2021–23

Governor’s Budget

Section 3

DHS | Oregon Department of Human Services

Oregon Department of Human Services
2021-23 Governor's Budget
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2021-23 ODHS — Governor's Budget (POPs)

POP #	All Program Areas	Policy Package Title	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE	Updated for GB? Y/N/NA	# of DFs this would clear
103	APD	**OPI Expansion**	OPI Expansion	This policy package would create a stable and sustainable program to assist consumers who need a lighter amount of supports through an expanded Oregon Project Independence (OPI) program, with the goal of helping these consumers remain independent while delaying or avoiding entry into the Medicaid long term services and supports system.	$ -	$ -	$ 34,805,145	$ 34,805,145			Y	-
105	CTL - HR	**Human Resources Staffing Policy Option Proposal**	HR Staffing Policy Option Proposal	The Office of Human Resources provides a broad range of workforce management services to support the operation of all ODHS programs serving to 1.5 million vulnerable Oregonians. The size and complexity (approximately 10,000 employees, nearly 1/3 of state government) requires multiple specialized divisions within the Office of Human Resources to ensure that all ODHS program areas can recruit, select, retain and appropriately manage their human resources. The Office of Human Resources provides the following services to ODHS: Training and Legal Compliance: The Office of Human Resources establishes, maintains and provides crucial workforce trainings regarding Harassment Free Workplace, Violence Free Workplace, Respectful Workplace, Human Resources Essentials, Workday Support, Interviewing, Selection and Hiring, and other human resource topics. The Office of Human Resources collaborates with multiple labor unions, with other State Agencies- DAS, DAS-Risk, BOLI, ERB, DOJ Labor & Employment, Trial and Appellate Divisions to assess and mitigate risk for the Agency. The Office of Human Resources administers State and Federal Leave Laws (FMLA, OFLA, Extended FMLA), the American with Disabilities Act, State and Federal Labor Laws as defined by the Equal Employment Opportunities Commission (EEOC) and the Oregon Bureau of Labor and Industries (BOLI). Workforce Management: The Office of Human Resources manages approximately 300-350 workforce management issues which includes conducting investigations, drafting non-disciplinary and disciplinary documents, investigating and responding to union grievances, managing TORT responses, and lawsuits against the organization. Program Staffing: Annually ODHS also has approximately a 14% turnover rate. The Office of Human Resources opens more than 2,000 job recruitments, receives over 120,000 applications and assesses applications to identify top candidates to hiring managers. HR works closely with managers to develop their recruitment and selection strategies and management's ongoing performance management and supervision priorities. Classification & Compensation: DHS completes 3,500 Pay Equity Assessments, approximately 300 position allocation reviews and classification studies. DHS processes over 1,000 Pay Differential Requests annually. Human Resources supports	$ 10,992,974	$ -	$ -	$ 10,992,974	40	39.50	N	25
107	CTL - OEMS	**Diversity, Equity and Inclusion**	Diversity, Equity and Inclusion	As Oregon's demographics continue to change (i.e. one in four school children are foreign born) and the state becomes a more culturally and linguistically diverse place, services and staffing need to become more representative of those communities who now call Oregon home. ODHS has an opportunity to engage in transformative work to eliminate long standing inequities and realize its mission of becoming a more equitable organization. Some of these disparities include a disproportionate number of African American and Native American children in the foster care system; Disproportionate under-representation of employees of color and those with disabilities at all levels of the organization; A workforce which is not linguistically nor culturally agile and an absence of structures and systems which can ensure service equity for all the clients we serve. Disparities shown in ODHS's data reflect systemic racism, historical injustice, and the inequitable distribution of power and resources in Oregon communities. ODHS has a responsibility to continue improving the state's responsiveness to communities of color and, by engaging and understanding need, to lead the creation of a clear plan of action that addresses the root causes of disparities. We acknowledge that this conversation and a plan of action should have occurred sooner, and that we have not done enough to address Black, African American, African immigrant, African Refugee, and LatinX communities' health inequities and disparities thus far. These legacy inequities are compounded by an historic undervaluing and underinvestment in equity efforts across ODHS programs and services. As a result, ODHS is unable to meaningfully address the systemic inequities built into its systems and programs. This creates risk for the children and families we serve and legal exposure for the agency. Currently the Office of Equity and Multicultural Services has a team of seven staff to serve 9,400 ODHS staff and ensure equitable services for well over one million clients.	$ 4,376,753	$ 18,371	$ 1,203,434	$ 5,598,558	7	6.16	n/a	0
111	CW	**Increase Child Welfare Training Capacity**	Increase Child Welfare Training Capacity	Increase Child Welfare Internal Training and Workforce Development Capacity in accordance with recommendations made by Alvarez & Marsal under Executive Order 19-03. Recommendations included increased staff and resources to provide improved in-field supports, transfer of learning, advanced supervisor training, and accountability for training and workforce development. Capacity would take the form of additional positions and fiscal resources necessary to enhance instructional design, training delivery, quality assurance, data analysis, and performance evaluation of our workforce as they navigate their respective training paths. In addition, a comprehensive framework will be developed to inform clear paths to proficiency, competency, equity and expertise through formal instruction, field training, ongoing professional development, and promotional opportunities. These combined efforts will increase retention and the skills of our workforce and ultimately improve outcomes for children and families.	$ 992,940	$ -	$ 2,978,570	$ 3,971,510	19	16.72	n/a	0

