	People are safe	
Oregon Context	This new systemic key performance measure aligns with Oregon's vision to have safe, caring and engaged communities.	
Data Source	The data used for this KPM are the same data gathered and reported to the federal government every six months as part of Oregon's Federal Child and Family Services Review (CFSR).	
Owner	DHS - Child Well-Being Program, Office of Child Welfare Programs DHS Kevin George (503) 945-5987	



1. OUR STRATEGY

The state Child Welfare Program in conjunction with the National Resource Center for Child Protective Services (NRCCPS) developed and implemented a comprehensive Safety

Intervention Model. This model was implemented in March 2007. The Safety Intervention Model includes actions and decisions required throughout the life of a case to assure safety, and determine “Conditions for Return” among other model attributes. The Conditions for return is the driving factor for families, the Courts ad DHS to determine when it’s appropriate to reunify the child home

Conditions for Return

· "Conditions for return" means a written statement of the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan.

All Child Welfare caseworker staff and management attend Child Welfare CORE Training as they begin their work in Child Welfare. This multi-week training supports the goals and objectives:

- Children are, first and foremost, protected from abuse and neglect;
- Children have permanency and stability in their living situation;
- Families have enhanced capacity to provide for their children's needs;
- Children receive adequate services to meet their educational, physical and mental health needs.

2. ABOUT THE TARGETS

The target for 2012 and onward represents the national standard for this measure. The national standard is the 75th percentile of performance of all states (i.e. 75 percent of all states perform worse than the national standard). A higher number of this measure represents better performance.

3. HOW WE ARE DOING

This measure is based on federal AFCARS data (Adoption and Foster Care Analysis and Reporting System). There were some conversion issues when the State’s legacy data was transferred into the new OR-Kids data system, therefore, reporting this measure for 2011 is unreliable at this time. Conversion data clean-up efforts are being implemented.

4. HOW WE COMPARE

Oregon has been tracking below the National Standard for this performance measure.

5. FACTORS AFFECTING RESULTS

The major factors affecting families of abused and neglected children are drug/alcohol abuse, parental involvement with law enforcement, domestic violence and unemployment. Often, there are several of these factors co-occurring in families of child abuse/neglect victims. Continued availability of resources and services to address these factors may impact these measures in future years.

6. WHAT NEEDS TO BE DONE

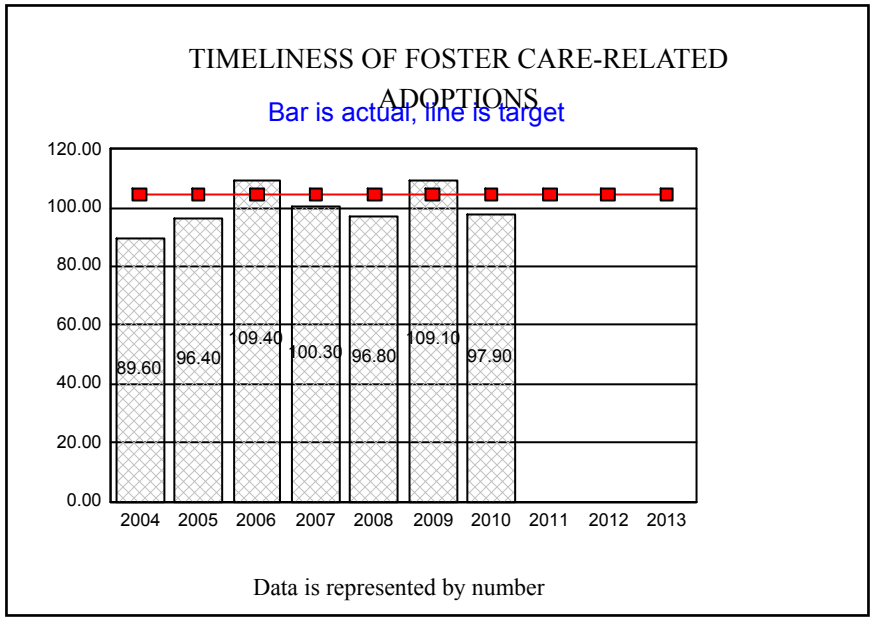
The Child Welfare "system"; Courts, communities, families, and DHS must continue to develop models which allow for a Differential Response to removal of children and necessitating foster care. This non-removal opportunity will assist children and families remaining together and reduce the need for reunification performance measurements.

While reunification remains a focus to reduce the length of time in foster care the department and system partners must simultaneously focus on ensuring safety, preventing re-abuse and re-entry into the foster care program.

7. ABOUT THE DATA

The measure is reported on a federal fiscal year basis (September – October). The data come from the Adoption and Foster Care Analysis and Reporting System, or AFCARS. AFCARS collects case-level information on all children in foster care for whom state child welfare agencies have responsibility for placement, care or supervision, and on children who are adopted under the auspices of the State's public child welfare agency. The data in the AFCARS files are originally collected by the State's SACWIS (State Automated Child Welfare Information System).

KPM #9	Timeliness of Foster Care Related Adoptions	2009
Goal	People are safe	
Oregon Context	This systemic KPM aligns with Oregon's vision to have safe, caring and engaged communities.	
Data Source	The data used for this KPM are the same data gathered and reported to the federal government every six months as part of Oregon's Federal Child and Family Services Review (CFSR).	
Owner	DHS -Office of Child Welfare Programs, Kathy Prouty, Adoptions Program Manager, 503-947-5358	



1. OUR STRATEGY

While children need and deserve timely permanency, the processes to terminate parental rights and establish a legal and emotional relationship with a new (adoptive) family is complex and time consuming. This process is being accomplished with due care given to protecting the civil rights of the biological family while at the same time assuring, as much

as possible using good social work practice, that the child's new (adoptive) family will truly be permanent and meet his or her current and life-long needs.

Identification and implementation of efficiencies in the adoption process intended to decrease the length of time to achieve finalization and increased monitoring and support of cases and families as they move through the process to finalization, to include:

·Use of the SAFE Home Study model as a common study approach to approval of families
·Improvement to the waiting child recruitment bulletins
·Recombining foster and adopt recruitment
·Targeting specific recruitment strategies in Native American and African American communities
·New tools to enhance in-state general applicant adoptive home recruitment that includes an intra-state web-based photo exchange
·Comprehensive revision of administrative rules for adoptions impacting timeliness to achieving adoption plan goals from recruitment and selection through finalization
·Comprehensive revision of administrative rules addressing early and ongoing concurrent permanent planning with respect to engagement of and placement with relatives and sibling planning
·Comprehensive revision of administrative rules for adoptions impacting timeliness to legally-free children for adoption
·Development and implementation of new statutes, policies and procedures for international adoptions involving children leaving Oregon foster care for transnational adoption by relatives.
·Work with JCIP on the impact Judges can have on increasing timeliness of adoption

2. ABOUT THE TARGETS

The target for this measure represents the goal within Oregon's Program Improvement Plan. The national standard for this measure is 104.4 or higher. The national standard represents the 75th percentile in performance among states (i.e. 75% of states have a Timeliness of Adoptions score LOWER than 104.4).

3. HOW WE ARE DOING

This is a composite measure taking into account separate performance components impacted by practice, policy, and statute. One component, median months to adoption, improved between 2009 and 2010. However, the other components in Timeliness to Adoption indicate decreased performance in the progress towards adoption for those children who are legally free or who have been in foster care for 17 or more months. The net result is a decrease in performance in this KPM by 10.3% from the 2009 level, putting the KPM at 6.2% below the target.

This measure is based on federal AFCARS data (Adoption and Foster Care Analysis and Reporting System). There were some conversion issues when the State's legacy data was transferred into the new OR-Kids data system, therefore, reporting this measure for 2011 is unreliable at this time. Conversion data clean-up efforts are being implemented.

4. HOW WE COMPARE

Currently, Oregon's performance is below the national standard.

5. FACTORS AFFECTING RESULTS

Please see OUR STRATEGY for a partial explanation of the emphasis and efforts made by the department in the last year to facilitate continuous improvement in regard to Permanency Composite 2: Timeliness of Adoptions. In addition, the Department successfully completed the set of Benchmarks and Actions on its Child and Family Services Review Program Improvement Plan specifically targeting and impacting this performance measure.

6. WHAT NEEDS TO BE DONE

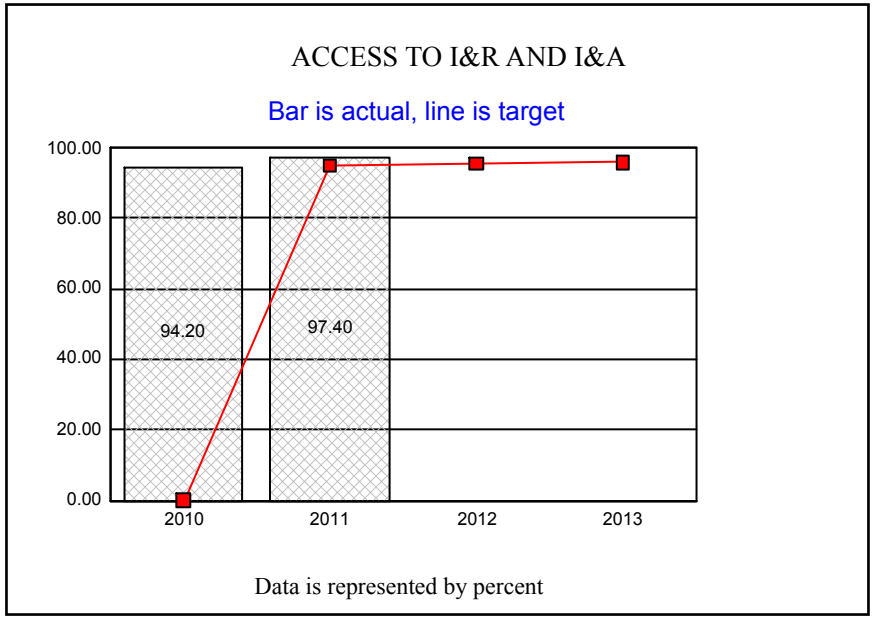
The Department should continue to proceed with implementation and development of the various activities identified in OUR STRATEGY section.

7. ABOUT THE DATA

The timeliness of adoptions composite KPM is made up of five individual measures. There are two measures around timeliness of adoptions, two measures around the progress being made for children in care at least 17 months, and one measure for those children who are legally free and progress towards finalization.

Each of these measures has been combined into one overarching score. A higher score represents better performance. The data represents performance during a federal fiscal year (October – September).

KPM #10	ACCESS TO I & R AND I & A - Access to accurate and consistent Information & Referral and Information & Assistance for people who are not currently served by SPD	2009
Goal	People are living as independently as possible	
Oregon Context	Providing information about long-term services and supports to all Oregonians regardless of income.	
Data Source	Aging and Disability Resource Connection (ADRC) Client Contact Database	
Owner	DHS – Aging and People with Disabilities, Elaine Young, (503) 373-1726	



1. OUR STRATEGY

APD has been awarded several federal grants to operationalize Aging and Disability Resource Connection of Oregon (ADRC) in several Oregon counties. The ADRC employs systematic processes to provide I &A/R to consumers through a web-based application that hosts a resource database and client contact module. Data from this system coupled

with a consumer satisfaction survey will inform the performance measures established by the ADRC.

2. ABOUT THE TARGETS

APD will be establishing the targets for this KPM with BAM and LFO per our budget note.

3. HOW WE ARE DOING

The ADRC Website (www.ADRCofOregon.org) and Client Contact Module was launched in three (3) Area Agencies on Aging (AAA) in January 2011. As of July 2012 we have nine (9) AAAs using the system. We have established one statewide brand for the ADRC to facilitate ease of access for consumers and marketing to increase awareness. The ADRC searchable resource data base has over 6,000 resources for use by consumers and ADRC staff. We are piloting a statewide toll free number (1-855-ORE-ADRC, 1-855-673-2372) in preparation for statewide roll-out in the fall of 2012. 43 Area Agency on Aging Information and Referral Specialists are now nationally certified by the Alliance of Information and Referral Systems (AIRS).

4. HOW WE COMPARE

APD has completed the baseline satisfaction survey with consumers accessing the ADRC and will repeat the survey in the Fall of 2012. The survey was developed, administered and analyzed by the Institute on Aging at Portland State University. The baseline survey has informed the establishment of metric thresholds for the ADRC standards. Future surveys will measure performance on the standards.

5. FACTORS AFFECTING RESULTS

Sustainable mix of funding.

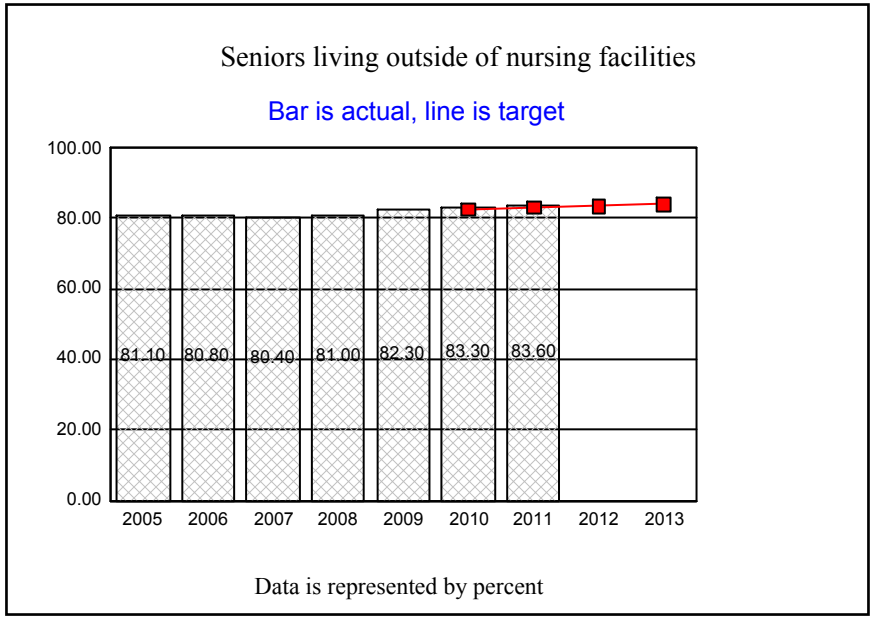
6. WHAT NEEDS TO BE DONE

APD will continue to operationalize ADRCs in Oregon as federal grant funds permit.

7. ABOUT THE DATA

Performance on this measure was calculated by taking the total number of calls recorded in the ADRC Client Contact Modules compared to the number of calls that resulted in a documented referral or assistance.

KPM #11	SENIORS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregon's seniors receiving SPD long-term care services who are living outside of nursing facilities.	2002
Goal	People are living as independently as possible.	
Oregon Context	Independent Seniors	
Data Source	Office of Forecasting, Research and Analysis	
Owner	DHS – Seniors and People with Disabilities, Mike McCormick, (503) 945-6229	



1. OUR STRATEGY

This performance measure links to the DHS goal – "People are living as independently as possible." This measure also links to Oregon Benchmark #58 and the DHS high-level outcome "Percent of seniors (over 65) living independently." This measure concerns seniors and people with disabilities and maintaining them in the most independent settings.

Institutionalization of people age 65 and older has historically been used as a marker of the degree to which seniors are living independently and has been extensively tracked. A nursing facility is an institution; people who live in their own homes, in the homes of family, or in community based care settings, adult foster homes, assisted living facilities, and residential care facilities are considered to be living independently. DHS strategy continues to emphasize maintaining seniors in their home communities, outside of institutions, to the maximum extent possible.
APD has increased its efforts to divert or relocate people who receive Medicaid-funded long-term services from nursing facilities and into home or community settings.

2. ABOUT THE TARGETS

This measure is used by APD to track its performance at helping seniors and people with disabilities age in their own communities. APD recognizes that some people must be served in institutional settings, but some institutionalized individuals could receive services in other less restrictive settings if they were available. Oregon continues to be the nation's leader in identifying and establishing community based options to institutional care, and as a result, the values of choice, dignity, and independence for Oregon's senior and disabled citizens continue to be the focus of all agency activities.

3. HOW WE ARE DOING

APD is making steady, continued progress at serving seniors and people with disabilities in settings less restrictive than nursing facilities.

4. HOW WE COMPARE

In a recent nationwide study conducted by AARP, Oregon's long term care system was ranked #3 over a wide variety of factors.

5. FACTORS AFFECTING RESULTS

Hospitals continue to discharge patients "sicker and quicker". In many cases, hospital preference on discharge of a senior who needs additional care is a nursing facility. While institutional care may be appropriate for certain individuals for short periods of time, DHS must continue to aggressively ensure that seniors are appropriately discharged from nursing facilities.

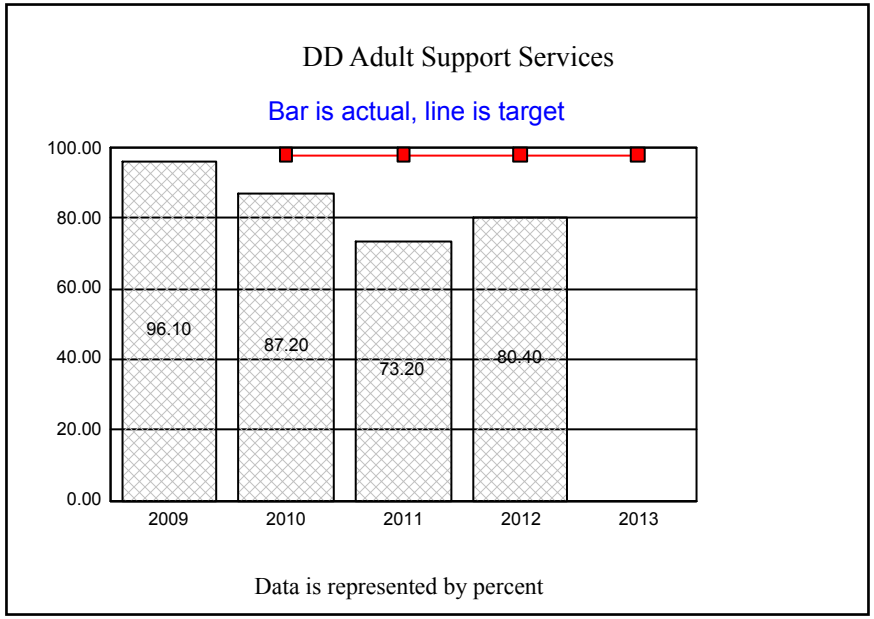
6. WHAT NEEDS TO BE DONE

APD should continue to develop community resources to address the needs of seniors who may not be able to live fully independently, but need not live in an institution. APD needs to reinvigorate its diversion and transition program to ensure the steady rate of deinstitutionalization remains.

7. ABOUT THE DATA

Data comes from the Office of Forecasting, Research and Analysis. The Office of Forecasting, Research and Analysis publishes actual caseloads in long term care each month. The calculation is 1-(Total Nursing Facility Long Term Care/Total Long Term Care). An average of each calendar year is reported.

KPM #12	DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.	2009
Goal	People are independent. People are safe.	
Oregon Context	Oregon Benchmark – Working Disabled	
Data Source	Express Payment & Reporting System (eXPRS)	
Owner	DHS, Developmental Disabilities, Mike Maley, 503-947-4228	



1. OUR STRATEGY

Office of Developmental Disability Services (ODDS) tracks individuals enrolled in case management for developmental disabilities services who will be turning 18 or otherwise eligible for Adult Support Services using the case management service enrolment data system. In addition, all exits from Support Service Brokerages are tracked to best utilize

vacant capacity. Contracts are modified or new providers solicited to meet the forecasted need as resources allow.

2. ABOUT THE TARGETS

Adult Support Services were developed as a result of the Staley Settlement Agreement. This in-home service for adults with developmental disabilities was the key service accessed to eliminate the wait list for services. Based on the provisions of the settlement, these services needed to be accessed within 90-days of eligibility. The settlement agreement ended in June of 2011. But ODDS is still maintaining the 90-day access threshold as a performance measure, since timely access to service and avoidance of a wait list are important system features.

3. HOW WE ARE DOING

Meeting this target is an ongoing challenge. While individuals are still accessing services, the absolute target of 90-days is not always met.

4. HOW WE COMPARE

There is no equivalency in other states or systems from which to make comparisons. This measure needs to be assessed within its own baselines and metrics.

5. FACTORS AFFECTING RESULTS

In October 2011, Legislative action required that only adults with developmental disabilities eligible for federally funded Home and Community-Based Service Waivers would be eligible for Adult Support Services. Up to that time, this was not a requirement for accessing adult support services. This created another level of action prior to enrollment which as slowed down the process. Additionally, costs per case have escalated, this has caused less resources to be available to expand services to meet forecasted needs.

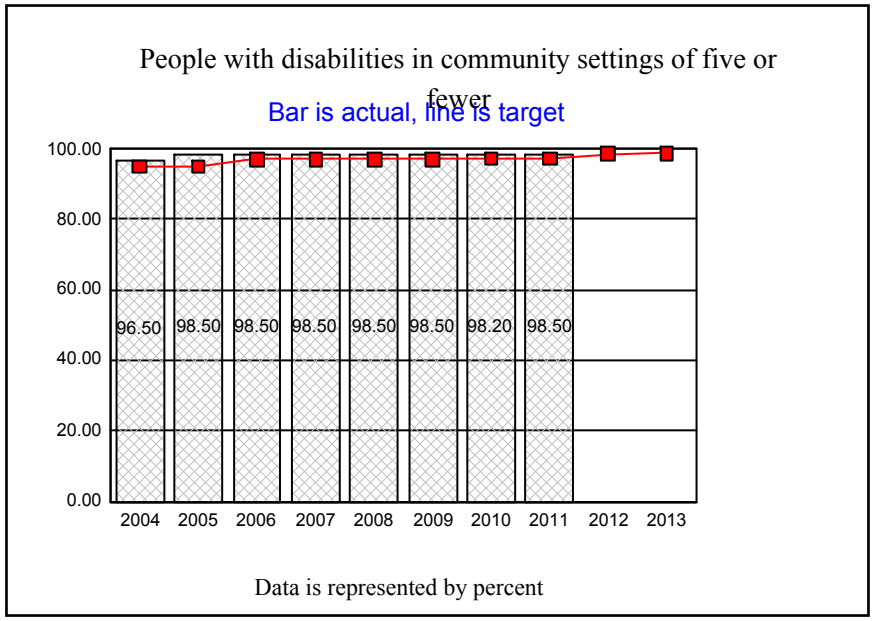
6. WHAT NEEDS TO BE DONE

ODDS is working with the DHS/OHA Forecast and Budget Units to identify trends, future growth, and associated costs. Some modifications to the data collection process may be necessary to assure accurate reporting and analysis.

7. ABOUT THE DATA

Data comes from Express Payment & Reporting System (eXPRS). The reporting cycle is fiscal year. The calculation is: Number of adults receiving adult support services within 90 days of request divided by the number of adults who were eligible and referred for adult support services.

KPM #13	PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	2002
Goal	People are living as independently as possible.	
Oregon Context	Increase the percentage of Oregonians with a lasting developmental, mental and/or physical disability who could live on their own with adequate support.	
Data Source	Express Payment & Reporting System (eXPRS)	
Owner	DHS, Developmental Disabilities, Mike Maley, 503-947-4228	



1. OUR STRATEGY

The Office of Developmental Disability Services (ODDS) provides an array of support for people that qualify for services. Historically, many services were provided in large institutions or other congregate care situation. In recent years focus has been on the development of small (5 or less) residential service settings or the provision of supports in the

private home of the individual with developmental disabilities or their family. Critical partners include County Developmental Disabilities Programs, Oregon's network of private service provider entities, and a variety of advocacy/stakeholder organizations.

2. ABOUT THE TARGETS

ODDS provides opportunities to individuals with developmental disabilities to become better integrated with and included in their local communities. By making it possible for people with developmental disabilities to live in small community settings or their own/family homes service outcomes are improved, client satisfaction is higher, and cost efficiencies are achieved. Smaller service settings also provide individuals a chance to experience living in an environment that approximates those experienced by all other Oregon citizens. Additionally, people with developmental disabilities can take advantage of everyday community life and involvement and take advantage of the opportunities this offers.

3. HOW WE ARE DOING

DHS has met or exceeded its target for the past years.

4. HOW WE COMPARE

Oregon ranks near the top in states that provide small residential or in-home services. Oregon is one of only three states that have no public or private institutions (Intermediate Care Facilities for individuals with Intellectual Disabilities – ICF/ID) serving individuals with developmental disabilities.

5. FACTORS AFFECTING RESULTS

ODDS, in recent years through the implementation of the Staley Settlement Agreement and development of Family Support and other in-home type services continues momentum in providing small community-based or family setting services to people with developmental disabilities. Continued implementation of Crisis Diversion assists in keeping people from institutional placement. PASRR- the Pre-Admission Screening Resident Review - is a screening tool which is used to prevent the placement of individuals with mental illness or intellectual or other developmental disabilities (I/DD) in a nursing facility unless their medical needs clearly indicate they require the level of care provided by a nursing facility. When placement into a nursing facility is ruled out, smaller, community based settings are explored. In-home support services and establishment of the Housing Trust Fund also support this measure.

ODDS reviews the programs with people greater than five persons to determine their ability to fill vacancies in the program. Agencies are required to offer vacancies to individuals determined to be in crisis and in need of residential services. If the larger size program cannot meet the need due to low staff to high client ratio, programmatic changes may be required.

6. WHAT NEEDS TO BE DONE

Preservation of policy and funding structures that contribute to the maintenance and / or improvement of efforts for providing in-home services to persons with developmental disabilities, and continued attention to the impact of aging family caregivers and their needs. Access to funding for modifications of homes to assure their accessibility and

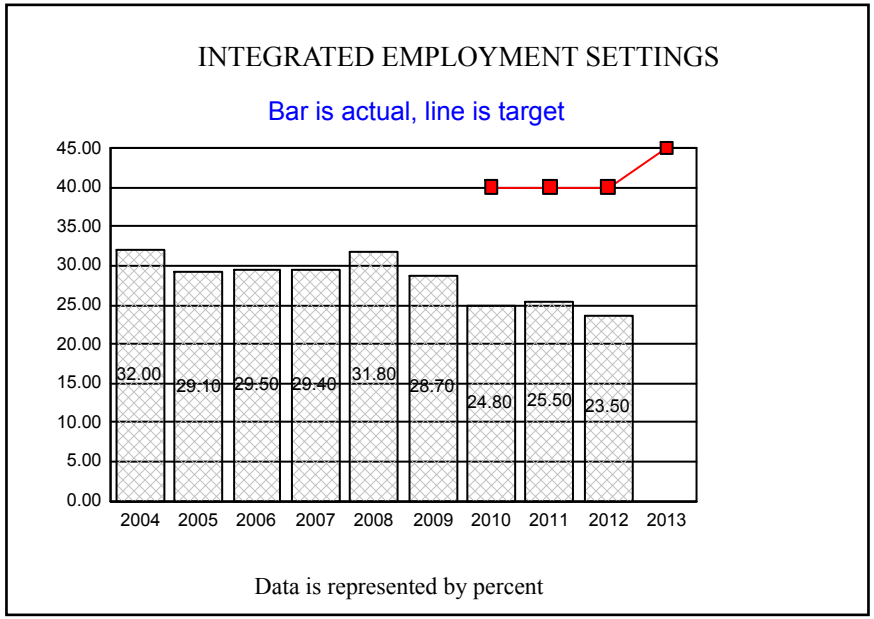
appropriateness in regard to individual needs. Finally, access to low income housing options is a major barrier and needs to be addressed.

Next steps also include a focus on quality of life issues, particularly for those clients under age 18, and review of existing larger (6 or more) group homes with respect to their ability to meet the needs of the community.

7. ABOUT THE DATA

Reporting cycle is calendar year.
Data comes from the following source:-- Express Payment & Reporting System (eXPRS) - count of people receiving Case Management (Service Element 48) and count of residents in settings 6 or more.Formula used for this report is:Calendar Year (SE 48 Count – Count of residents in settings 6 or more) / (SE 48 Count)
2011 data disaggregated:Count of people receiving Case Management = 20,692Calendar Year (# of residents in settings 6 or more) = 313
(20,692– 313) / (20,692) = 98.5%(20,379) / (20,692) =0.984873

KPM #14	INTEGRATED EMPLOYMENT SETTINGS - The percentage of people with developmental disabilities who receive SPD services who are working in integrated employment settings.	2009
Goal	People are living as independently as possible.	
Oregon Context	People with developmental disabilities who are employed value their wage-earning capacity. People are able to achieve a desired lifestyle. People become less financially dependent over time on long-term state and federal programs.	
Data Source	DEVELOPMENTAL. Use the Employment Outcome System for people in comprehensive services and semi-annual surveys for people in adult support services to determine the percentage of people employed in integrated employment settings.	
Owner	DHS - Developmental Disabilities, Mike Maley, 503-947-4228	



1. OUR STRATEGY

The Office of Developmental Disability Services (ODDS) has developed and trained to an Employment First Policy which requires case managers to ask at each annual client

planning meeting about the person with developmental disabilities seeking and maintaining employment. All providers are required to submit data on individual client wage earnings, time spent in paid employment and primary location for day programs. Increasing community and provider capacity to improve employment outcomes is a strategic key to success

2. ABOUT THE TARGETS

Additional metrics over 5-year period (ending 2017) related to this goal have been adopted by ODDS. Achieving improved employment outcomes for working age adults with developmental disabilities is a key component to the system sustainability plan adopted by ODDS.

3. HOW WE ARE DOING

People with disabilities experience unemployment at a significant amount greater than individuals who are not disabled. The present employment market and tight human service budgets represent a threat to the employment to individuals receiving services from SPD. Consequently, meeting targets has been a challenge. For 2012 ODDS has increased training and technical activity to help in the implementation of its Employment First policy.

4. HOW WE COMPARE

The Institute of Community Inclusion has been collecting national data, while it is often hard to compare data from state to state, based on the latest published report (2011) Oregon is near the top on-third of 41 reporting states in the area of integrated employment for working age adults with developmental disabilities.

5. FACTORS AFFECTING RESULTS

Obtaining paid integrated employment for individuals with developmental disabilities is a challenge. Many factors affect results including attitutes/knowledge among prospective employers, work disincentives that exist with public funding streams, the general economic conditions and business climate and the availability of public resources allocated to this goal.

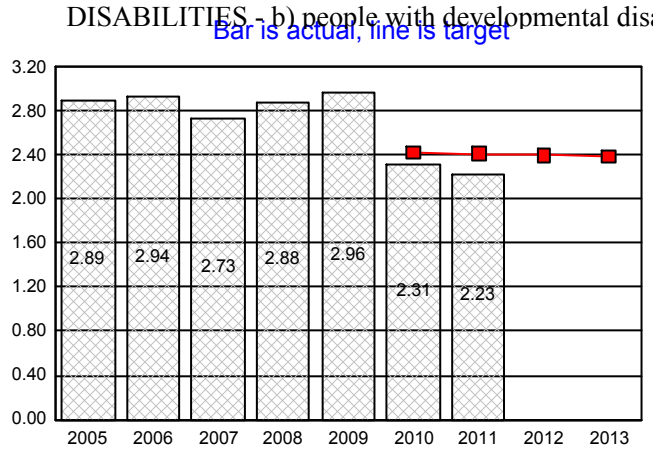
6. WHAT NEEDS TO BE DONE

Additional efforts need to me made in several critical areas. Included are the areas of continued training and technical assistance, employer education efforts, the alignment of key policies/practices between agencies such as ODDS, Vocational Rehabilitation, and the Department of Education, and integrating efforts with the State’s general workforce development and employer engagement strategies.

7. ABOUT THE DATA

Reporting cycle is 6-month “snapshot” of available information. These reported data months are March and April.
Data comes from the following source:
Use the Employment Outcome System for people in comprehensive services and semi-annual surveys for people in adult support services to determine the percentage of people employed in integrated employment settings

KPM #15	ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.	2010
Goal	People are safe	
Oregon Context	People are safe	
Data Source	Office of Adult Abuse Prevention and Investigations (OAAPI)	
Owner	DHS - Office of Adult Abuse Prevention and Investigations, Marie Cervantes, (503) 945-9491	



Data is represented by percent

1. OUR STRATEGY

Increase training for local protective service investigators and collaboration with brokerages who serve people with developmental disabilities in their own home. Initiate a Prevention Initiative with a focus on clients, their family, providers and the community at large.

2. ABOUT THE TARGETS

The types of services being received by over 15,000 individuals with developmental disabilities is significantly changing. Thus far the abuse rates have primarily reflected licensed residential settings. As individuals receiving brokerage services have surpassed those in residential settings, the abuse reports have been rising. With the passage of HB 2442, additional definitions of abuse are now being reported (including verbal, financial, restraint). The baseline is, therefore, unclear. However, individual decision-making, self-determination and autonomy will affect the ability to provide protection. In comparison, the licensed settings have more control over the employees though not all substantiated abuse results in discharge. A lesser abuse event may be resolved through extra training or supervision.

Because of the changes in the abuse definitions for community clients, including those receiving brokerage services, we propose that the 2010 thru 2012 data be used to establish a baseline and establish an appropriate target going forward. Strategies for intervention and abuse reduction will continue, however. These include additional training for abuse investigators, a domestic violence work group, education for families and clients and participation in local multi-disciplinary teams.

3. HOW WE ARE DOING

Analysis of the 2006 thru 2009 abuse and neglect data included type of abuse, setting and review of individual allegations. It is believed that the number of clients being served and for whom mandatory reports are made has increased due to the Staley settlement where many individuals are receiving services in their own home, and have increased the overall abuse rate from 2.4 to 3.2 percent for this population. Overall, the numbers of abuse and neglect reports and subsequent investigations have averaged around 1000 cases investigating 1500 allegations per year. The serious types of abuse (sexual and physical) have remained relatively low with significant increases in financial exploitation.
Strategies to improve performance on these measures include initiation of a prevention initiative which will increase training to providers consumers advocates and the public; leadership of an initiative to address sexual abuse of persons with developmental disabilities that is sponsored by the Attorney General's Sexual Assault Task Force' collaboration with community partners to solicit a grant that will expand local capacity of domestic violence and sexual assault programs to meet the needs of victims of abuse who are developmentally disabled

4. HOW WE COMPARE

There are no National prevalence/incidence studies for abuse of individuals with developmental disabilities.