2021-23 ODHS — Governor's Budget (POPs)

POP #	All Program Areas	Policy Package Title	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE	Updated for GB? Y/N/NA	# of DFs this would clear
114	CW	**Family Preservation and Preservation Services**	Family Preservation and Preservation Servs	Families that are at high risk or with specific needs can be supported with in-home services and interventions and/or connected to Community based resources to support the family without a higher level of Child Welfare intervention. As part of federal requirements for child welfare as a requirement as part of the federal Family First Prevention Services Act and prevention plan requirements, Child Welfare must develop a Continuous Quality Improvement program to ensure effective and quality services are provided.	$ 4,607,137	$ -	$ 1,535,672	$ 6,142,809	29	25.52	n/a	0
115	CW	**Governor's Child Foster Care Advisory Commission**	Governor's Child Foster Care Adv Commission	This policy options proposal accompanies a legislative concept that is effectively a re-introduction of HB 2332 – A of 2019. HB2332 – A of increased the membership of the commission from 11 to 13 makes modifications to appointments and membership requirements. Appropriates money to the commission for compensation and expense reimbursement of members. As well as directs the Oregon Department of Human Services (ODHS) to provide staff and support including a full-time equivalent policy analyst.	$ 166,400	$ -	$ 55,466	$ 221,866	1	0.88	n/a	0
116	CW	**Respite Care Program** **Foster Family Recruit Team**	Respite Care Prog Foster Family Recruit Team	Oregon does not currently have a formalized respite care program. Respite care is short-term childcare services that offer temporary relief, improves family stability, and has been shown to reduce the risk of abuse or neglect. This Policy Option Package is derived from the recommendation from the assessment conducted by the consulting firm Alvarez & Marsal. Respite care provides foster parents with short-term child caring services that offers temporary relief, improves family stability, and reduces the risk of abuse or neglect. Respite can be planned on an ongoing basis or offered during emergencies or times of crisis. This Policy Option Package seeks a multifaceted approach to solve a longstanding problem by providing respite services to foster parents. One approach would create a formalized, consistent, structured statewide respite program. This program would bolster foster family supports for those with limited resources, increase retention of foster families and increase placement stability. The other approach will provide emergency/crisis respite to ODHS certified families and Tribal Certified families with children in their homes in the custody of ODHS by overlaying the Behavioral Rehabilitative Services (BRS) infrastructure. This respite plan relies on the BRS infrastructure, primarily the Proctor Care system, to diversify their placement services by adding respite supports. Current BRS rules note that Proctor homes can serve 1 or 2 youth whom are not BRS clients, depending on the adult to child ratios natural to the home.	$ 19,443,093	$ -	$ 1,165,112	$ 20,608,205	1	0.88	n/a	0
118	CW	**CW Stabilization**	CW Stabilization	The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare Division have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 59 positions (51.92 FTE) throughout various Child Welfare units as well as some Central office units that are critical to Child Welfare's stability.	$ 15,859,656	$ 1,007,800	$ 9,473,622	$ 26,341,078	99	87.12	Y	95
119	IDD	**Implementation of the New Rate Models**	Implementation of the New Rate Models	This POP request funds to cover the cost of transition to the new rate models for provider agencies delivering specific services. This funding will cover transition from the old rate model based on old assessment instrument to the use of new Oregon Need Assessment (ONA) and new rate model.	$ 34,414,903	$ -	$ 66,874,523	$ 101,289,426			Y	
125	SHS - OPAR	**Estate Administration Unit (EAU) Business Process Change/Program Integrity**	EAU Business Process Change/Prog Integrity	The primary objective of the policy package is to increase estate recovery efforts for reinvestment in ODHS programs and to improve integrity to ODHS programs through increased communication, recovery, productivity, accuracy and efficiency. Additional revenue for ODHS will be provided to the Adults and People with Disabilities (APD) Programs. The Estate Administration Unit has a body of work (Surviving Spouse & Pending cases) that we currently are not actively working due to the lack of resources. With a new business process change in July 2019, we are required to notify and process any new Surviving spouse and Pending cases timely moving forward. Additionally, there are 15,000-25,000 cases that are not being worked timely and notifications are not being sent to the consumer in a timely manner. These cases have historically been a lower priority due to resource limits. However, with the change in business practice and additional staffing, we would like to work these cases as part of our normal operations. With the large number of cases sitting untouched, we are losing revenue. To be able to work the cases and sustain the ongoing new business process change with reviewing Surviving Spouse and Pending cases, we would like to add: (2) Compliance Specialist 2s (CS2s) (1) Administrative Specialist (AS1) (1) Compliance Specialist 3 (CS3). With the additional staff, and the work they will be producing, the expected result would be a minimum of $14,000,000 in additional recovery dollars each biennium.	$ -	$ 1,392,101	$ -	$ 1,392,101	4	3.52	Y	0