5. FACTORS AFFECTING RESULTS

For people with developmental disabilities, primarily due to their cognitive limitations, there is a pronounced level of vulnerability resulting in an inability to report along with the inability to protect themselves. Factors affecting performance to target include high turnover of staff in licensed and certified programs; right to self determination; response of the criminal justice system; lack of services knowledgeable and able to respond and support developmentally disabled victims of abuse (e.g. domestic violence shelters, counseling resources).

6. WHAT NEEDS TO BE DONE

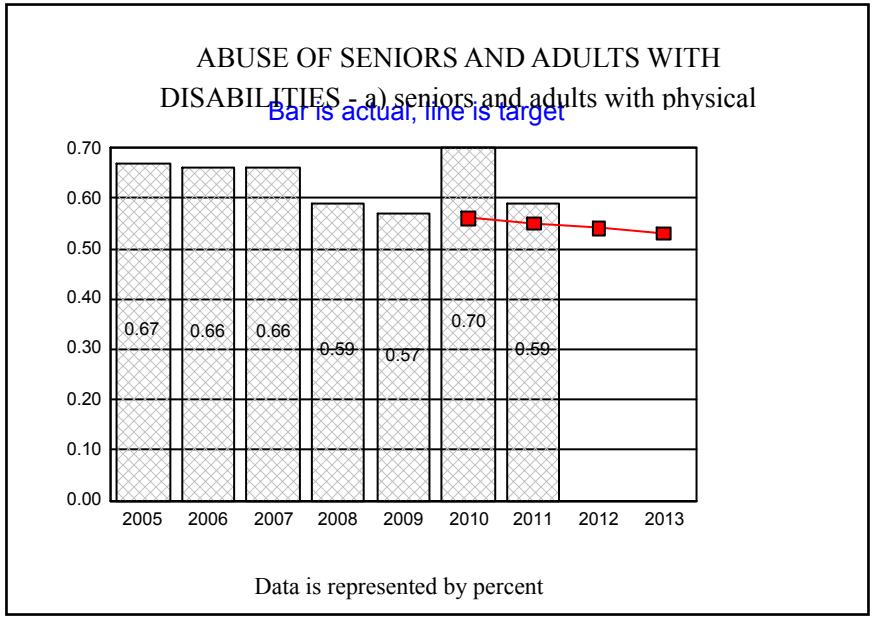
Additional training for protective service investigators and brokerage staff who are serving people in their own homes. Research and collaboration with community response system including domestic violence and sexual assault. Increase county APS office access to resources to experts such s forensic nurses and psychologists. Initiate program focusing on prevention of abuse such as the Attorney General's Sexual Assault Task Force Developmental Disability Initiative and inclusion of clients, their family and the community at large.

7. ABOUT THE DATA

Data is maintained by the Office of Investigation and Training (OIT). The data source is the DD and MH Abuse Database, which reflects the investigation reports submitted to OIT by county and state DD and MH abuse investigators. Several quality assurance checks are conducted before final reports are generated from the database. The data for performance measure was checked for duplication.

Data for People with Developmental Disabilities can be obtained by contacting the *Office of Investigation and Training*.

KPM #16	ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES - The percentage of seniors and adults with physical disabilities experiencing abuse.	2010
Goal	People are safe	
Oregon Context	People are safe. Oregon Benchmark #52 - Elder abuse	
Data Source	Office of Adult Abuse Prevention and Investigation (OAAPI)	
Owner	DHS - Office of Adult Abuse Prevention and Investigations, Marie Cervantes, (503) 945-9491	



1. OUR STRATEGY

Increase public awareness, strengthen collaboration with community partners, strengthen and increase Protective Service Training.

2. ABOUT THE TARGETS

This is a new measure and targets will be established for 2013 by conducting retrospective analysis of the prior three years (2010 thru 2012). In the abuse rate graphs, lower numbers are better.)

In order to measure success in reducing abuse in the community, a preliminary target of under 1% is established. The primary strategy is to assist the victim in moving from the abusive living situations or to remove the abuser from the situation. The underlying ethical value for the Seniors and Adults with Disabilities' protective service model is to balance our obligation to protect older adults and adults with disabilities with their rights to self-determination. Independent adults can make decisions about their own life and the course of action to be taken in abuse situations.

Performance to target comparison could be affected by a number of variables.

This includes but is not limited to the following for Seniors and Adults with Disabilities:

- Right to self-determination;
- Limited resources including local community, state and federal resources;
- Additional training and development needed for APS Specialist's;
- Response of the criminal justice system;
- Development and understanding of intra-agency functions;Self-neglect: The abuse data figures include those clients that are categorized under self-neglect. This may be a result of an individual's right to self-determination that results in abuse, and may not be due to any of the other potential contributory factors.

3. HOW WE ARE DOING

Since our Department currently is below the preliminary target of 1% for the percentage of seniors and adults with disabilities who are abused, it appears that we are meeting the goals of our intervention model described above. However, abuse in the community can be difficult to lower due to the individual's right to make decisions about their own life and the course of action. Additionally, as public awareness of the signs of abuse increases so do the number of abuse reports received by the department resulting in more investigations and interventions. The department wants to encourage individuals to report as suspected abuse.

Strategies to improve the department's performance include:

- On-going Adult Protective Service training including fundamentals of and advanced training for experiences APS workers.
- Continuation of public education efforts;
- Technical Assistance to field offices;
- Basic Adult Protective Service Specialist functions such as screening, consultation, triage, assessment, investigation, intervention, documentation and risk management;
- Collaboration with community partners;
- Continuation of intra-agency relationships/training with other agencies that serve Adult Protective Service clients such as those with mental illness, developmental disabilities, and the Office of Investigations and Training.

4. HOW WE COMPARE

There is no National data on abuse rates.

5. FACTORS AFFECTING RESULTS

Performance to target comparison could be affected by a number of variables. This includes but is not limited to the following for Seniors and Adults with Disabilities:

- Right to self-determination;
- Limited resources including state, federal, and community-type(s);
- Additional training and development needed for APS Specialist's;
- Response of the criminal justice system;
- Development and understanding of intra-agency functions;
- Self-neglect: The abuse data figures include those clients that are categorized under self-neglect. This could be interpreted to mean that it may be an individual's right to self-determination that results in re-abuse, and may not be due to any of the other potential contributory factors.

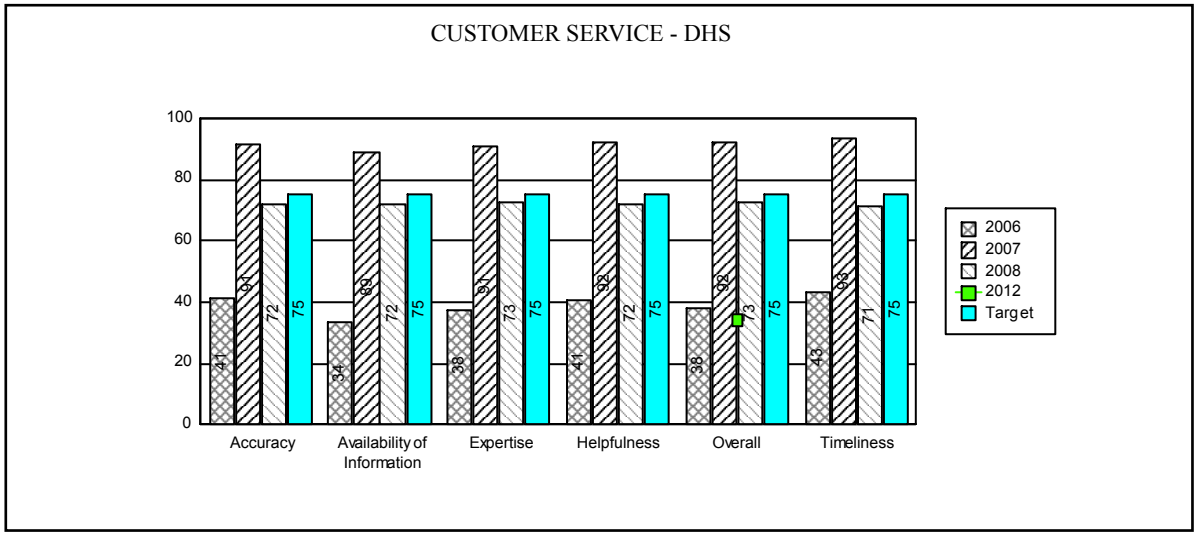
6. WHAT NEEDS TO BE DONE

- Continue to develop data tracking systems for baseline figures needed for comparison;
- Continue Department activities related to this measure;
- Address the variances and see if any reductions can be made in order to achieve the Department's goals;
- Gather data from public/private industry sources for comparison;
- Respond to legislative request to direct efforts at maintaining to 5%.

7. ABOUT THE DATA

Reporting cycle is Calendar Year, and will reflect all case that closed during the reporting cycle.
Data is maintained by the Office of Licensing and Quality of Care, Quality Assessment and Monitoring Unit. Original data source is Oregon ACCESS for Community APS and QMDB for facility APS. Since Lane County does not use Oregon Access, abuse data is sent in electronically and then appended to the abuse data. Oregon ACCESS has system edits the help prevent duplication in data. Reports are checked for duplication.
Data for Seniors and Adults with Disabilities can be obtained by contacting the *Office of Licencing & Quality of Care Adult Protective Services*.

KPM #17	CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	2005
Goal	People are independent, self-sufficient, safe & healthy.	
Oregon Context	DHS Mission – Safety, health and independence for all Oregonians	
Data Source	2012 data source: Online Client Survey (January through June 2012 results) 2008 data source: Consumer Assessment of Health Plans Survey (CAHPS)2007 data source: Mail surveys to CAF and SPD clients2006 data source: Web-based survey	
Owner	DHS - Gene Evans, 503-947-5286	



1. OUR STRATEGY

The mission of DHS is to help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity. DHS is responsible for the care for our most vulnerable citizens -- children, people with disabilities and seniors. The agency seeks to collaborate with families and among agencies and community organizations, whenever possible. DHS believes that the prevention of problems will result in long-term benefits and savings, and DHS strives to deliver services that are prioritized, innovative and streamlined. Finally, the agency seeks to continuously improve and innovate to increase efficiency with public resources.

2. ABOUT THE TARGETS

Our methodology has varied greatly from year to year making it difficult to develop meaningful targets. In addition, with the split of DHS into two agencies it is unclear how the earlier targets were set. The current DHS Online Client Survey is part of an outcome tracked through the agency's management system. The management system includes a status reporting process. Status for each outcome is reported quarterly and is reported as red, yellow or green. Green status (90% of target or higher) represents outcome areas that have reached agency target. As a result, the agency target for client satisfaction is 90 percent.

3. HOW WE ARE DOING

Each year we've used a different methodology, therefore it's impossible, at this time, to determine whether or not were seeing an improvement in the service we provide to clients. The current DHS Online Client Survey began in December 2011.

4. HOW WE COMPARE

At this time, we are unable to compare our results to other agencies, organizations or jurisdictions. We can't compare our results from year to year because of the changes in survey methodology.

5. FACTORS AFFECTING RESULTS

Two main factors affect results: Changes in the survey methodology and agency reorganization. In July 2011, DHS was split into two separate agencies – DHS and the Oregon Health Authority (OHA). The DHS customer base changed after the split when several divisions (Addictions and Mental Health, Division of Medical Assistance Programs and the Public Health Division) transferred to OHA. Today, the DHS customer base includes clients who receive services from the following programs: Child Welfare, Self Sufficiency, Aging and People with Disabilities, Developmental Disabilities and Vocational Rehabilitation.

6. WHAT NEEDS TO BE DONE

The agency split created a need for DHS to revisit how it will collect and evaluate satisfaction data from its re-defined customer base. An online survey was created and posted in December 2011. The agency is evaluating after the first six months and developing a plan for consistent, comprehensive and sustainable measurement of customer service. Measuring customer satisfaction is a priority for the agency, and the measure has been incorporated into the management system to be tracked quarterly by the DHS Director and Executive Leadership Team.

7. ABOUT THE DATA

DHS soft-launched its new customer satisfaction survey in mid-December 2011. Data reported in this document spans a period from January 1 through June 30, 2012. The survey is

administered online and in English. There have been 565 responses. The survey is promoted in field offices throughout the state and on the DHS public website.

The 2008 results are from the Consumer Assessment of Health Plans Survey (CAHPS). It was administered through the Division of Medical Assistance Programs (DMAP) over a 10-week period (October December 2007) using a mixed-mode (mail and telephone) five-wave protocol. Respondents were surveyed in English and Spanish. The sampling plan for the adult and child surveys called for a random sample of 900 eligible members per plan in each age group. To be eligible, members had to have been enrolled in Oregon Health Plan for at least six months as of December 31, 2006. The final selected sample consisted of 13,962 adult OHP enrollees and 13,747 child OHP enrollees. For the customer service questions, we received approximately 10,600 responses. The CAHPS survey is a biennial survey.

HUMAN SERVICES, DEPARTMENT of	III. USING PERFORMANCE DATA
Agency Mission: Assisting people to become independent, healthy and safe.	

Contact: Cathy Iles, DHS/OHA Shared Services	**Contact Phone:** 503-602-1507
Alternate: Pam McVay, Finance and Research Analysis	**Alternate Phone:** 503-945-5930

The following questions indicate how performance measures and data are used for management and accountability purposes.

1. INCLUSIVITY	*** Staff :** · Staff are involved in the identification and refinement of Key Performance Measures. Feedback is sought to validate the measures. Over the next biennium, staff will become more involved in identifying, tracking and using performance metrics to make improvements to the work we do. These metrics should ultimately link to our KPMs or other high-level measures and inform us of our progress. *** Elected Officials:** · Elected officials provide input to the agency KPMs, targets and strategies. *** Stakeholders:** · Customer feedback is gathered to help guide strategies for effective service delivery. We continue to work closely with Legislative Fiscal Office and DAS Budget and Management to ensure we are making continuous improvements to our KPMs so they provide useful and relevant information for decision-making and management. *** Citizens:** Community forums related to budget development and priority-setting are a way to identify and validate priorities, expectations and performance areas.
2 MANAGING FOR RESULTS	As a result of Transformation efforts, there is an emphasis on using metrics to identify where improvements are needed, make changes, and track and report results to make sure improvements are sustained. The department has been training work units in the Lean Daily Management System® (LDMS®) which includes a component for developing metrics at the work unit level for the team's main processes. Key Performance Measures provide a high-level picture of our results, but the underlying metrics provide a more meaningful and actionable management tool.
3 STAFF TRAINING	Management and staff continue to receive training related to transformation and continuous improvement. Training in both online and classroom formats is available. The courses are introducing staff to the principles and concepts for thinking about work in terms of systems, processes and process improvement. A component of these trainings focus on metrics and how to effectively measure the results of our work. People are becoming more familiar with using data and information to inform our strategies and decision-making.

	Required courses for managers teach about creating a culture of continuous improvement to achieve results to become a world-class organization and sustain the transformation. Workshops help prepare managers to assist their work groups to establish and sustain LDMS® elements and practices, and improve their ability to guide work teams to constructively and practically select and use metrics to improve their work.
4 COMMUNICATING RESULTS	*** Staff :** · The annual performance report is posted online and used for information sharing. One goal of the Transformation Initiative is to make data and metrics more visible at all levels of the organization. As work units begin using the Lean Daily Management System® (LDMS®), they create visual display boards to post in their areas that include data and metrics about the team's work to provide current information about the results they are achieving and goals they are working toward. Work unit members meet in front of the display board regularly to review metrics, share information, set priorities and problem-solve when needed. *** Elected Officials:** · The annual performance report is posted online and included in the agency request document for purposes of sharing performance results, showing accountability, and informing the budget development process. KPMs are presented during the Ways & Means presentations to describe program results. *** Stakeholders:** · The annual performance report is posted online and used for information sharing. *** Citizens:** The annual performance report is posted online and used for information sharing.

Agency Management Report

KPMs For Reporting Year 2012

Finalize Date: 10/1/2012

Agency: HUMAN SERVICES, DEPARTMENT of

	Green = Target to -5%	Yellow = Target -6% to -15%	Red = Target > -15%	Pending	Exception Can not calculate status (zero entered for either Actual or Target)
Summary Stats:	47.06%	29.41%	23.53%	0.00%	0.00%

Detailed Report:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
1 - OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	57.00	66.00	Yellow	2011	There are two factors which may continue to have an impact on Oregon's performance. The first is the continuing high unemployment rate. The second factor is the threat of the re-imposition of an Order of Selection due to the possibility of further funding cuts at both the Federal and State levels
2 - TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.	37.10	22.00	Red	2011	In FFY2007, 25.8 percent of the children entering foster care had received TANF cash assistance within the prior two months. During FFY2011 37.1. percent of the children entering foster care had received TANF cash assistance within the prior two months. DHS continues to seek resources that meet the needs of families being served through the TANF program and that enhances and strengthen partnerships with community partners that provide family-centered, preventative, and comprehensive services for children and families.