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130	SSP	**Survivor Investment Partnership**	Survivor Investment Partnership	In partnership with the Governor's Office, ODHS Self-Sufficiency is proposing the Survivor Investment Partnership (SIP) Program to increase accessibility of advocacy services and meaningful financial support to survivors of domestic violence and sexual assault including Tribal members, individuals without children, and vulnerable populations. Domestic violence is prevalent nationally and in Oregon. Domestic Violence is disproportionally prevalent in vulnerable populations: •Prevalence rates for Tribal members experiencing domestic violence is at 44% nationally. •In Federal Fiscal Year 2018, 21.5% of children in Child Welfare that were victims of Child Abuse were children of color. Survivors of domestic violence and sexual assault need access to culturally responsive advocacy services and meaningful financial support. There are high rates of domestic and sexual violence in Oregon and services to support survivors are underfunded. There are current gaps in services, where culturally specific services are not available across the state, there is a need for additional services in Tribal Communities, and survivors of domestic violence and sexual assault (DVSA) need access to funding that both supports underserved and vulnerable populations and that is accessible and meaningful. Maintaining the current funding structure has already proven ineffective and left survivors without adequate financial support to address their safety needs, such as finding safe and stable housing or gaining access to culturally responsive DVSA services. The current structure is not culturally responsive across the state and does not include the valuable partnerships with Oregon Tribes and Culturally Specific DVSA providers. ODHS clients, DVSA survivors will continue to face safety challenges that present a barrier to creating self-sufficiency without access to meaningful advocacy resources coupled with financial support. Furthermore, DVSA survivors that are disproportionately affected will be affected at an even higher risk.	$ 10,000,000	$ -	$ -	$ 10,000,000	3	2.64	n/a	0
131	VR	**Social Security Cost Reimbursement**	Social Security Cost Reimbursement	Currently Vocational Rehabilitation (VR) is not fully capturing all of the available Social Security reimbursement available to its consumers who received Social Security Insurance (SSI) and/or Social Security Disability Insurance (SSDI) benefits and who become employed as a consequence of VR services. Historically these revenues have approached $10M per biennium. Proposed changes in the Ticket to Work program would create a revenue stream to fund ongoing supports for individuals with the most severe disabilities.	$ -	$ -	$ 170,746	$ 170,746	1	1.00	Y	0
206	CTL - IE	**IE Supporting the Post-Implementation Sys**	Integrated Eligibility	This POP requests resources and funding to provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called ONE that integrates eligibility determination for Non-MAGI Medicaid, Sup+P2plemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. This system represents an essential lifeline to vulnerable Oregonians in need. The IE program is an umbrella under which multiple inter-dependent yet disparate bodies of work fall. o The core system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period to resolve defects, add minor enhancements and help staff adjust to the new system. o Major enhancements to the system will be needed to add functionality that was not included in the original system requirements. These include functionality such as: o Mandated changes for Asset Verification Services o Updates to Medicare information o Mandated and/or required reports for all programs o Additional federal reporting or federal changes that have been passed nationally regarding the SNAP program o Increased functionality for operational efficiency to ensure Oregonians receive the services they need in the most efficient method possible o User Acceptance Tools need to be upgraded to support further enhancements. For example, Team Foundation Server must be upgraded to the latest version (Azure DevOps Server) before it reaches end-of-life. All UAT activities are currently supported by the State and are not provided by Deloitte. o The Eligibility Transformation team which provides trainers, subject matter experts and leadership will need to continue to provide support services into the 2021-23 biennium.	$ 37,118,353	$ -	$ 32,558,094	$ 69,676,447	24	24.00	Y	0

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207	APD	**Maintenance & Operations of Provider Time Capture**	Provider Time Capture M&O	The Department of Human Services (DHS) and Oregon Health Authority (OHA) in-home care programs need a system that will increase program integrity and comply with the federal 21st Century CURES Act for Electronic Visit Verification (EVV) System and the U.S. Department of Labor Fair Labor Standards Act (FLSA). This would be done with the implementation of a time, attendance and payment system for the program's Home Care Workers and Personal Support Workers (HCW/PSW). The drivers for this work include a need for: 1.Improved timeliness and accuracy of data 2.Improved compliance with federal, state, and bargaining requirements 3.Increased efficiency and internal controls 4.Decreased duplication of efforts across agencies 5.HCW/PSW to accurately and timely report services provided across programs 6.Decrease dependency on outdated legacy systems This POP requests General Fund to implement ongoing maintenance and enhancements that build upon a base system implemented in the 2021-23 biennium that would result in an integrated solution that meets the 21st Century Cures Act criteria and helps protect vulnerable Oregonians. Not funding this POP would limit Oregon's ability support the system.	$ 1,814,048	$ -	$ 1,000,000	$ 2,814,048	-	-	Y	
070	CW	**Revenue Shortfall Excess Limitation**	Revenue Shortfall		$ -	$ (6,531,059)	$ (17,065,610)	$ (23,596,669)	-	-	n/a	
070	SSP	**Remove Empty Limitation AY23**	Revenue Shortfall		$ -	$ -	$ (4,134,268)	$ (4,134,268)	-	-	n/a	
070	Central	**Revenue Shortfall due to Block Grants**	Revenue Shortfall		$ -	$ -	$ (651,505)	$ (651,505)	-	-	n/a	
084	CW	**FOCUS Out of State Rate Change**	June 2020 Special Session rollup		$ 555,666	$ -	$ -	$ 555,666	-	-	n/a	
084	SAEC/Shared	**SB 1605**	June 2020 Special Session rollup		$ 243,888	$ 215,123	$ -	$ 459,011	1	1.00	n/a	
				Total ODHS POPs	**$ 140,585,811**	**$ (3,897,664)**	**$ 129,969,001**	**$ 266,657,148**	**229**	**208.94**		

Oregon Department of Human Services
2021-23 Policy Option Package

Division:	The Office of Aging and People with Disabilities
Program:	Long Term Services and Supports
Policy package title:	Oregon Project Independence (OPI) Expansion
Policy package number:	POP 103
Related legislation:	N/A

Summary statement:

This policy package would create a stable and sustainable program to assist consumers who need a lighter amount of supports through an expanded Oregon Project Independence (OPI) program, with the goal of helping these consumers remain independent while delaying or avoiding entry into the full Medicaid long term services and supports system.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$0**	**$0**	**$ 34,805,145**	**$ 34,805,145**	**0**	**0.00**

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

While Oregon serves thousands of older adults and people with disabilities in its Medicaid long term services and supports program, there are fewer supports for consumers who need assistance with activities of daily living who

are not accessing Medicaid services. The proportion of Oregonians needing supports for activities of daily living will grow over the next 25 years. This policy package would create a stable and sustainable program to assist consumers who need a lighter amount of supports through an expanded Oregon Project Independence (OPI) program. APD proposes to obtain federal matching funds for these programs through an 1115 Medicaid Demonstration project with the federal Centers for Medicare and Medicaid Services (CMS).

2. What would this policy package buy and how and when would it be implemented?

This policy package would enable the department to draw federal funds to expand the current OPI program to serve more consumers. Program elements include:

Eligibility:

- Adults, aged 18 or over;
- Assessed as meeting Service Priority Level 1 through 18;
- Have income no greater than 400 percent of Federal Poverty Level,
- Have assets no greater than the average cost of six months in a nursing facility;
- Reside in their own home or their family's home; and
- Do not receive Medicaid.

Estate Recovery:

- These OPI benefits are not subject to estate recovery.

Services:
The service package would reflect the current services offered in statute and rule for OPI, including case management, in home support and personal care services, adult day services, home delivered meals, assisted transportation, assistive technology, and other supports.

Additionally, approximately $5 million of OPI's current budget would be kept in its current form. The intent of this program would be as "Maintenance of Effort" funding with which to draw down federal Older Americans Act funds, and the program would serve individuals who might otherwise be ineligible (based on income, immigration status, or other criteria) from receiving services funded by federal Medicaid dollars.

Once the department obtains federal approval of matching funds for this policy package, this program will be administered locally with the Office of Aging and People with Disabilities and the Area Agencies on Aging (AAAs). APD and Type B AAAs determine financial and service eligibility while ongoing case management would be provided by the local AAAs.

3. **How does this policy package further ODHS's mission and align with its strategic plan?**This policy package aligns with the statutory mission for the Office of Aging and People with Disabilities in Oregon Revised Statutes, Chapter 410: that older adults and people with disabilities live with independence, choice, and dignity. Additionally, this policy package is aligned with:
    - The Governor's policy priority of Healthy and Safe Communities: older adults and people with disabilities can live independently and with dignity, and where consumers have opportunities to overcome hardship and live their lives as they choose.
    - The Office of Aging and People with Disabilities' Strategic Plan: this policy package is guided by two strategic goals of the Plan: Well-being (older adults and people with disabilities feel safe and

experience their best quality of life) and Accessibility (Oregonians can readily and consistently access services and supports to meet their needs).