Agency Management Report

KPMs For Reporting Year 2012

Finalize Date: 10/1/2012

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
3 - TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.	64.20	72.00	Yellow	2011	While the majority of TANF clients that leave the program due to employment were having relative success in the workplace the status of the labor market and industry has a strong effect on performance for this measure. The current economic crisis has had the greatest effect on low-income families and demand for TANF increased.
4 - SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.	91.70	70.00	Green	2010	In 2011, SNAP benefits paid in Oregon in the calendar year surpassed $1B ($1,211,274,990) for the first time ever.
5 - SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments	96.01	94.00	Green	2011	Oregon has been successful in reducing the error rate and avoiding penalty for the past seven years. The error rate for FY 09 reached an all-time low of 3.54 percent, compared to the national standard of 4.36 percent. Although Oregon's error rate of 3.99 percent is above the nation standard of 3.80 percent in FY 11, the rate falls within the allowed tolerance level and Oregon will not be assessed a penalty. DHS will continue to focus on accuracy efforts to avoid a federal penalty and ensure our clients receive accurate and timely benefits.

Agency Management Report

KPMs For Reporting Year 2012

Finalize Date: 10/1/2012

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
6 - ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS	54.40	63.00	Yellow	2011	The 2007-2009 Child Care improvements which included funding for provider training for unlicensed family child care providers caused an increase in the number of providers giving enhanced care. The training standards required for providers to receive the enhanced rate increase the quality of child care which encourages a more stable provider base. Stability in care arrangements promotes healthy child development and helps parents remain employed. The implementation of HB2868 in July 2010 which requires new license-exempt providers to attend an Orientation includes information about how to qualify to receive and maintain the enhanced rate. We anticipate a continued increase in the number of providers attending enhanced rate training which will impact the number of children in care with those providers. The Child Care Division's Quality Indicators Project will support efforts of child care providers, funders, and parents to improve child care. Researchers have identified "structural" indicators of quality that have been proven to improve child outcomes: Ratio of children per adult, Group size, Education or specialized training of teachers/caregivers, Teacher compensation level, Staff turnover or stability in caregiver-child relationships, and Accreditation. With the Quality Indicators Project, p**arents** will have more information in making their child care choices. They will be able to use quality indicator reports to compare the different characteristics that affect child outcomes. This may also increase the number of subsidy parents choosing licensed or enhanced rate care. The Oregon Child Care Research Partnership will

Agency Management Report

KPMs For Reporting Year 2012

Finalize Date: 10/1/2012

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
					complete the third part of the subsidy policy study by February 2012. This will provide valuable information for policy planning for this measure and the Early Learning Council. While there has been a steady increase in the percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS, we did not quite achieve our target for 2010 and 2011. The field test for expanding contracted child care will be evaluated by researchers from Oregon State University (OSU). This field test will help prepare for an emerging statewide Tiered Quality Rating and Improvement System (TQRIS) and address Oregon's diverse populations. The evaluation will be used to assess the extent to which it achieves its goal of stable, high quality early education and care for children. Evaluation findings will help decision makers decide if contracted child care should be continued and/or expanded. Discussions are taking place with CCD and OSU researchers to determine how alignment can occur between the TQRIS and the subsidy program. Recommendations from the ELC may create a need to change this KPM.

Agency Management Report

KPMs For Reporting Year 2012

Finalize Date: 10/1/2012

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
7 - ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.	95.00	94.10	Green	2011	Oregon has adopted a safety model for assessing allegations of child abuse. A key tenet of the safety model is the concept of conducting comprehensive safety assessments as opposed to incident based assessments. As we continue to improve our ability to implement the model, we will more accurately identify those families at risk for reabusing their children. A barrier to improving this measure is the significant budget issues that result in significant cuts to services necessary for the families who are at the highest risk.

Agency Management Report

KPMs For Reporting Year 2012

Finalize Date: 10/1/2012

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
8 - Timeliness and Permanency of Reunification of Children.	116.80	122.60	Green	2010	The continued and consistent use of the principles of the Oregon Safety Model, now embedded in administrative rules, should result in continued progress in this measure. As resources remain available to families to support child safety, continued success with return home through well-monitored in-home safety plans should continue to decrease both the length of stay in foster care and continued progress in fewer re-entries into care. Conversely, given the economy and the ongoing limitations on both child welfare and other community resources, the stressors that can impact a family's ability to safely parent their children may increase resulting in an impact on child safety. The department is pursuing the implementation of SB 964 and Differential Response. These models if fully implemented and fully functional are intended to slow down the number of children entering care and thereby reducing the number of children requiring reunification as they will remain within their family constellation. · SB 964: DHS and county partners are required to implement programs to provide family preservation and reunification services for children in the custody of DHS, with the goal of fostering collaboration across programs and resources to help children remain safely with their families and thereby reduce the number of Oregon children in foster care. · Differential Response: A differential response model allows for the provision of preventative and early intervention services through the use of community based organizations.

Agency Management Report

KPMs For Reporting Year 2012

Finalize Date: 10/1/2012

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
9 - Timeliness of Foster Care Related Adoptions	97.90	104.40	Yellow	2010	In addition to practice and policy improvement efforts identified in prior sections of this document, the success of implementation of a host of new adoption rules will be critical to further improvement for this composite measure. This has required concerted, ongoing philosophical conversations regarding clear policy and practice shifts and clarification for successful implementation and a recommitment to early, concurrent permanent planning in all cases.
10 - ACCESS TO I & R AND I & A - Access to accurate and consistent Information & Referral and Information & Assistance for people who are not currently served by SPD	97.40	95.00	Green	2011	SPD has been awarded several federal grants to operationalize Aging and Disability Resource Centers (ADRC) in several Oregon counties. The ADRC employs systematic processes to provide I &A/R to consumers through a web-based application that hosts a resource database and client contact module. Data from this system coupled with a consumer satisfaction survey will inform the performance measures established by the ADRC.
11 - SENIORS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregon's seniors receiving SPD long-term care services who are living outside of nursing facilities.	83.60	83.00	Green	2011	APD should continue to develop community resources to address the needs of seniors who may not be able to live fully independently, but need not live in an institution. APD needs to reinvigorate its diversion and transition program to ensure the steady rate of deinstitutionalization remains.

Agency Management Report

KPMs For Reporting Year 2012

Finalize Date: 10/1/2012

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
12 - DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.	80.40	98.00	Red	2012	Access to adult support services is a critical component to preventing or delaying use of higher cost service alternatives. Consequently, this measure remains an important part of the ODDS long range plans to assure sustainability of the system and desired, cost effective services. Efforts will continue to meet the benchmarks of this measure.
13 - PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	98.50	97.20	Green	2011	DHS has met its target. SPD needs to preserve policy and funding structures that contribute to the maintenance and / or improvement of efforts for providing in-home services to persons with developmental disabilities, and continued attention to the impact of aging family caregivers and their needs.
14 - INTEGRATED EMPLOYMENT SETTINGS - The percentage of people with developmental disabilities who receive SPD services who are working in integrated employment settings.	23.50	40.00	Red	2012	Implementation of the Employment First policy is a continuing high priority for ODDS. Efforts include the coordination of efforts among key agencies by use of Memorandums of Understanding between ODDS, Office of Vocational Rehabilitation Services, Department of Education and the Oregon Council on Developmental Disabilities.
15 - ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.	2.23	2.41	Green	2011	Strategies to improve performance on these measures include initiation of a prevention initiative which will increase training to providers, consumers' advocates and the public; leadership of an initiative to address sexual abuse of persons with developmental disabilities that is sponsored by the Attorney Generals Sexual Assault Task Force.

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KPMs For Reporting Year 2012

Finalize Date: 10/1/2012

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
16 - ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES - The percentage of seniors and adults with physical disabilities experiencing abuse.	0.59	0.55	Yellow	2011	Strategies to improve the Department's performance include: on-going Adult Protective Service training, continuation of public education efforts, technical assistance to field offices, basic Adult Protective Service Specialist functions, collaboration with community partners, and continuation of intra-agency relationships/training with other agencies.
17 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	34.00	75.00	Red	2012	DHS is reporting customer satisfaction survey results to its executive leadership team quarterly. The agency is evaluating the survey after its first six months, expanding the number of languages it is available in, and planning promotional activities.

This report provides high-level performance information which may not be sufficient to fully explain the complexities associated with some of the reported measurement results. Please reference the agency's most recent Annual Performance Progress Report to better understand a measure's intent, performance history, factors impacting performance and data gather and calculation methodology.

2013-15 DHS Glossary of Terms

AA:
Administrative assistant
Affirmative action
Alcoholics Anonymous
Authorized absence
AAA:
Area Agency on Aging
AA/EEO:
Affirmative action/equal opportunity
AAG:
Assistant attorney general
AAICPC:
Association of Administrators of the ICPC
AAPCC:
Average annual per capita cost
AARP:
American Association of Retired Persons
AB:
Aid to the blind
ABAD:
Aid to the blind and disabled
ABAWDS:
Able-bodied adult without dependents
ABE:
Adult basic education
ABIS:
Automated Budget Information System
AC:
Activity center
Actual cost
ACA:
American Correctional Association
Actual cost
ACCESS:
Automated Computer Capture and Storage System
Accelerated Career Counseling Employment Support Services (ACCESS Project)
ACDP:
Acute and Communicable Disease Program
ACES:
Automated Confirmation of Eligibility System
ACF:
Administration for Children and Families, DHHS
ACGPR:
Oregon Advisory Committee on Genetic Privacy and Research
ACH:
Automatic clearing house
ACIP:
Advisory Committee on Immunization Practices
ACL:
Audit control language
ACLU:
American Civil Liberties Union
ACOA:
Adult Children of Alcoholics
ACOG:
American College of Obstetricians and Gynecologists
ACSP:
Accessibility specialist
ACWP:
Actual cost of work performance
ACYF:
DHS Administration on Children, Youth and Families, ACF
AD:
Activity description
Adult
Aid to the Disabled program
A&D:
Alcohol and drug
ADA:
Americans with Disabilities Act
ADAMHA:
Alcohol, Drug Abuse and Mental Health Administration, now SAMHSA
ADAP:
AIDS Drug Assistance Program, DHHS
ADC:
Aid to Dependent Children, now TANF
ADC-BAS:
Aid to Dependent Children — basic
ADC-BAS/UN:
Aid to Dependent Children — basic with deprivation-based on unemployment
ADCC:
Average daily case/client count
ADC-EA:
Aid to Dependent Children — emergency assistance
ADCM:
Aid to Dependent Children medical

ADCM-BAS:
Aid to Dependent Children medical — basic
ADCM-EXT:
Aid to Dependent Children medical — extended
ADCM-MN:
Aid to Dependent Children medical — medically needy
ADCM-PLM:
Aid to Dependent Children medical — poverty level medical
ADCM-SAC:
Aid to Dependent Children medical — substitute or adoptive care
ADC-PLUS:
Aid to Dependent Children — eligible for JOBS Plus
ADC-UN:
Aid to Dependent Children — eligibility based on parents' unemployment of
ADD:
Attention deficit disorder
ADL:
Activities of daily living
ADM:
Arrow-diagramming method
ADMS:
Alcohol, drug abuse and mental health services
ADP:
Average daily population
ADPICS:
Advance Purchasing Inventory Control System
ADS:
Adult and Disability Services
ADTP:
Adolescent day treatment program
AE:
Alternative education
AED:
Automated external defibrillators
AEN:
Assumed eligible newborn
A&E:
Analysis and evaluation
AES:
Advanced encryption standard
AF:
Actual finish date
Alleged father
AFC:
Adult foster care
AFCARS:
Adoption and Foster Care Analysis and Reporting System
AFDC:
Aid to Families with Dependent Children, now TANF
AFH:
Adult foster home
AFP:
Authorization for purchase
AFS:
Adult and Family Services Division, now CAF
AFSA:
Adoptions and Safe Families Act
AFSCME:
American Federation of State, County and Municipal Employees
AG:
Attorney general
AH:
Adolescent Health Program
AHA:
American Hospital Association
AHCPR:
Agency for Health Care Policy and Research, now AHRQ
AHRQ:
Agency for Healthcare Research and Quality, DHHS
AHS:
Allied health services
AI:
Avian influenza
AIDS:
Acquired immune deficiency syndrome
AIS:
Automated Information System, OMAP
AJS:
Applicant job search
AKA:
Also known as
AKC:
Albertina Kerr Center
ALERT:
A public health immunization registry
ALF:
Assisted living facility
ALOS:
Average length of stay

AMA:
American Medical Association
AMAC:
Adult molested as children
AMH:
Addictions and Mental Health Division
AMPRA:
American Medical Peer Review Association
AMRRC:
American Medical Review Research Center
AMS:
Application maintenance and support
ANSI:
American National Standards Institute
A/O:
Assessment only
AOA:
Activity-on-arrow
Administration on Aging, DHHS
AOC:
Agency operation center
Assessment and observation center
Association of Oregon Counties
AON:
Activity-on-node
AOPA:
American Orthotic and Prosthetic Association
APA:
American Psychiatric Association
American Psychological Association
Administrative Procedures Act
APB:
All-points bulletin
APD:
Advanced planning document
APDU:
Advanced planning document update
APHSA:
American Public Human Services Association
APHSA-ISM:
American Public Human Services Association — Information Systems Management
APIS:
ASFA permanency implementation specialist
APPA:
American Probation and Parole Association
APPLA:
Another Planned Permanent Living Arrangement
APR:
Averaging with periodic review
APRIL:
Association of Programs for Rural Independent Living
APS:
Absent parent search
Adult protective services
A/R:
Accounts receivable
Administrative review
Agency request
(budget) Applicant or recipient
AR:
Action request
ARAN:
American Rehab ACTion Network
ARB:
Agency Request Budget
ARC:
American Red Cross
The Arc, formerly Association for Retarded Citizens
ARMS:
Adoption Recruitment Management System
ART:
Addiction recovery team
AS:
Actual start date
Addiction services
Adoption Services
ASAP:
Alcohol safety action program
Alternatives for streamlining adoptive placements
As soon as possible
ASD:
DHS Administrative Services Division
ASET:
Administrative Services Executive Team
ASFA:
Adoption and Safe Families Act
ASL:
American Sign Language
ASM:
Application support manager
ASO:
Administrative Services only
ASPR:

Office of the Assistant Secretary for Preparedness and Response
ASQ:
American Society for Quality
ATI:
Access Technologies, Inc.
ATOD:
Alcohol, tobacco and other drugs
ATP:
Authorization to purchase
ATS:
Alcohol treatment services
ATTC:
Addiction Technology Transfer Center (See NFATTC)
Alcohol treatment and training center
AWP:
Any willing provider
AWS:
Applicant work search
AYA:
Alternative youth activity school
^
B

BAC:
Budget at completion
BAM:
Oregon Budget and Management Division
BAS:
Basic
Basic 110:
see BVR
BBS:
Bulletin board service
BCBSO:
Blue Cross/Blue Shield of Oregon
BCCM:
Breast and cervical cancer medical
BCCP:
Breast and Cervical Cancer Program
BCO:
Blue Cross of Oregon
BCP:
Business continuity plan/planning
BCU:
Background Check Unit
BCWP:
Budgeted cost of work performed
BCWS:
Budgeted cost of work scheduled
BE:
Business expert; also known as business integrity coordinator (BIC)
BEIN:
Beneficiary data exchange inquiry
Screen that identifies SSI benefits
BENDEX:
Beneficiary Data Exchange system
BEOG:
Basic education opportunity grant
BF,BFF:
Blanche Fischer (Foundation)
BGAS:
Boys and Girls Aid Society
BHC:
Basic health care
BHERT:
Behavioral Health Emergency Response Team
BI:
Best Interests (of the child)
BIA:
Bureau of Indian Affairs, DOI
Business impact analysis
BIAOR:
Brain Injury Association of Oregon
BIC:
Business integrity coordinator; also known as business expert (See BE)
BICC:
Biomedical Information Communication Center (OHSU)
BISG:
see BIAOR
BLN:
Business Leadership Network (also OBLN)
BMRC:
Blue Mountain Recovery Center
BOB:
Benzodiazepines, OTC drugs, barbiturates
Bobby (approved):
A web site or page that meets accessibility guidelines. Specifically, a site tested and approved by “Bobby” software developed by CAST.
BOM:
Bill of materials
BP:
Billing provider
BPA:
Budget, Planning and Analysis
BPCS:
Benefit package of covered services

BPST:
Bill payment system test
BR:
By report
BRFSS:
Oregon Behavioral Risk Factor Surveillance Survey
BRHSB:
Barbara Roberts Human Services Building (See HSB)
BRP:
Budget rebalance plan
BRS:
Behavioral residential services
Behavior rehabilitation services
B2B:
Business to business
B2G:
Business to government
BUBB:
Bargaining Unit Benefit Board, now PEBB
BVR:
Basic Vocational Rehabilitation (Section 110 money that funds Rehabilitation services)
B&W:
Beer and wine tax funds
BWE:
Blind work expenses