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Quantifying results

5. How will ODHS measure the success of this policy package?

ODHS will measure the success of this policy package through internal and federal reporting that demonstrates consumers delaying or avoiding entry into full Medicaid services. Measures include:

- Analysis of the cost per case of consumers in the expanded OPI;
- Comparison of Medicaid caseload projections to actual Medicaid utilization after this program is implemented;
- Consumer satisfaction with the quality, timeliness, and individualized services received in the program; and
- The slower growth of cost and utilization of full Medicaid long term services over the period of this program.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

The policy package is tied to the following KPMs:

- KPM #10: The need for LTC services; and

- More indirectly, KPM #11: LTC recipients living outside of nursing facilities. This KPM is listed as an indirect tie under the assumption that for those consumers utilizing OPI services who may enter the Medicaid system, it would be highly likely that they would enter the system by getting services in their own home or in a community setting, and less likely in a nursing facility.

7. What are the long-term desired outcomes?

The long-term desired outcomes include:

- More older adults and people with disabilities having access to a limited package of services to maintain independence;
- Lower than projected growth of the utilization of Medicaid long term services and supports;
- Higher satisfaction with person-centered supports and services;
- More accessible and responsive services for historically underrepresented communities; and
- Overall lower than projected costs for the entire services and supports system for older adults and people with disabilities, as demand for these services will increase over the next 25 years.

8. What would be the adverse effects of not funding this policy package?

The adverse effects of not funding this policy package include:

- More consumers not getting light, preventative and limited services;
- Consumers accessing Medicaid at a point when they have the highest level of need;
- A higher number of consumers accessing Medicaid; and
- With a higher number of consumers and a higher than anticipated cost per case for services, a less sustainable system to serve the growing number of older adults and people with disabilities needing services over the next 25 years.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

In 1975, Oregon implemented OPI to assist older adults age 60 and older, as well as individuals with dementia, with in-home services and case management so that these individuals would remain in their homes and avoid entering the higher levels of care or more expensive Medicaid services. Since this time, OPI has been limited in its ability to meet demand because of limited state funds and ongoing funding instability because it is vulnerable to budget reductions.

10. What alternatives were considered and what were the reasons for rejecting them?

The alternative to this policy package is to maintain the current level and system of services. Maintaining the existing service level is inadequate to meet current needs (there are wait lists for OPI, for example), and the existing funding structure is highly vulnerable to budget cuts in the absence of federal matching funds. Further, without this policy package, Oregon will face much greater challenges in supporting older adults and people with disabilities over the next 25 years, and these consumers will be at risk of not receiving services until their need for support is at its highest level.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No. This policy package anticipates that the original OPI program will continue under its existing statute, with a level of funding sufficient to draw federal funds for Older Americans Act programs and to serve individuals otherwise not eligible for programs with federal matching funds.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

ODHS will work with the Oregon Health Authority to obtain federal approval through CMS for matching funds for this program. Before Oregon applies for this federal match and throughout the 1115 Demonstration Waiver approval process, ODHS will engage with its tribal partners on how this program and services can serve tribal members across the state of Oregon. ODHS will work with and co-administer the programs with the local AAAs.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

There is an advisory committee working with ODHS and OHA on the proposal for the 1115 Demonstration Waiver to CMS. Advisory committee members include AAAs, providers, advocacy organizations for older adults and people with disabilities, and members of state commissions and local advisory committees for older adults and people with disabilities.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

This policy package helps populations impacted by inequities and disproportionalities. Communities of color, immigrant communities, and other historically underrepresented groups disproportionately access services in their own homes and with family caregivers in comparison to other demographic groups of older adults and people with disabilities. This policy package offers expanded access to services for individuals in their own homes; it would be an expansion of services that can be culturally responsive to the services that historically underrepresented groups are accessing, and perhaps increase accessibility to these services within these communities.

Staffing and fiscal impact

Implementation date(s): OPI – 1/1/2022

End date (if applicable): N/A

15. What assumptions affect the pricing of this policy package?

This policy packages assumes that there will be approximately 2,250 more consumers accessing OPI.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

Yes, there will be new responsibilities to administer the work, and new workload for ODHS eligibility staff to determine financial and service eligibility for the program. There will be new responsibilities of case management for ODHS's AAA partners, and these responsibilities are priced into the policy package for the staffing cost.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

Yes, there will be responsibilities that include system changes to implement the new program and benefit, new costs associated with hiring new staff (HR, facilities, IT supports, etc.), and these are accounted for in the pricing of the policy package.

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

Not for existing programs. The estimates for caseloads in the new programs are provided in number 15, above.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

N/A

20. What are the start-up and one-time costs?

N/A

21. What are the ongoing costs?

The ongoing costs include maintenance of current service level.

22. What are the potential savings?

In order to apply for an 1115 Medicaid Demonstration Waiver, the state needs to show that its proposed program will save federal and state Medicaid dollars over a period of three to five years. This policy package assumes that by offering a lighter and limited package of services to individuals with some need for assistance, these individuals will avoid or delay entry into the Medicaid system. If the Demonstration is successful in its results, the cost of the policy package will be much less than the costs that the Medicaid program would bear in absence of these programs.