^

C

CAA:
Community action agency
CAB:
Change advisory board
CACG:
Child abuse challenge grant
CACR:
Center for Advanced Computing Research
CADC:
Certified drug and alcohol counselor
CAF:
DHS Children, Adults and Families Division
CAH:
Child abuse hotline
CAMI:
Child abuse multidisciplinary intervention
CAN:
Child abuse and neglect
CAP:
(Oregon) Client Assistance Program
Community action plan
Control account plan
College of American Pathologists
CAPECO:
Community Action Program East Central Oregon
CAPS:
Client Assessment Planning System
CAPTA:
Child Abuse Prevention and Treatment Act
CARES:
Child Abuse Response and Evaluation Services
CART:
Child Abuse Response Team
CASA:
Court Appointed Special Advocates
CASII:
Child and adolescent intensity instrument
CASSP:
Child and Adolescent Services System Program
CAST:
Center for Applied Special Technology – originators of the “Bobby” software
CASTP:
Child and Adolescent Secure Treatment Program
CASU:
Client Advisory Services Unit
CATC:
Children’s Advocacy and Treatment Center
CATF:
Child Abuse Task Force
CATP:
Child and Adolescent Treatment Program
CAWEM:
Citizen-Alien/Waived Emergency Medical
CB:
Children’s Bureau, ACF
CBA:
Cost benefit analysis
CBC:
Community-based care
CBR:
Client-based reimbursement
CBT:
Computer-based training
CC:
Care center

Closed Captioning
Community College
Complication and co-morbidity
C&C:
Conditions and circumstances
CCB:
Change control board
Child care billing
CCC:
Chemeketa Community College
Child care center
CCD:
Oregon Education Department Child Care Division
CCDBG:
Child care and development block grant
CCDF:
Child Care Development Fund
CCER:
Center for Continuing Education in Rehabilitation
CCEVS:
Criteria evaluation and validation scheme
CCF:
Oregon Commission on Children and Families
CCH:
Computerized criminal history
CCHC:
Child Care Health Consultation demonstration program, Office of Family Health, PHD
CCMH:
Center for Community Mental Health
CCMHC:
Comprehensive Community Mental Health Center
CCNCSC:
Community for Cultural Needs of CSD Staff and Clients
CCNO:
Community Connections of Northeast Oregon
CCP:
FEMA Crisis Counseling Assistance and Training Program
Crisis Communication Plan
CCRB:
Close Custody Review Board
CCRC:
Continuing care retirement community
CCR&R:
Child care resource and referral agency
CD:
Chemical dependency
Compact disk
CDC:
Centers for Disease Control and Prevention, DHHS
Child development clinic
CDL:
Clandestine Drug Lab Program
CDMA:
Code-division multiple access
CDO:
Chemical dependency organization
CDP:
Child development program
CDR:
Continuing disability review
CDRC:
Child Development and Rehabilitation Center, OHSU
CD-ROM:
Compact disk - read-only memory
CDT:
Current/common dental terminology
CEG:
Continuing education for girls
CEM:
Common evaluation methodology
CEOJJC:
Central and Eastern Oregon Juvenile Justice Consortium
CEP:
Client-employed provider
(Oregon) Competitive Employment Project
CET:
Consultation, Education and Training
CETA:
Comprehensive Employment and Training Act
CETS:
Consultation education training specialist
CEU:
Continuing Education Unit
CFCIP:
Chafee Foster Care Independence Program
CFDA:
Catalog of Federal Domestic Assistance
CFR:
Code of federal regulations
CFSR:
Child and family service reviews

CGI-AMS:
Consultants to Government and Industry-American Management Systems
CH:
Child
CHAMPUS:
Civilian Health and Medical Programs of the Uniformed Services
CHC:
Criminal history check
CHCC:
Child care center
CHD:
County health department
CHIP:
Child Health Insurance Program
CHN:
Community health nurse
CHS:
Center for Health Statistics
Community Human Services (defunct)
CI:
Continuous Improvement
Client index
CICS:
Customer Information Control System
CIIS:
Children’s intensive in-home services
CIL:
Center for Independent Living
CIO:
Chief information officer
CIP:
Community Integration Program, DOE
CIRT:
Community intensive residential treatment
Critical Incident Response Team
CISA:
Certified information systems auditor
CISSP:
Certified information systems security professional
CIT:
Counselor-in-training
CIU:
Crisis intervention unit
CJA:
Children's Justice Act
CJATF:
Children class="cw"s Justice Act Task Force
CL:
PHD Community Liaison Unit
C&L:
Coopers & Lybrand (actuaries)
CLAS:
Culturally and Linguistically Appropriate Services
CLIA:
Clinical Laboratory Improvement Amendment
CM:
Case manager
CMC:
Case management coordinator
CMG:
Claims management group subunit
CMHC:
Community mental health center
CMHP:
Community mental health program
CMHS:
Center for Mental Health Services, SAMHSA
Community mental health services
CMI:
Case mix index
Chronically mentally ill
CMMS:
Centers for Medicare and Medicaid Services
CMS:
Centers of Medicare and Medicaid Services, DHHS
Client Maintenance System
CN:
Certificate of need
CNIC:
Computing & Networking Infrastructure Consolidation initiative
CN/PR:
Certificate of need/plan review
COA:
Children of alcoholics
Council on Accreditation
Court-ordered amount
COB:
Coordination of benefits
COBIT:
Control objectives for information and related technology
COBOL:
Common business oriented language
COBRA:

Consolidated Omnibus Reconciliation Act of 1985
COCOA:
Central Oregon Council on Aging
CODA:
Comprehensive options for drug abusers
CODAC:
Coalition of Oregon Disabilities Advisory Councils
CODO:
Coalition of Oregon Disability Organizations
COG:
Council of Governments
COI:
Cooperation Incentive Payment
COIC:
Central Oregon Intergovernmental Council
COLA:
Cost of living adjustment
COP:
Certificate of participation
CORE Web:
Centralized Online Resource Environment (An OVRS online forms & resource warehouse)
CORIL:
Central Oregon Resources for Independent Living (CIL serving Deschutes, Crook & Jefferson counties)
COTS:
Commercial off-the-shelf
CP:
Cerebral palsy
CPA:
Certified public accountant
Council for Prostitution Alternatives
CPAF:
Cost-plus-award-fee contract
CPAS:
Claims Processing Assessment System
CPAT:
Child Protection Action Team
CPC:
Child planning conference
CPDTC:
Children’s psychiatric day treatment center
CPFF:
Cost-plus-fixed-fee contract
CPHA:
Commission on Professional and Hospital Activities
CPI:
Consumer price index
Cost performance index
CPIF:
Cost-plus-incentive-fee contract
CPM:
Critical path method
CPMS:
Client Process Monitoring System
CPN:
Critical path network
CPPC:
Cost-plus-percentage-of-cost contract
CPR:
Cardiopulmonary resuscitation
CPS:
Child Protective Services
CPT:
Community Progress Team
Current procedural terminology
CPU:
Central processing unit
Child psychiatric unit
CQA:
Certified quality auditor
CQI:
Continuous quality improvement
CR:
Carriage return
CRB:
Citizen Review Board, OJD
CRC:
Certified Rehabilitation Counselor
Community resources coordinator
Corrections release center
CRCC:
Commission on Rehabilitation Counselor Certification
CRM:
Computer resource management
Customer relationship management
Customer resource management
CRMU:
Client recipient maintenance unit
CRN:
Contract registered nurses
CRO:
Contract release order
CRP:
Community Rehabilitation Program
CRRTS:

Certification Recruitment and Retention Tracking System
CRT:
Cathode ray tube equipment
Crisis response teams
CS:
Child Safety
Child support
CSAG:
Children's Sexual Abuse Group
CSAVR:
Council of State Administrators of Vocational Rehabilitation
CSBG:
Community services block grant
CSC:
Catholic Services for Children
CSCI:
Children's System Change Initiative, OMHS
CSD:
Children's Services Division, now CAF
CSDM:
Child support decision modeling
CSE:
Child support enforcement
CSEAS:
Child Support Enforcement Automated System
CSEPP:
Chemical Stockpile Emergency Preparedness Program
CSI:
Continuous system improvement
CSH:
Coordinated School Health
CSL:
Current service level
CSN:
Community safety net
CSND:
Community safety net database
CSP:
Oregon Child Support Program
CSPD:
Comprehensive System of Personnel Development
CSR:
Consumer Service Report (Maintained for eligible IL consumers at agencies & CILs)
CSS:
Child support system
Customer service and support
Central and Shared Services
CSTAT:
Contract status tracking and timing
CTF:
Children's Trust Fund
CTIC:
Clatsop/Tillamook Intergovernmental Council
CTP:
Comprehensive transition plan
CV:
Cost variance
CVAS:
Crime Victims' Assistance Section, DOJ
CW:
Case worker
Child welfare
CWAC:
Child Welfare Advisory Committee
CWE:
Community Work Evaluation
CWBS:
Contract work breakdown structure
CWLA:
Child Welfare League of America
CWP:
Child Welfare Partnership
CWPMLC:
Child Welfare Practice Model Leadership Committee, now CWPMSC
CWPMSC:
Child Welfare Practice Model Steering Committee, CAF
CWRETF:
Child Welfare Racial Equity Task Force
CWS:
Child welfare services
CWST:
Career Workforce Skills Training
CWXML:
Child welfare extensible markup language
CY:
Calendar year
^
D

DA:
District attorney
D&A:
Drug and alcohol
DARTS:
Day and residential treatment services

DAS:
Oregon Department of Administrative Services
DAS:
Medford CIL, discontinued as a CIL on 11/30/06
DB2:
DataBase 2
DBA:
Database administrator
Database analyst
DBC:
Database coordinator
DBMS:
Database Management System
DBTAC:
Disability and Business Technical Assistance Center
DCBS:
Oregon Department of Consumer and Business Services
DCDC:
Detailed case data component
DCO:
Dental care organization
DCP:
Developing Capable People program
DCS:
Oregon Department of Justice Division of Child Support
DD:
Data date
Developmentally Delayed
Developmental disability
Developmentally disabled
Direct deposit
DDA:
Deputy district attorney
DDCC:
DHS Diversity Development and Coordinating Council
DDI:
Design, development and implementation
Design, development and installation
DDOS:
Distributed denial of service
DDS:
Disability determination services
DDSA:
Developmental Disabilities Service Act
DEA:
Drug Enforcement Act
DEC:
Drug endangered child
DEQ:
Oregon Department of Environmental Quality
DFSCA:
Drug-Free Schools and Communities Act
DFSP:
Disaster Food Stamp Program, CAF
DHHS:
U.S. Department of Health and Human Services
DHR:
No longer in use; see DHS
DHS:
Oregon Department of Human Services
U.S. Department of Homeland Security
DIP:
Detailed implementation plan
DIRT:
Diversion intervention rehabilitation treatment
DIS:
Detailed implementation schedule
DISQ:
Disqualified
DM:
District manager
DMAP:
DHS Division of Medical Assistance Programs
DME:
Durable medical equipment
DMH:
Disaster mental health
DMI:
Direct mail issuance
DMV:
Oregon Driver and Motor Vehicle Services Division
DMZ:
Demilitarized zone
DN:
Denied
DNS:
Director of nursing services
DO:
DHS Director’s Office
DOB:
Date of birth
DOC:
U.S. Department of Commerce

Date of commitment
Oregon Department of Corrections
DoD:
U.S. Department of Defense
DOE:
Oregon Department of Education
Oregon Department of Energy
DOES:
Disabled Oregonians for Effective Services
DOI:
U.S. Department of Interior
DOJ:
Department of Justice
DOL:
U.S. Department of Labor
DOLPHIN:
Distributed Oregon OnLine Public Health Information Network
DOORS:
Disability Ontario Oregon Referral Services
DOP:
Date of payment
DOR:
Date of request
DOS:
Date of service
DOT:
Dictionary of Occupational Titles
DP:
Data processing
DPU:
Direct Pay Unit
DQ:
Disqualify
DR:
Differential Response
DRA:
Federal Deficit Reduction Act of 2005
DRC:
Disaster resource center
DRG:
Diagnostic related group
DRI:
Data Resources, Inc.
DRM:
Data resource management
Defect removal model
DRP:
Disaster recovery plan
DS:
Desktop services
DSA:
Designated State Agency (DHS)
DSAC:
Disability Services Advisory Council
DSC:
Distribution Services Center
DSH:
Disproportionate share hospital
DSHS:
Washington State Department of Social and Health Services
DSM (IV):
Diagnostic and Statistical Manual (listing of mental disorders)
DSO:
Disability Services Office (SPD)
DSR:
Disproportionate share ranking
DSS:
Delivery system subunit
Division of State Systems, ACF, DHHS
DSSURS:
Decision Support, Surveillance and Utilization Review System
DSU:
Delivery Systems Unit
Designated State Unit
DTD:
Document type definition
DU:
Duration
DUII:
Driving under the influence of intoxicants
DUR:
Drug use review
DV:
Domestic violence
DVA:
Oregon Department of Veterans Affairs
DVAA:
Domestic violence assistance agreements
DVR:
Department of Vocational Rehabilitation (now Office of Vocational Rehabilitation)
DWP:
Drinking Water Program
DWSS:
Department-wide support services
^
E

EA:
Emergency assistance

EAC:
Estimate at completion
EA/E2:
Emergency assistance
EAP:
DHS Employee Assistance Program
EAS:
Executive accounting system
EBCDIC:
Extended binary-coded decimal interchange code
E-Board:
Emergency Board of the Oregon Legislature
EBL:
Essential Budget Level
EBP:
Evidence-based practice
EBRI:
Employee Benefit Research Institute
EBRS:
Electronic Birth Registration System
EBT:
Electronic benefits transfer
ECC:
Electronic claims capture
Emergency coordinating center
ECM:
Electronic claims management
ED:
Electronic deposit
Oregon Employment Department
EDGE:
Enhanced data GSM environment
EDI:
Electronic data interchange
EDMS:
Electronic Document Management System
EDP:
Employment development plan
EDRC:
Employment related day care
EDRS:
Electronic Death Registration System
EDT:
Employee development team
EEO:
Equal employment opportunity
Enhancing Employment Outcomes
EF:
Early finish date
EFT:
Electronic funds transfer
EGHP:
Employer-related group health plan
EHAP:
Environmental Health Assessment Program
EHDI:
Early Hearing Detection and Intervention, PH
EHLLAPI:
Emulator high level language application programming interface
Screen scraping
EI:
Early intervention
Employment Initiative
EIC:
Earned income credit
EIC/EITC:
Earned income credit/earned income tax credit
EIE:
Employment and independence expense
EIP:
Early intervention program
EIS:
Executive information system
EITC:
Earned Income Tax Credit
EL:
Executive letter
EMC:
Electronic media claims
EML:
Employment income
EMP:
Employment Management Professionals, Inc.
EMS:
Emergency medical services
EMS/TS:
Emergency Medical Services and Trauma Systems program
EMT:
Emergency medical technician
ENCC:
Exceptional needs care coordination
ENL:
English as a non-native language
EO:
Governor's Executive Order
EOB/EOMB:
Explanation of medical benefits
EOC:

Emergency operations center
EOCIL:
Eastern Oregon Center for Independent Living
EODAA:
Employment Opportunities for Disabled Americans Act of 1986
EOE:
Equal Opportunity Employer
EOF:
End of file
EOM:
End of month
EOP:
Employment Outcomes Professional
EOPC:
Eastern Oregon Psychiatric Center
EOTC:
Eastern Oregon Training Center
EPA:
U.S. Environmental Protection Agency
EPD:
Employment Premium
Employed People with Disabilities
EPH:
Office of Environmental Public Health, PH
EPHT:
Environmental Public Health Tracking Program
EPM:
Enterprise project management
EPO:
Exclusive provider organization
EPSDT:
Early and periodic screening, diagnosis and treatment
EQRO:
External quality review organization
ER:
Emergency room
ERA:
Elderly rental assistance
Electronic remittance advice
ERB:
Oregon Employment Relations Board
ERC:
Education resource center
ERDC:
Employment/education-related day care
ERDC-BAS:
Employment/education-related day care-basic
ERDC-SBG:
Employment/education-related day care-student block grant
ERDC-TRS:
Employment/education-related-transitional
ERISA:
Employee Retirement Income Security Act
ERP:
Enterprise resource planning
ERS:
Emergency response services
Emergency response system
ERT:
Emergency response team
ES:
Early start date
Employment services
Elementary school
ESD:
Education service district
ESEA:
Elementary and Secondary Education Act
ESF:
Emergency support function
ESL:
English as a second language
E&T:
Employment and training
ETC:
Estimate to complete
ETP:
Employment transition program
ETU:
Education and Training Unit, OMAP
EEV:
Earned value
EV-DO:
Evolution-data only
EVS:
Electronic verification system
eXPRS:
Express Payment and Reporting System, now MMIS
EXT:
Extended medical benefits
^
F

FA:
Absent father
Fiscal agent
FAC:

Forecast at completion
FACIS:
Family and Child Information System
FADE:
Fetal alcohol and drug effected
FAE:
Fetal Alcohol Effect
FAN:
Future automated needs
FAR:
Formal Administrative Review
FAS:
Fetal Alcohol Syndrome
FAST:
Fast adoption studies and training
FBI:
Federal Bureau of Investigation
FBS:
Family-based services
FC:
Foster care
FCE:
Functional Capacity Evaluation
FCHP:
Fully capitated health plan
FCIA:
Foster Care Independence Act
FCP:
Foster care prevention
FCS:
Food and consumer services
FCST:
Foster Care Safety Team
FCTV:
Foster care trial visit
FDA:
U.S. Food and Drug Administration, DHHS
FDM:
Family decision-making meeting (See TDM)
FEMA:
Federal Emergency Management Agency, U.S. Department of Homeland Security
FERPA:
Family Education Rights and Privacy Act
FF:
Federal funds
Finish-to-finish
FFCMH:
Federation of Families for Children's Mental Health
FFIS:
Federal funds information for states
FFN:
Family, Friend and Neighbor Training Project
FFP:
Federal financial participation
Firm fixed price contract
Federal Financial Policy
FFS:
Fee for service
FFY:
Federal fiscal year
FGH:
Family group home
FGP:
Foster grandparent program
FHIAP:
Family Health Insurance Assistance Program, OPHP
FICA:
Federal Insurance Contributions Act
FIPS:
Federal information processing standard
FIRMS:
Financial Information Resource Management System
FIWG:
CWAC Future Issues Work Group
FMAP:
Federal medical assistance percentage
FMLA:
Family and medical leave account
FNS:
USDA Food and Nutrition Service
FOC:
Freedom of choice
FP:
Family planning
Foster parent
FPA:
Foster Parent Association
FPEP:
Family Planning Expansion Program
FPI:
Fixed-price-incentive contract
FPL:
Federal poverty level
FPLHSS:
Food, Pool and Lodging Health and Safety Section
FPLS:
Federal Parent Locator Service

FPS:
Family planning services
FQHC:
Federally qualified health center
FQHP:
Federally qualified health plan
FRED:
Foster care recruitment entry database
Foster recruitment electronic data
FRITS:
FACIS Request and Incident Tracking System
FRRS:
Foster care recruitment and retention specialist
FRS:
Federal requirements specification
Functional requirements specification
FRT:
Fatality review team
FRW:
Family resource worker
FS:
Finish-to-start
Food stamps
FSA:
Family services assistant
Family Support Act
FSAC:
Food Service Advisory Committee
FSAT:
Family sex abuse treatment
FSC:
Family Support and Connections
FSCO:
Food stamp cash-out
FSH:
Family shelter home
FSMIS:
Food Stamp Management Information System
FSP:
Food Stamp Program
FS-PLS:
Food stamps clients eligible for JOBS Plus
FSR:
Fiscal status report
FSR:
Family Services Review Commission
FST:
Family support team
FSW:
Financial service worker
FSWT:
Family services work team
FT:
Full-time
FTC:
Fairview Training Center
Federal Trade Commission
FTE:
Full-time equivalent
Full-Time Employee
FTP:
File transfer protocol
FTS:
Family treatment services
FUA:
Full utility allowance
FUL:
Federal upper limit
FUM:
Family unity meeting
FUSE:
Framework for uniting self-sufficiency and eligibility
FWS:
Federal work study
FY:
Fiscal year
FYI:
For your information
^
G

GA:
General assistance program
Governor’s advocacy
G&A:
General and administrative expense
GAAP:
Generally accepted accounting principles
GAAS:
Generally Accepted Auditing Standards
GAM:
General assistance medical
GAM-BAS:
General assistance medical-basic
GAO:
U.S. Government Accountainability Office
DHS Governor's Advocacy Office, DO
GAP:
Guided assessment process
GASB:

Governmental Accounting Standards Board
GATB:
General Aptitude Test Battery (not used anymore)
GCI:
General cognitive index
GCSS:
Governor’s Commission on Senior Services
GED:
General equivalency degree
General Educational Development
GEP:
Graduate Education Program, PSU
GERT:
Graphical evaluation and review technique
GF:
General Fund
GH:
Group home
GHAA:
Group Health Association of America
GHz:
Gigahertz
GIS:
Geographic Information System
GJXML:
Global justice extensible markup language
GLC:
Group life coordinator
GLS:
Group life supervisor
GME:
Graduate medical education
General Medical Exam
GNT:
Grant
GO:
Governor's Office
GOBHI:
Greater Oregon Behavioral Health, Inc.
GPG:
GNU privacy guard
GPO:
U.S. Government Printing Office
GPRS:
General packet radio services
GR:
Governor’s recommended (budget)
GRB:
Governor's recommended budget
GS:
General services
GSA:
U.S. General Services Administration
GSM:
Global System for Mobile Communication
GSM/GPRS:
Global System for Mobile Communication/General Packet Radio Services
G2G:
Government to government
^
H

HABS:
Harmful Algal Bloom Surveillance Program
HAN:
Health Alert Network
HAS:
Human services assistant
HASL:
Handicap Awareness and Support League. Now known as “HASL Independent Abilities Center.”
HB:
House bill
HC:
Health care
HCAP:
Health care analysis programs
Healthy Communities Access Program
Hepatitis C Awareness Project, OPH
Hospital Care Assurance Program
HCBC:
Home and community-based care
HCFA:
Health Care Financing Administration, now CMMS
HCFO:
Health Care Financing and Organization program, RWJF
HCI:
Health Choice, Inc.
HCLC:
Health Care Licensure and Certification Program
HC/PC:
Home care/personal care
HCPCS:
HCFA Common Procedures Coding System
HCV:
Hepatitis C (HCV infection)
HCW:

Home Care Worker
HD:
DHS Health Division
DHS Help Desk
HDX:
Healthcare data exchange
HEDIS:
Health plan and employer data information set
HER:
Health economics research
HFA:
Hospice Foundation of America
HH:
Head of household
Household
HHO:
Household of one
HHS:
U.S. Department of Health and Human Services
HIB:
Hospital insurance benefit, Medicare Part A
HIC:
Health insurance code
HIG:
Health insurance group
HIO:
Health insurance organization
HIP:
Health insurance premium
HIPAA:
Health Insurance Portability and Accountability Act
HIPC:
Health insurance purchase cooperative
HIRE:
Hiring Individuals Ready for Employment
HIV:
Human immunodeficiency virus
HK:
Housekeeper
HKP:
Healthy Kids Plan
HLD:
Held check and/or medical card (CMS)
HMEA:
Hillcrest/MacLaren Education Association
HMG:
Health management group
HMKR:
Homemaker
HMO:
Health maintenance organization
HMOO:
Health Maintenance Organization of Oregon
HMU:
Health Management Unit
HO:
Hispanic origin
HOH:
Head of household
Hard of Hearing
HOPE:
AmeriCorps Healthy Options through Prevention and Education
HPCDP:
Health Promotion and Chronic Disease Prevention Program
HPP:
Hospital Preparedness Program
HPPU:
Health Plan Policy Unit, OMAP
HPV:
Human papillomavirus vaccine
HR:
DHS Office of Human Resources
HR/OD:
Human resources and organizational development
HRA:
Human resource assistant
HRS:
Human resource specialist
HRSA:
Health Resources and Services Administration, DHHS
Health resource service area
HRSD:
Oregon Human Resource Services Division
HS:
High school
HSA:
Human services assistant
HSB:
Human Services Building (See BRHSB)
HSC:
Oregon Health Services Commission
HSCO:
Human Services Coalition
HSEES:
Hazardous Substances Event Surveillance System
HSP:

Housing Stabilization Program
Health Systems Planning
HSS:
Human services specialist
HTTP:
Hypertext transfer protocol
HUD:
U.S. Department of Housing and Urban Development
HV:
Home visit
HZA:
Hornby Zeller and Associates, Inc.
HZIP:
ZIP code verification system
^
I

IA:
Individual assessment
Ineligible alien
I&A:
Information and assistance
IAPD:
Implementation advanced planning document
I&R:
Information and Referral
IBM:
International Business Machines
IBNR:
Incurred but not reimbursed
IC:
Incident commander
Interstate compact
ICCS:
International classification of clinical services
ICD-9-CM:
Ninth revision of the International Classification of Diseases Clinical Modification
ICF:
Intermediate care facility
ICF/HA:
Intermediate care facility/home for the aged
ICF/MR:
Intermediate care facility/mentally retarded
ICS:
Incident Command System
ICJ:
Interstate Compact on Juveniles
ICN:
Immediate care nursery
Intermediate care nursery
Internal control number
ICPC:
Interstate Compact for the Placement of Children
ICR:
Initial court reports
ICTS:
Intensive community-based treatment services
ICU:
Intensive care units
ICWA:
Indian Child Welfare Act
ID:
Identification
Identity
IDA:
Individual Development Account
IDEA:
Individuals with Disabilities Education Act
IDPF:
Intoxication diversion program funds
IDS:
Intrusion Detection System
IEA:
Individual education account
IEP:
Individual educational plan
IEPA:
Interethnic Placement Act (1996)
IEVS:
Integrated Eligibility Verification System
IFB:
Invitation for bid
IFS:
Intensive family services
IFSP:
Individual Family Service Plan
IHN:
InterCommunity Health Network
IHS:
Indian Health Services, DHHS
IIS:
Integrated Information System
IL:
Independent living
ILC:
Independent living center
ILP:

Independent Living Program, CAF
ILP-CH:
Independent Living Program - Chafee Housing Services, CAF
ILR:
Independent living rehabilitation
ILRU:
Independent Living Research & Utilization
ILSP:
Independent Living Subsidy Program, CAF
IPE:
Individualized Plan for Employment
IPS+:
Individualized Placement & Support Plus
IM:
Information memorandum
IMD:
Institution for mental diseases
IME:
Indirect medical education
IMPEP:
Integrated Materials Performance Evaluation Program
IMR:
Imminent risk response
IMS:
IBM's transactional and hierarchical database management system
Information management service
IMT:
Incest management team
INA:
Immigration and Nationality Act
inkML:
Ink markup language
INS:
Immigration and Naturalization Service, now USCIS
IOC:
Inspection of care
IOM:
Institute of Medicine
IP:
Inpatient
Internet protocol
Immunization Program
IPA:
Independent Practice Associations
IPE:
Injury Prevention and Epidemiology Program
IPGB:
Insurance Pool Governing Board, now OPHP
IPP:
Integrated project plan
IPSEC:
Internet protocol security
IPV:
Intentional program violation
Intimate partner violence
I&R:
Information and referral
Iq:
Intelligent Quotient
I/R:
Information/referral
IRA:
Individual retirement account
IRB:
Institutional Review Board
IRCA:
Immigration Reform and Control Act
IRCO:
Immigrant and Refugee Community Organization
IRM:
Information resources management
IRMD:
Information Resources Management Division, DAS
IRR:
Information resource request
IRS:
Internal Revenue Service
IRWE:
Impairment-related work expense
ISA:
Intensive services array
ISACA:
Information Systems Audit and Control Association
ISE:
Information Systems Engineering, OIS
ISECOM:
Institute for Security and Open Methodologies
ISM:
Information system management
ISN:
Integrated services network
ISO:
DHS Information Security Office, ASD
International Standards Organization

ISP:
Individual service plan
Initial service plan
IST:
Intervention and stabilization track
IT:
Information technology
ITAM:
IT asset management
ITGC:
Information technology governance council
ITS:
Intensive treatment services
IUA:
Individual utility allowance
IV-A:
Title IV of Social Security Act, Part A - block grants for states TANF
IV-B:
Title IV of Social Security Act, Part B - child and family services
IV-D:
Title IV of Social Security Act, Part D - child support and establishment of paternity
IV-E:
Title IV of Social Security Act, Part E - federal foster care program
IV-E Waiver:
A federally approved demonstration project that gives states the authority to design and test a wide range of new approaches to the delivery of child welfare services in order to improve outcomes for children
IVR:
Interactive voice response
IWRP:
Individualized written rehabilitation program
see IPE
^
J

JAD:
Joint application design
Joint application development
JAHP:
Journal of American Health Policy
JAS:
Jobs Automated System
JC:
Juvenile corrections
Juvenile court
JCAHO:
Joint Commission on the Accreditation of Health Care Organization
JCIP:
Juvenile Court Improvement Project, OJD
JCSF:
Juvenile corrections service facility
JD:
Juvenile Department
JDH:
Juvenile detention hall
JERI:
OBS Employment and Retention Initiative
JFS:
Journal File System
JJA:
Juvenile Justice Alliance
JJAC:
Juvenile Justice Advisory Committee
JJC:
Juvenile Justice Coalition
JLC:
Joint legislative committee
JLCIMT:
Joint Legislative Committee on Information Management and Technology
JOBS:
Job Opportunities & Basic Skills training. Replaced by the TANF program effective July 1, 1997.
JOBS Plus:
Oregon Employment Department program that provides a 13-week work experience for Unemployment Insurance claimants.
JOMIS:
Juvenile Offender Management Information System
JRP:
Juvenile Rights Project
JSC:
Juvenile Services Commission
JTPA:
Job Training and Partnership Act (see WIA)
^
K

KPM:
Key performance measure
KSA:
Knowledge, skills and abilities
^
L

LAB:
Legislative approved budget
LAE:
Local area expert
LAN:
Local area network
LAP:
Legal assistance program
LAPA:
Legislative authorized position allocation
LAR:
Legal assistance referral
LARS:
Leave Accrual Reporting System
LAS:
Legal Aid Society
Legal assistance specialist
LC:
Lesser of costs or charges
Long-term care
Legislative Concept
LCSW:
Licensed clinical social worker
LD:
Learning disability
Limited duration
Late Deafened
LDAP:
Lightweight directory access protocol
LDMS:
Lean Daily Management System
LEA:
Law enforcement agency
Local educational agency
LEAD:
Lead Poisoning Prevention Program
LEDS:
Law Enforcement Data System
LEMA:
Law enforcement medical account
LEMILA:
Law enforcement medical liability account
LEP:
Limited English proficiency
LF:
Late finish date
Line feed
Lottery Funds
LFO:
Oregon Legislative Fiscal Office
LFS:
Lutheran Family Services
LHD:
Local health departments
LIEAP:
Low Income Energy Assistance Program, OHCS
LIHEAP:
Low Income Home Energy Assistance Program, OHCS
LILA:
Lane Independent Living Alliance (CIL serving Lane county)
LIMS:
Laboratory Information Management System
LINUS:
Legislative Information and Notification User System
LIS:
Low-income subsidy
L & M:
Licensing and monitoring
LMHA:
Local mental health authority
LMP:
Licensed medical practitioner
LMR:
Labor Market Research
LOE:
Letter of expectation
Level of effort
LOS:
Length of stay
LPHA:
Licensed practitioner of healing arts
LPR:
Lawful permanent resident
LRN:
Laboratory Response Network
LS:
Late start date
LTC:
Long-term care
LTC 3.0:
Long-Term Care 3.0
LTCO:
Long-term care ombudsman
LTQC:
Long-term quality care
LUA:
Limited utility allowance
LV:

Law violation
^
M

M&T:
Maintenance & Transportation payment
MA:
Medical assistance
Medicare Advantage plans
MAA:
Medical assistance assumed
MAE:
Medical assistance eligibility
MAF:
Medical assistance to families
MA-PD:
Medicare Advantage Prescription Drug plan
MARS:
Management and Administrative Reporting Subsystem, part of MMIS
MAS:
Medicaid authorized specialist
MathML:
Math markup language
MBA:
Master's degree in business administration
MBO:
Management by objective
Mbps:
Megabits per second
MCAT:
Multi-disciplinary child abuse team
MCCA:
Medicare Catastrophic Coverage Act of 1988
MCCN:
Managed care community network
MCCRA:
Medicare Catastrophic Coverage Repeal Act of 1989
MCE:
Medicare code editor
MCF:
Mission critical function
MCH:
Maternal and Child Health Office, OFH
MCM:
Maternity Case Management
MCO:
Managed care organization
MDC:
Major diagnostic category
MDRC:
Manpower Demonstration Research Corp.
MDT:
Multi-disciplinary team
ME:
Medical eligibility
Medical examiner
MEC:
Medical encounter claim
MED:
Mentally/emotionally disordered
Mentally/emotionally disturbed
MEDPAR:
Medicare provider analysis and review
MEDTEP:
Medical Treatment Effectiveness Program, AHRQ
MEI:
Medicare economic index
MEPA:
Multi-Ethnic Placement Act
MET:
Motivational Enhancement Training
MEWA:
Multiple employer welfare arrangement
M5:
Day care program (See ERDC)
MH:
Mental health
MHC:
Managed health care
MHCP:
Managed health care plan
MHD:
Mental Health Division, now part of AMH
MHDDSD:
Mental Health & Developmental Disability Services Division (Former DHS designation)
MHO:
Mental health organization
MHP:
Mental health professional
MIB:
Medical insurance benefit
MIC:
Migrant Indian Coalition, now OCDC
MIG:
Medicaid Infrastructure Grant
MIP:
Minor in possession
MIRT:

Management intake review team
MIT:
Mentor In Training
MITS:
Medicare Interactive Terminal System
MLTCQRAC:
Medicaid Long-Term Care Quality and Reimbursement Advisory Council
MMA:
Medicare Modernization Act
MMIS:
Medicaid Management Information System
MMPI:
Minnesota Multiphasic Personality Inventory
MMR:
Measles, mumps and rubella
MN:
Medically needy
MN-ADC:
Medically needy — ADC-related
MNL:
Manual
MN-OSIP:
Medically needy — OSIP-relateds
MO:
Absent mother
MOE:
Maintenance of effort
MODUM:
Modulator/demodulator
MOE:
Maintenance of effort
MOW:
Meals on Wheels
MPH:
Master’s degree in public health
MR:
Mentally retarded
MRDC:
Medically related day care
MR/DD:
Mentally retarded/developmentally disabled
MRDD:
Mentally retarded/developmentally disabled (now DD)
MRS:
Monthly Reporting System, CAF
MRT:
Medical Review Team
MRU:
Medical resource unit
MS:
Middle school
MSA:
Medical savings account
MSAV:
Mothers of Sex Abuse Victims
MSIS:
Medicaid Statistical Information System
MSO:
Medical service organization
Multi-service office
MSP:
Medicare Savings Program
MSR:
Mid-session review
MSW:
Master's degree in social work
MTG:
Meeting Management Consultants, L.L.C.
MTP:
Major test plan
MVA:
Motor vehicle accident
MVS-JCL:
Multiple virtual storage — job control language
MWVSSA:
Mid-Willamette Valley Senior Services Agency
^
N