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

The sources of funding or General Fund and Federal Funds, and the funding split for each one is shown in the table below:

Oregon Department of Human Services
2021-23 Policy Option Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0
Services & Supplies	$0		$0	$0		
Capital Outlay						
Special Payments	$0		$34,805,145	$34,805,145		
Other						
Total	**$0**	**$0**	**$**34,805,145	**$**34,805,145	**0**	**0**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	**$0**				**$0**
Other Funds	**$0**				**$0**
Federal Funds	**$**34,805,145				**$**34,805,145
Total Funds	**$**34,805,145				**$**34,805,145
Positions	**0**				**0**
FTE	**0.00**				**0.00**

Oregon Department of Human Services
2021-23 Policy Option Package

Division: Shared/Central Services
Program: Human Resources
Policy package title: Human Resources Staffing Stabilization
Policy package number: POP 105
Related legislation: N/A

Summary statement:

The purpose of this request is to create permanent positions for current staff working within the ODHS HR Department in unfunded positions. As ODHS is the largest state agency providing critical services to 1.5 million vulnerable Oregonians, ODHS Programs must be able to recruit, select, retain and appropriately manage their human resources.

If this POP is not approved, ODHS will be at significant risk for employment litigation, lack of staffing resources for ODHS Programs and impacted services for Oregon's most vulnerable citizens.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$ 10,992,974**	**$0**	**$0**	**$10,992,974**	**40**	**39.50**

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

- The ODHS Office of Human Resources is only budgeted at about 50% of the level necessary to meet the minimum service requirements of the Agency. The use of double-fills, job rotations and temporary employees have been used to provide necessary human resource management support to critical ODHS programs including Child Welfare, Self-Sufficiency Program, Adults and Persons with Disabilities, Vocational Rehabilitation and Individuals with Developmental Disabilities.
- HR industry standards generally support a ratio of one HR staff per 100 employees. (1:100). Currently, ODHS HR, with its double-fills and job rotations is understaffed at a level of one HR staff member to 122 employees (1:122). The permanently budgeted resources of ODHS HR only provide for one HR position for every 182 employees (1:182). Clearly this is not acceptable.
- this policy option package is a request for 43 FTE.

2. What would this policy package buy and how and when would it be implemented?

- The FTE provided in this policy package would allow ODHS Human Resources to stabilize their Human Resources department to continue to provide services to ODHS programs who serve 1.5 vulnerable Oregonians. The cost of this package is $10,992,322.

3. How does this policy package further ODHS's mission and align with its strategic plan?

This policy option package is essential for ODHS and will ensure stability within the agency and aligns with the ODHS mission to continue to support the following:

- Support Governor Brown's policy priority on Healthy and Safe Communities are directly supported by the services the Office of Human Resources provides to staff who work with Oregon's most vulnerable populations. Specifically, when the clients we support can live independently and with dignity, have access to health care and the opportunity to overcome hardship.
- Supports Governor Brown's Office of Diversity, Equity and Inclusion /Affirmative Action by promoting the need and creating the opportunity for ODHS to have a workforce that mirrors the communities they live in and that employee retention is improved.
- Supports the ODHS Strategic Plan by providing the infrastructure for managers to hire, train and retain a diverse and qualified workforce. They are also fundamental elements related to HR in RiSE and other ODHS initiatives.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

While this policy option package is not being requested because of a SoS audit, the resources requested will help ensure ODHS is able to adequately investigate, resolve and help prevent employment discrimination, harassment and whistleblowing retaliation complaints throughout the agency. These issues were examined in SoS statewide performance audit https://sos.oregon.gov/audits/Documents/2020-34.pdf.

Quantifying results

5. How will ODHS measure the success of this policy package?

- HR will focus on the outcomes of performance measures outlined in question #6 on a quarterly basis.

- ODHS will have a diverse workforce, that is hired in an expedient manner, onboarded appropriately and is retained in the agency.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

- ODHS Office of Human Resources has a strategic plan to meet the Agency's operational and program priorities. ODHS HR's priorities this biennium includes:
    - Improving operational efficiency and effectiveness of recruitment, hiring and onboarding processes.
    - Design a performance management system that includes feedback, mentoring and coaching system to maximize retention and improve employee performance.
    - Develop meaningful workforce analytics to inform and support operational priorities across the agency and also evaluates HR services.
- ODHS Performance metrics to report the percentage of ODHS employees who: (1) identified in a "Minority Class", and (2) identified as "Disabled".
- ODHS Performance metrics to report the percentage of employees that left ODHS (voluntary or involuntary).
- ODHS Performance metrics to report the percentage of ODHS employees who promoted within ODHS: (1) identified in a minority class and (2) identified as "Disabled".
- Each of these measures' ties to ODHS's key goals as the ODHS workforce is responsible to perform their jobs to protect Oregon's most vulnerable populations.

7. What are the long-term desired outcomes?

- Stabilization of Human Resources services and staff to serve the agency programs
- ODHS relies on the Office of Human Resources to recruit, hire, train, and effectively manage workforce management issues.
- Effectively addresses employment litigation and labor disputes resulting from program operations.

8. What would be the adverse effects of not funding this policy package?

- The ODHS Office of Human Resources has a critical role to provide multi-faceted services and support to vital agency programs. This POP will allow ODHS to have a minimally staffed Human Resources Office to support ODHS Programs. Each of these positions are vital. Without these positions the agency is exposed to significant enterprise risk and compromises the Agency's ability to deliver critical program services to Oregonians. Without these services ODHS Program areas will be unable to recruit, retain and adequately manage its workforce

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

- The ODHS Office of Human Resources has relied on job rotations, temporary employees and double-filling positions to meet the significant workload of an agency of 9,200 employees.

10. What alternatives were considered and what were the reasons for rejecting them?

- The alternative to this package is a larger package which would increase positions requests by 20%. This proposal meets minimum operating requirements for an agency.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

None

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Without approval, other state, tribal and/or local government agencies will be impacted as ODHS HR will be unable to provide critical services, due to lack of staff, slowed recruitments, employment litigation and other service issues where program will be unable to partner and assist in providing services to Oregon's most vulnerable citizens.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

The office of Equity and Multi-Cultural Services collaborates with ODHS Human Resources through technical assistance and planning.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

The ODHS Office of Human Resources assists agency staff and programs addressing disproportionalities through:

- HR Classification and Compensation Unit establishes and maintain equitable compensation practices in accordance with Oregon law.

- HR Recruitment Unit facilitates and ensures equitable and non-discriminatory hiring practices throughout the agency.
- HR Labor and Employment unit supports managers to provide a non-discriminatory work environment and investigates cases of harassment and discrimination.
- HR Family and Medical Leave Unit ensures employees are provided legally entitled protected leave.

Staffing and fiscal impact

Implementation date(s): July 1, 2021

End date (if applicable): Ongoing

15. What assumptions affect the pricing of this policy package?

The majority of these positions are currently on staff and have necessary equipment, supplies and facilities to perform their duties.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

This policy option package will provide the continuation of the current service level of human resources services to ODHS Programs.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

The requested FTE already have equipment, supplies and facilities- there is no additional impact to Shared Services.

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

No direct impact

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

1 FTE	PEM H	HR Director	24 months	Permanent
1 FTE	PEM E	Recruitment/Comp. Mgr	24 months	Permanent
2 FTE	PEM D	Assistant HR Manager	24 months	Permanent
1 FTE	OPA3	Data & Policy Analyst	24 months	Permanent
1 FTE	OPA3	Onboarding Analyst	24 months	Permanent
1 FTE	OPA1	Workday Analyst	24 months	Permanent
1 FTE	TDS2	Workday Trainer	24 months	Permanent
1 FTE	AS1	Workday Administration	24 months	Permanent
9 FTE	HRA3	HR Business Partner	24 months	Permanent
1 FTE	HRA3	ADA Coordinator	24 months	Permanent
2 FTE	HRA3	HR Executive Recruiter	24 months	Permanent
9 FTE	HRA2	Recruiter	24 months	Permanent
1 FTE	HRA2	ADA Analyst	24 months	Permanent
2 FTE	HRA2	Class/Comp Analyst	24 months	Permanent
5 FTE	HRA1	Recruitment Specialist	24 months	Permanent
3 FTE	HRA1	Class/Comp Specialist	24 months	Permanent
2 FTE	HRA1	Onboarding Specialist	24 months	Permanent

43 FTE

20. What are the start-up and one-time costs?

Not Applicable

21. What are the ongoing costs?

None

22. What are the potential savings?

This policy option package will potentially save:

- Costs associated with decreasing turnover and strong retention with good human resources practices.
- Costs associated with managing disruptions in the workplace and mitigating associated losses in Program productivity.
- Costs associated with expensive employment litigation.
- Costs associated with fees paid to DOJ Labor & Employment for consultation

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

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	**$ 10,992,974**	$0	$0	$10,992,974	40	39.50
Services & Supplies						
Capital Outlay						

Special Payments						
Other						
Total	**$10,992,974**	**$0**	**$0**	**$10,992,974**	**40**	**39.50**

Fiscal impact by program

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

Oregon Department of Human Services
2021-23 Policy Option Package

Division:	Director's Office and Self-Sufficiency
Program:	ODHS Communications, Self-Sufficiency and Office of Equity and Multicultural Services
Policy package title:	Diversity, Equity and Inclusion
Policy package number:	POP 107
Related Legislation:	N/A

Summary statement:

The purpose of this request is to advance equity initiatives that will result in more equitable, accessible service delivery to communities of color and historically disadvantaged groups. The four initiatives contained within this POP include: 1) Rebranding the agency to align the agency's image with our values, 2) Rebranding the Oregon Trail card (Electronic Benefit Transfer card) to achieve greater cultural sensitivity and mitigate stigma experienced by SNAP participants, 3) Investment in the Office of Development Disabilities Services to provide greater language access, and 4) Investment in the agency's Office of Equity and Multicultural Services to increase capacity for equity expertise and implementation of strategies.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$4,376,753**	**$18,371**	**$1,203,434**	**$5,598,558**	**7**	**6.16**