NA:
Narcotics Anonymous
NACHRI:
National Association of Children’s Hospitals and Related Institutions
NAD:
National Association of the Deaf
NADA:
National Automobile Dealers Association
NAFS:
Non-assistance food stamps
NAH:
Not at home
NAIC:
National Adoption Information Clearinghouse
National Association of Insurance Commissions
NAMCS:
National Ambulatory Medical Care Survey

NAMI:
National Alliance for the Mentally Ill
NAPCWA:
National Association of Public Child Welfare Administrators
NARA:
Native American Rehabilitation Association
NAWD:
National Association of Women, Infants, Children Directors
NCAANDS:
See NCANDS
NCANDS:
National Child Abuse and Neglect Data System
NCCAN:
National Center on Child Abuse and Neglect, DHHS
NCD:
National Council on Disabilities
NCHS:
National Center for Health Statistics, CDC
NCI:
National Cancer Institute
NCIL:
National Council of Independent Living
NCOA:
National Council on Aging
NCP-PLS:
Non-custodial parent of children receiving TANF
NCQA:
National Committee for Quality Assurance
NCS:
National Children's Study
Network and Computer Services, OIS
NCVHS:
National Committee on Vital and Health Statistics, DHHS
NCWRCA:
National Child Welfare Resource Center for Adoption
NDC:
National drug code
NDMS:
National Disaster Medical System
NDS:
Network and Desktop Services, OIS
NEC:
Not elsewhere classifiable
NED:
No earned income, elderly or disabled
NEDSS:
National Electronic Disease Surveillance System, CDC
NEO:
New employee orientation
New Cats:
New categorical eligibles
New N-Cats:
New non-categorical eligibles
NF:
Nursing facility
NFB:
National Federation of the Blind
NFATTC:
Northwest Frontier Addiction Technology Transfer Center
NFATTC-CAPT:
Northwest Frontier Addiction Technology Transfer Center-Center for Application of Preventive Technology
NFIB:
National Federation of Independent Business
NGA:
National Governors Association
NH:
Nursing home
NHAMCS:
National Hospital Ambulatory Medical Care Survey
NHDS:
National Hospital Discharge Survey
NIAP:
National Information Assurance Partnership
NIC:
Network information center
NICU:
Neonatal intensive care unit
NICWA:
The National Indian Child Welfare Act
NIH:
National Institutes of Health, DHHS
NIMH:
National Institute of Mental Health, NIH
NIMS:
National Incident Management System
NIOSH:
National Institute for Occupational Safety and Health, CDC
NIS:
Negotiated investment strategy
NIST:

National Institute of Standards and Technology, U.S. Department of Commerce
NMBR:
Number
NMHA:
National Mental Health Association
NOC:
Network operations center
NOC/SOC:
Network Operations Center/Systems Operations Center
NON-OHP:
OMAP programs that are not part of OHP
NOS:
Non-offending spouse
Not otherwise specified
NOVA:
National Organization for Victims Assistance
NPDB:
National Practitioner Data Bank
NPH:
No parent in the household
NPV:
Net present value
NRA:
National Restaurant Association
National Rehabilitation Association
NRC:
National resource center
U.S. Nuclear Regulatory Commission
NRCA:
National Rehabilitation Counselor Association
NRCCM:
National Resource Center on Child Maltreatment
NRCCPS:
National Resource Center for Child Protective Services
NRC-CWDT:
National Resource Center for Child Welfare Data and Technology
NRC-ITCW:
National Resource Center for IT in Child Welfare, now NRC-CWDT
NRCOI:
National Child Welfare Resource Center for Organizational Improvement
NRP:
National Response Plan
NRTA:
National Retired Teachers Association
NSF:
National Science Foundation
Non-sufficient funds
NSLA:
Non-standard living arrangement
NTP:
National Toxicology Program, DHHS
NTSB:
U.S. National Transportation Safety Board
NYTD:
National Youth in Transition Database
^
O

OAA:
Old Age Assistance program, SSA
Older Americans Act
OAAPI:
Office of Adult Abuse Prevention and Investigation
OAC:
Oregon Advocacy Center
OACCW:
Oregon Association of Child Care Workers
OADAP:
No longer in use; see AMH
OAH:
Oregon Association of Hospitals
OAHHS:
Oregon Association of Hospital and Healthcare Systems
OAM:
Oregon Accounting Manual
OAR:
Oregon Administrative Rule
OASDI:
Old Age Survivor Disability Insurance
OASH:
Offices of the Assistant Secretary for Health and OPHS, DHHS
OASIS:
Oregon Alcohol & Drug State Information System
OATS:
Application Testing System, OIS
Oregon Automated Tax System
OBAC:
Oregon Business and Aging Coalition
OBIRN:
Oregon Brain Injury Resource Network
OBLN:

Oregon Brain Injury Resource Network
OBMP:
Oregon Beach Monitoring Program
OBRA:
Omnibus Budget Reconciliation Act
OBS:
Organizational breakdown structure
OC:
Off campus
DHS Office of Communications
OCA:
Oregon Corrections Association
OCB:
Oregon Commission for the Blind
OCCF:
Oregon Commission on Children and Families
OCDD:
Oregon Council on Developmental Disabilities
OCHHP:
Office of Community Health and Health Planning
OCM:
Organizational change management
OCOD:
Oregon Conference on Disabilities, SILC
OCR:
Office of Civil Rights, ODOT
Optical character recognition
OCWCOG:
Oregon Cascades West Council of Governments
ODAA:
Oregon District Attorney's Association
ODC:
Oregon Diabetes Coalition, PH
Oregon Disabilities Commission
ODDC:
Oregon Developmental Disabilities Council, now OCDD
ODDS:
Office of Developmental Disabilities Services
ODE:
Oregon Department of Education
ODHHS:
Oregon Deaf and Hard of Hearing Services
ODMAT:
Oregon Disaster Medical Assistance Team
ODOT:
Oregon Department of Transportation
ODPE:
Office of Disease Prevention and Epidemiology
ODS:
Oregon Dental Service
OED:
Oregon Employment Department
OEM:
Office of Emergency Management
OEMS:
Office of Equity and Multicultural Services
OEPH:
Office of Environmental Public Health
OF:
Other funds
OFH:
Office of Family Health, PH
OFLA:
Oregon Family Leave Act
OFPA:
Oregon Foster Parent's Association
OFS:
Office of Financial Services
OFSET:
Oregon Food Stamp Employment Transition program, CAF
OHA:
Oregon Health Authority
Oregon Hospice Association
OHC:
Out-of-home care
OHCCS:
Oregon Health Care Cost Containment System advisory committee
OHCS:
Oregon Housing and Community Services Department
OHD:
Oregon Health Division (now PHD)
OHFB:
Oregon Health Fund Board, OHPPR
OHP:
Oregon Health Plan
OHPC:
Oregon Health Policy Commission
OHP-CHP:
Oregon Health Plan — Coverage for persons under 19 who qualify under the 185 percent income
OHP-OPC:

Oregon Health Plan - Coverage for children who qualify under the 10-0 percent income standard
OHP-OPP:
Oregon Health Plan - Pregnant females and their newborn children who qualify under the 185 percent income standard
OHP-OP6:
Oregon Health Plan - Children under 6 who qualify under the 133 percent income standard
OHP-OPU:
Oregon Health Plan - Adults. Coverage for adults who qualify under the 100 percent income standard
OHPPR:
Office for Oregon Health Policy and Research, DAS
OHPR:
Office of Health Policy Research
OHR:
DHS Office of Human Resources
OHSC:
Oregon Health Services Commission, DAS
OHSU:
Oregon Health & Science University
OHT:
Oregon Healthy Teens Survey
OIG:
Office of the Inspector General, DHHS
OIS:
DHS Office of Information Services
OJD:
Oregon Justice Department
Oregon Judicial Department
OJIN:
Oregon Judicial Information Network
OJJDP:
Office of Juvenile Justice and Delinquency Prevention, DOJ (U.S.)
OJT:
On-the-job training
OLAP:
On-line analytical processing
OLCC:
Oregon Liquor Control Commission
OLIS:
Oregon Legislative Information System
OLMIS:
Oregon Labor Market Information System
OLRO:
Office of Licensing and Regulatory Oversight
OLTP:
On-line transaction processing
OLTRS:
On-line Training Registration System
OM:
Operation/s manager
OMA:
Oregon Medical Association
OMAP:
DHS Office of Medical Assistance Programs
OMB:
U.S. Office of Management and Budget
OMHAS:
No longer in use; see AMH
OMIP:
Oregon Medical Insurance Pool
OMMA:
Oregon Medical Marijuana Act
OMMP:
Oregon Medical Marijuana Program
OMPRO:
Oregon Medical Professional Review Organization
ONA:
Oregon Nurses Association
OOS:
Out-of-state
Order of Selection
OP:
Options provider
Outpatient
OPAR:
Office of Payment Accuracy and Recovery, ASD
OPARC:
Oregon Post Adoption Resource Center
OPC:
Out of parent control
OPCA:
Oregon Primary Care Association
OPE:
Other payroll expense
Other personnel expense
OPEN:
Oregon Public Education Network
OPEU:
Oregon Public Employees Union, now SEIU
OPHP:

Oregon Office of Private Health Partnerships
OPHS:
Office of Public Health and Science, DHHS
OPHT:
Oregon Public Health Tracking program
OPI:
Oregon Public Health Tracking program
Oregon Project Independence (SPD)
OPIC:
Oregon Partnership to Immunize Children
OPP:
Obesity Prevention Program
OPPR:
Office of Program Performance and Reporting
OPSC:
Oregon Patient Safety Commission
OPVA:
Oregon Paralyzed Veterans of America
ORADE:
Oregon Rehab ACTion Network
ORAN:
Oregon Association of Disability Examiners
OR-BIT:
Oregon Repository-Bringing Information Together system
ORBBIT:
Oregon Road Base Information Team
OBBITS:
Oregon Budget Information Tracking System
ORCA:
Oregon rehabilitative case automation
ORCP:
Oregon rules of civil procedures
OR-KIDS:
Oregon version of the federal mandated SACWIS, an acronym for Statewide Automated Child Welfare Information System.
OR-OSHA:
Office of the State Public Health Director
ORPARC:
Oregon Post Adoption Resource Center
ORR:
Office of Refugee Resettlement
ORS:
Oregon Revised Statutes
ORU:
DHS Overpayment Recovery Unit
OS:
Operating system
OSCI:
Oregon State Correctional Institution
OSEW:
Out-stationed eligibility worker
OSERS:
Office of Special Education & Rehabilitative Services
OSH:
Oregon State Hospital
OSHA:
Oregon Occupational Safety and Health Division
OSIP:
Oregon Supplemental Income Program
OSIP-AB:
Oregon Supplemental Income Program - Aid to the Blind
OSIP-AD:
Oregon Supplemental Income Program - Aid to the Disabled
OSIP-EPD:
Oregon Supplemental Income Program - Employed Persons with Disabilities program
OSIPM:
Oregon Supplemental Income Program Medical
OSIPM-AB:
Oregon Supplemental Income Program Medical - Aid to Blind
OSIPM-AD:
Oregon Supplemental Income Program Medical - Aid to the Disabled
OSIPM-EPD:
Oregon Supplemental Income Program Medical - Employed Persons with Disabilities program
OSIPM-IC:
Oregon Supplemental Income Program Medical — Independent Choices
OSIPM-OAA:
Oregon Supplemental Income Program Medical - Old Age Assistance
OSIP-OAA:
Oregon Supplemental Income Program — Old Age Assistance
OSP:
Oregon State Penitentiary
Oregon State Police
OSPC:
Office of Safety and Permanency for Children

OSPHD:
Office of the State Public Health Director
OSPHL:
Oregon State Public Health Laboratories
OSPS:
Oregon State Payroll System
OSS:
Office of Support Systems
OSSTMM:
Open Source Security Testing Methodology Manual
OST:
Occupational Skills Training
OT:
Occupational therapy
OTC:
Over-the-counter drug
OTH:
Other
OTRS:
Oregon Telecommunications Relay Services (aka Oregon Relay)
OVI:
Over income
Over issuance
OVP:
Overpayment
OVR:
Over resources
OVRS:
Office of Vocational Rehabilitation Services, CAF
OWASP:
Open Web Application Security Project
OWCC:
Oregon Women's Correctional Center
OWIIPP:
Oregon Worker Injury and Illness Protection Program
OWL:
Web ontology language
OYA:
Oregon Youth Authority
^
P
PA:
Payment authorization
Performance appraisal
Personality assessment
Personnel action
Physical abuse
Price agreement
Prior authorization
Private agency
Public assistance
PAA:
Private adoption agency
PAARR:
PAS annual resident review
PACE:
Program for the All-inclusive Care of the Elderly
PA FS:
Public assistance food stamps
PAIR:
Protection and Advocacy for Individual Rights program
PAN:
Personal area network
PAPD:
Planning advance planning document
PAS:
Pre-admission screening
PASS:
Plan for achieving self support
PASSAR:
Pre-admission screening and annual resident reviews
PBM:
Pharmacy benefits manager
PC:
Percent complete
Personal care
Personal computer
Politically correct
Probable cause
Production control
Protective custody
PCA:
Program cost account
Personal care attendant
PCCM:
Primary care case manager
PCE:
Physical Capacity Evaluation
PCO:
Physician care organization
PCP:
Primary care practitioner
PD:
Personnel action form
Position description
Public defender
PDB:

Position data base
PDCA:
Plan-do-check-act cycle
PDD:
Pervasive developmental disorder
PDF:
Portable document format (Adobe Acrobat)
PDL:
Plan drug list
PDM:
Precedence diagramming method
PDO:
Public Defender's Office
PDP:
Prescription drug plan
PDX:
Portland, Oregon
Portland International Airport (Oregon)
PEBB:
Oregon Public Employees' Benefit Board
PEP:
Paternity establishment percentage
Personal education plan
PERC:
Program eligibility reporting code
PERM:
Payment error rate measurement
PERS:
Oregon Public Employees Retirement System
PERT:
Planning, evaluation, research and technology
Program evaluation and review technique
PEST:
Pesticide Exposure Safety and Tracking Program
PH:
DHS Public Health Division
PHAB:
Oregon Public Health Advisory Board, PH
PHD:
DHS Public Health Division
PHEP:
Public Health Emergency Preparedness Program
PHER:
Permanency hearing
PHI:
Private health insurance
PHO:
Physician hospital organization
PHP:
Prepaid health plan
PH/PHN:
Public health nurse
PHS:
U.S. Public Health Service, DHHS
PI:
Program improvement
PIAA:
Physician Insurers Association of America
PIB:
Placement information base
PIC:
Private Industry Council
PICS:
Position Inventory Control System
PIDB:
Projected inpatient database
PIN:
Personal identification number
PIP:
Program improvement plan
PIYN:
Paroled and Incarcerated Youth Network
PKI:
Public key infrastructure
P/L:
Personal letter
PL:
Personal letter
Public law
PLM:
Poverty level medical
PLM-C:
Poverty level medical program for children
PLWH:
People living with HIV
PM:
Presumptive Medicaid
Project management
PMBOK:
Project management body of knowledge
PMDDT:
Presumptive Medicaid Disability Determination Team
PMH:
Prepaid managed health plan
PMI:
Project Management Institute, Inc.
PMO:
Project Management Office, OIS
PMP:

Project management professional
PMPM:
Per member per month
PMR:
Provider and Miscellaneous Receivables Unit, ASD
PO:
Parole officer
Personnel officer
Police officer
Printing order
Probation officer
Purchase order
POC:
People of color
POD:
Point of distribution/dispensing
POP:
Policy Option Package
POS:
Point of sale
PP:
Permanent placement
Permanent planning
P&P:
Parole and probation
Policy and planning
PPDB:
Position personnel database
PPE:
Permanent planning expense
PPG:
Primary provider group
PPO:
Preferred provider organization
PPRS:
Post payment recovery system
PPS:
Provider Payment System
Program and Policy Section, OMAP
PPU:
OVRS Policy & Program Unit
P/R:
Prevention/restoration service
PR:
Public relations
Purchase request
PRAMS:
Pregnancy Risk Assessment Monitoring System
PRC:
Placement Review Committee
PRD:
Program & resource development management
PRISM:
Oregon Performance Reporting Information System
PRO:
Professional review organization
PRTF:
Psychiatric residential treatment facility
PRUCOL:
Persons Residing under Color of Law
PRW:
Past relevant work
PRWORA:
Personal Responsibility and Work Opportunity Reconciliation Act of 1996
P/S:
Personal service
PS:
Protective services
PSA:
Planning and service area
Public service announcement
PSB:
Planning and service area
Public service announcement
PSN:
Provider sponsored network
PSRB:
Oregon Psychiatric Security Review Board
PSRO:
Provider service review organization
PSS:
Program systems support
PST:
Provider Services Team
PS&T:
Project support & tracking
PSTN:
Public Switched Telephone Network
PSU:
Portland State University
PSU CW Partnership:
A partnership between PSU and CAF child welfare, including training needs and the MSW program
PTCC:
Parent training core curriculum
P/T:
Person/type
PT:

Part-time
PTS:
Parent training services
PTSD:
Post Traumatic Stress Disorder
P2:
Medical program
PUC:
Public Utilities Commission
PUG:
Project user group
PV:
Parole violator
Planned value
PWD:
People with disabilities
PWE:
Principle wage earner
PWI:
Projects With Industry
PWP:
Preferred Worker Program
^
Q

QA:
Quality assurance
QA&R:
Quantitative analysis & research
QAT:
Quality Advisory Team, OIS
QBR:
Quarterly Business Review
QC:
Quality control
QD:
Quality Development, OIS
QI:
Quality improvement
QI1:
Qualified individual (Medicare Savings Program)
QM:
Quality management
QMB:
Qualified Medicare beneficiary
QMB-BAS:
Qualified Medicare beneficiary - basic. The basic QMB program
QMB-DW:
Qualified Medicare beneficiary - disabled worker
QMB-SMB:
Qualified Medicare beneficiary - special Medicare beneficiary
QMHA:
Qualified mental health associate
QMHP:
Qualified mental health professional
QMM:
Qualified Medicare and Medicaid beneficiary
QMS:
Quality Measurement System
QoS:
Quality of service
QRS:
Quarterly Reporting System
^
R

RA:
Remittance advice
Research analyst
Revenue agent
Risk assessment
R&A:
Research and analysis
RACF:
Resource access control facility
RACF ID:
Resource access control facility identification
RACI:
Role definition of who is responsible, accountable, consulted, informed
RAD:
Reactive Attachment Disorder
R&D:
Research and development
RAH:
Run authorized hold
RAM:
Responsibility assignment matrix
RAPP:
Reduce Adolescent Pregnancy Partnership, now HOPE
RBAC:
Role-based access control
RBRVS:
Resource-based relative value scale
RBS:
Resource breakdown structure
RBUC:

Received but unaccounted for
RCC:
Ratio of costs to charges
RCD:
Rehabilitation Counselor(s) for the Deaf
RCEP:
Rehabilitation Continuing Education Program (Now TACE Center)
RCF:
Residential care facility
RCP:
Reduced co-pay
RCSW:
Registered clinical social worker
RCWA:
Refugee Child Welfare Act
RCWAC:
Refugee Child Welfare Advisory Committee
RDBMS:
Relational Database Management System
RDF:
Resource description framework
RD-LAP:
Radio data-link access procedure
RDU:
Remaining duration
RE:
Regarding
Removed from a case
REC:
Recertification
REF:
Refugee assistance
REFM:
Refugee assistance medical
REFM-BAS:
Refugee Assistance Medical -- Basic
REOMB:
Recipient explanation of medical benefits
RF:
Remaining float
RFA:
Referral for application
RFI:
Request for interest
RFID:
Radio frequency identification
RFP:
Request for proposals
Request for purchase
RFQ:
Request for qualifications
Request for quotations
RH:
Reproductive Health Section
RHC:
Rural health center
RHSC:
Rural health center
RI:
Risk intervention
RIO:
Rehabilitation Institute of Oregon
RJE:
Remote job entry
RJSO:
Report on Juvenile Sex Offenders
RLA:
Regional Lead Agency
RMO:
Rehabilitation Institute of Oregon
RMS:
Random moment sample
RN:
Registered nurse
RO:
Regional office
ROI:
Return on investment
ROM:
Regional office manual
Rough order of magnitude
RP:
Refugee Program
RPCH:
Rural primary care hospital
RPI:
Rapid Process Improvement
RPO:
Recovery point objective
RPS:
Radiation Protection Services Section
RRB:
Railroad retirement benefits
RRCEP:
Regional Rehabilitation & Continuing Education Program (Now TACE Center)
RRP:
EPA Lead-Based Paint Renovation Repair and Painting Rule
RS:
Rehabilitation Services (OVRS field offices)
R&S:
Research and statistics

R/S:
Referral source
RSA:
Rehabilitation Service Administration
RSS:
Really simple syndication
R*STARS:
Relational Statewide Accounting and Reporting System
RS&VP:
Retired Senior & Volunteer Program
RTAT:
Restitution, treatment and training
RTF:
Residential training facility
RTO:
Recovery time objective
RVCOG:
Rogue Valley Council of Governments
RVU:
Relative value
RWJF:
Robert Wood Johnson Foundation
Rx:
Prescription
^
S

SA:
Sexual abuse
Service agreement
SAC:
Substitute or adoptive care medical coverage
SAW:
Seasonal Agricultural Workers
SACWIS:
Statewide Automated Child Welfare Information System
SAF:
Standard analytical files
SAFE:
Structured Analysis Family Evaluation
SAG:
Service agreement
SAIF:
State Accidental Insurance Fund
SAM:
State Accounting Manual
SAMHSA:
Substance Abuse Mental Health Services Administration, DHHS
SAN/NAS:
Storage area network/network attached storage
SAP:
Systems Applications and Products in Data Processing (software company)
SARGe:
SACWIS Assessment Review Guide
SARS:
Severe acute respiratory syndrome
Statewide Accounting Reporting Section, DAS
SAVE:
Systematic Alien Verification for Entitlement program, USCIS
SAVF:
Sexual assault victims funds
SAWSH:
Salvation Army White Shield Home
SB:
Senate Bill
SB 964:
Strengthening, Preserving and Reunifying Families
SBG:
Student block grant (day care program)
SBHC:
School-based health centers
SBHS:
School-based health service
SBP:
Severely/emotionally disturbed
Standard benefits plans
SBS:
Shaken baby syndrome
SC:
Shelter care
Substitute care
SCD:
Self-check digit
SCERT:
State Child Fatality Review Team
SCF:
Services to Children and Families, now CAF
SCHIP:
State Children’s Health Insurance Program, OHP
SCILS:
South Coast Independent Living Services, Brookings area CIL
SCPC:
South Coast Independent Living Services, Brookings area CIL

SCPC:
Substitute care placement committee
SCSEP:
Senior Community Service Employment Program
SDA:
Service delivery area
SDC:
Service data center
State data center
Summary data component of NCANDS
SDLC:
Systems development life cycle
SDSD:
Seniors and Disabled Services Division, now SPD
SDSRTF:
State delivered secure residential treatment facility
SDX:
State data exchange with SSA
SE:
Supported Employment
SEBB:
State Employees Benefit Board
SED:
Severely emotionally disturbed
Support Enforcement Division
Salary Eligibility Date
SEI:
Software Engineering Institute
SEIU:
Service Employees International Union
SEOG:
Supplemental educational opportunity grant
SES:
Supported employment services
SEU:
Separate economic unit
SFDNP:
Senior Farm Direct Nutrition Program
SFMA:
Statewide Financial Management Application
SFMS:
State Financial Management System
SFMU:
System used to add a case or record changes in service levels or client payment liability
SFPSS:
State Family Pre SSI/SSDI
SFR:
State financial reporting
State fiscal reporting
SFY:
State fiscal year
SGA:
Substantial gainful activity
SHA-1:
Secure hash algorithm- version 1.0
SHHH:
Self Help for Hard of Hearing (National group with local chapters)
SHIBA:
Senior Health Insurance Benefits Assistance program
SIDS:
Sudden infant death syndrome
SILC:
Oregon State Independent Living Council
SILS:
State Independent Living Services
SILSP:
Semi Independent Living Situation Program
SIP:
Supplemental income payment
SIR:
Special incident report
SIS:
State Immunization System
SIT:
Self-initiated training
SK:
Skilled (level of care)
SLA:
Service level agreement
SLF:
Specialized living facility
SLMB:
Specified low-income Medicare beneficiary
SME:
State medical examiner
Subject matter expert
SMIB:
Supplementary medical insurance benefit (SSA), Part B Medicare for physicians and other services
SMRF:
State Medicaid research files
SMS:
Short message service
SMUX:
A screen used access the child support master record

SNAC:
Special Needs Adoption Coalition
SNAP:
Supplemental Nutrition Assistance Program
SNB:
Strengths/needs-based
SNF:
Skilled nursing facility
SNP:
Special needs plan
SO:
Sexual offender
SOAP:
Simple object access protocol
Strategies of accountability plans
SOASTC:
Southern Oregon Adolescent Study and Treatment Center
SOC:
System of care
SOCP:
State-Operated Community Programs
SOIL:
Set-off individual liability
SOS:
Secretary of state
SOSCF:
State Office for Services to Children and Families (formerly CSD)
SOW:
Statement of work
SP:
Special payment
SPA:
State plan amendment
SPD:
DHS Seniors and People With Disabilities Division
SPI:
Schedule performance index
SPIL:
State Plan for Independent Living
SPL:
Special cash pay
SPMI:
Severe and persistent mental illness
SPMP:
Skilled professional medical position
SPOC:
Single point of contact
SPOTS:
Small Purchase Order Transactions System
SPR:
System performance review
SPRF:
Strengthening, Preserving and Reunifying Families (SB 964)
SPSS:
Statistical Package for the Social Sciences
SQL:
Structured query language
SQR:
A programming language specifically designed for SQL database
SRA:
Systematic risk assessment
SRC:
State Rehabilitation Council
Sensitive Review Committee
SRDC:
Supportive remedial daycare
SRF:
Salem rehabilitation facility
SRIYPT:
Student Retention initiative Youth Planning Team
SRS:
Social and rehabilitation services
SRT:
Subaru Review Team
SS:
Self-sufficiency
S&S:
Services and supplies
SSA:
Social Security Administration
Social services assistant
SSB:
Social Security benefits
SSBG:
Social Services Block Grant
SSD:
Senior Services Division, currently SDSD
Social Security Disability
SSDI:
Social Security disability insurance
SSI:
Strategic systems initiatives
Supplemental Security Income
SSID:
Service set identifier
SSIG:
State Student Incentive Grant
SSIS:

SQL server integration services
SSMP:
Self Sufficiency Modernization Project
SSN:
Social Security number
SSO:
Senior Services Office
SSP:
Self-sufficiency programs
Sheltered Services Program
SSS:
Social service specialist
SSSI:
State Service System improvement grant
SSTF:
Social Security Trust Fund
SSU:
Systems Support Unit
STARS:
Students Today Are Not Ready for Sex
STAT:
State Technical Assistance Team
STD:
Sexually transmitted disease
SubCare:
Substitute care
SuD:
System under discussion
SURS:
Surveillance and Utilization Review Subsystem (MMIS)
SV:
Schedule variance
SWOT:
Strengths-weaknesses-opportunities-threats analysis
SWUG:
Statewide users group
SY:
School year
Sybase:
A relational DBMS
SYSM:
Computer systems electronic mail
^
T

T&A:
Trust & agency
TACE:
Technical Assistance & Continuing Education
TA-DVS:
Temporary Assistance for Domestic Violence Survivors
TAG:
Talented and gifted person
Technical Assistance Guide
TALN:
Technology access for life needs grant
TAM:
Tivoli access manager
TANF:
Temporary Assistance to Needy Families
TANF-Basic:
TANF case with one or no adult
TANF-PLS:
TANF client eligible for JOBS Plus
TANF-UN:
TANF case where two parents are unemployed
TASC:
Temporary alternative to street crime
TATS:
Toxicology Assessment and Tracking Services
TB:
Tuberculosis
TBAC:
Task-based authorization controls
TBD:
To be determined
TBI:
Traumatic Brain Injury
TC:
Temporary custody
TCM:
Targeted case management
TDAP:
Telecommunications Device Access Program
TDD:
Telecommunications Device for the Deaf (see TTY)
TDM:
Team decision-making meeting (See FDM)
TEDS:
Technical encounter data service
TEFRA:
Tax Equity and Fiscal Responsibility Act
TEP:
Teen Emancipation Program
TERS:
Travel Expense Reimbursement System

TF:
Total funds
TFC:
Treatment foster care
TH/TOH:
Threat of harm
TI:
Transformation Initiative
TIM:
DHS Tivoli identity manager
Title IV-A:
TANF
Title IV-D:
Child support enforcement
Title XIX:
Title XIX of the Social Security Act: Grants to states for medical assistance programs
TJTC:
Targeted job tax credit
TLA:
Third letter acronym
TOC:
Theory of constraints
TOCS:
Toxicology Consulting Services
TOS:
Type-of-service codes
TPL:
Third party liability
TPEP:
Tobacco Prevention and Education Program
TPP/SHP:
Teen Pregnancy Prevention and Sexual Health Partnership
TPQY:
Access through BEIN or WQY1, SSN. Request updated information from SSA
TPR:
Termination of parental rights
Third party recovery
Third party resource
TRACS:
Transition, Referral and Client Self-Sufficiency System (TANF)
TRIPS:
Travel Reimbursement Information Processing System
TrOOP:
True out-of-pocket costs
TQM:
Total quality management
T&S:
Technology & strategy, OIS
TSA:
Tax-sheltered annuity
TSO:
Telephone service order
Time-sharing option
TTW:
Ticket to Work
TTY:
Teletype
TUA:
Telephone utility allowance
TWE:
Trial Work Evaluation
TWWIIA:
Ticket to Work & Work Incentives Improvement Act
Tx:
Treatment
^
U

UA:
Urine analysis
UB:
Uniform bill
UC:
Unemployment compensation
UCMS:
CMS case update screen
UDDI:
Universal description, discovery and integration
UF:
Unknown father or absent father
UHDDS:
Uniform hospital discharge data set
UI:
Unemployment insurance
User interface
UIFSA:
Uniform Interstate Family Support Act
UI-Plus:
Client eligible for job opportunities for basic skills plus based on unemployment insurance
UNK:
Unknown
UPIN:
Unique physician identification number
UPS:
Uninterruptible power supply

UR:
Utilization review
URA:
Un-reimbursed Assistance
URD:
No longer in use; see OVRS
URI:
Uniform resource identifier
USCIS:
U.S. Citizenship and Immigration Services, Department of Homeland Security
USDA:
U.S. Department of Agriculture
UTL:
Unable to locate
UVDN:
Umpqua Valley Disabilities Network
^
V

VA:
U.S. Department of Veterans Affairs
VAC:
Variance at completion
VAH:
Veterans Administration Hospital
VCIS:
Voluntary Cooperative Information System
VCO:
Violation of court order
VCON:
Video Conference
VFC:
Immunization and Vaccines for Children
VISTA:
Veterans In Service To America
VOA:
Volunteers of America
VOAD:
Volunteer Organizations Active in Disaster
VOCA:
Victims of Crime Act
VP:
Volunteer program
Videophone
VPN:
Virtual private network
VR:
Vocational rehabilitation
VRC:
Vocational rehabilitation Counselor
VRD:
See OVRS
VRI:
Video Remote Interpreting
VRS:
Video Relay Service
VS:
Volunteer services
VSAM:
Virtual storage access method
VSP:
Volunteer service program
V2:
Refugee program
V&V:
Validation and verification
^
W

WAGE:
Screen that displays the Employment Department wage records
WAN:
Wide Area Network
WAR Report:
Attendance reporting system (monthly payroll report)
WAW:
Welfare assistance worker
WBS:
Work breakdown structure
WC:
Workers compensation
WCD:
Workers compensation
WCDMA:
Worker's Compensation Division
WEP:
Wired equivalent privacy
WH:
Women's Health
WI:
Workload increase
WIA:
Workforce Investment Act
WIB:
Workforce Investment Board
WIC:
Special Supplemental Nutrition Program for Women, Infants, and Children, USDA
WIIA:
Workforce Investment Improvement Act
WIN:

Workforce Investment Network
WiMAX:
Worldwide interoperability of broadband wireless products
WiMedia:
Media high data rate wireless multimedia networking applications
WIN:
Work Incentive Network
WK:
Worker
WLAN:
Wireless local area network
W&M:
Ways & Means Committee of the Legislature
WMAN:
Wireless metropolitan area network
WNV:
West Nile virus
W/O:
Without
WOU:
Western Oregon University
WP:
WordPerfect
Word processing
WPA:
Wi-Fi protected access
WRAW:
Work Readiness Alternatives Workshop
WRH:
Women's and Reproductive Health Program
WW:
WiseWoman
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X

XBase:
A term for languages derived from the dBASE III+ language
XForms:
An XML application that represents the next generation of forms for the Web
XHTML:
Extensible hypertext markup language
XIX:
Title XIX
XLink:
Specification for links between documents
XMH:
Extended mental health benefits
XML:
Extensible markup language
XOVR:
Crossover claim
XPath:
Language for addressing parts of an XML document
XPointer:
Language for addressing into the internal structures of XML documents
XQuery:
XML query language
XSL:
Extensible style sheet language
XSL-FO:
Extensible style sheet language — formatting objects
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Y

YCAP:
Yamhill County Action Program
YCC:
Youth coordinating council
YCCDP:
Yamhill County Chemical Dependency Program
YCIRT:
Youth/community intensive residential treatment
YLF:
Youth Leadership Forum
YS:
Youth Services
YST:
Youth services team
YTD:
Year-to-date
YTP:
Youth Transition Program