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

At the core of its mission and values, the Department of Human Services believes that every human being deserves equitable access to health, safety, economic stability and participation in their communities. We are aware, now more than ever, that an individual's ability to experience these things is significantly influenced by the neighborhood they grew up in, their family's socioeconomic status, the color of their skin and other elements of systemic bias and inequity. Disparities shown in our data reflect systemic racism, historic injustice, and inequitable distribution of power and resources in Oregon communities. ODHS has a responsibility to continue improving the state's responsiveness to communities of color and, by engaging and understanding the need will lead the creation of a clear action plan that addresses the root causes of disparities. The Department can positively influence these factors for millions of Oregonians, and this package seeks to make change in four concrete ways:

- Rebrand the agency to more closely align with mission and values and establish an inclusive name and acronym. Since its inception, the Department of Human Services has been known by Oregonians by the acronym ODHS. However, in recent years, there has been increasing confusion among those we serve because the federal Department of Homeland Security is also known as ODHS. This has become problematic as the federal agency has taken steps to make it more difficult for some residents, particularly immigrants, to access services (for example, the public charge rule). More recently, the Department of Homeland Security has had a strong presence in Portland, which has exacerbated the confusion. As a result, the Oregon Department of Human Services seeks to rebrand the agency, with the goal of developing a name and brand that more accurately reflects the department's values and gives Oregonians more comfort in coming to us for services. This Policy Option Package will fund that work and ensure we have the resources to conduct this work with equity at the center and to fully engage the community in the process.

- Rebrand the Oregon Trail Card. The current Oregon Trail Card features imagery that fails to uphold the dignity of Oregon's native people. Additionally, the distinctive graphics on the Oregon Trail Card set it visually apart from mainstream credit and debit cards, contributing to stigma experienced by persons on the SNAP program. The rebrand effort would achieve greater respect for native culture and would make the SNAP program more accessible for families in poverty.
- Office of Developmental Disabilities Services (ODDS) Language Access. Within existing capacity, ODDS is unable to provide enough language access supports and services to meet minimum requirements. ODDS is committed to its obligations under law, rule, and policy, in addition to its vision for an equitable system that is easy to use and navigate. In order to provide the necessary level of language access, an intentional resource investment is needed. This POP would advance service equity by reducing or eliminating language access barriers and increase communications that are designed specifically to reach people with intellectual and developmental disabilities.
- Invest in the Office of Equity and Multicultural Services (OEMS). As an agency of over 9,400 employees, the current Office of Equity and Multicultural Services (OEMS) holds only seven positions to support equitable service delivery across all our programs throughout the state. While the agency has an opportunity to engage in transformative work to eliminate long standing inequities and realize its mission of becoming a more equitable organization, the current capacity of OEMS is not enough to accomplish this. Investing in OEMS would equip us to address disparities with specific actions such as addressing:
    - Disproportionate over-representation of African American and Native American children in the foster care system
    - Disproportionate under-representation of employees of color and those with disabilities at all levels of the organization
    - A workforce which is not linguistically nor culturally agile
    - An absence of structures and systems which can ensure service equity for all the clients we serve

2. What would this policy package buy and how and when would it be implemented?

- **Agency and Oregon Trail Card Rebrand: $615,000 GF**
  - **Project Research and Rebranding: $350,000 GF**
    Project research would include both qualitative and quantitative research, including interviews, focus groups, and surveys with internal and external stakeholders. Rebranding work will include brand strategy, messaging, copywriting, and transcreation for diverse audiences. We will seek a contractor to work on both projects for efficiency.

  - **Collateral: $150,000**
    Once a new agency brand is established, the agency will need to change electronic and print materials, distribute materials to field offices throughout the state, and provide new signage for buildings.

  - **Community outreach: $100,000 GF**
    Once a new EBT brand is established, there will need to be updated Retailer signage and extensive community outreach to introduce the new identity for both the EBT card and the agency.

  - **EBT Card Vendor: $15,000 GF**

    There will be specific production costs associated with the EBT card vendor and there are specific costs associated with destroying the old cards for privacy and security reasons.

- **ODDS Language Access: $570,000 GF and $475,000 FF**
  - **Document and Content review and complete translations.** Complete inventory of ODDS forms, documents and web content that must be made available in required major languages. Complete translation of those materials using ODHS and Program specific language glossaries. This work would include revision of existing translations to align with new glossaries.
  - **Reverse translations of case documents.** Provide reverse translation services of documents developed in languages other than English to Case Management Entities (CMEs) to ensure that those documents are also available in English for the purposes of continuity of supports, quality assurance, audit, and other administrative uses.
  - **Verbal interpretation.** Provide verbal interpretation supports for services delivered by CMEs to individuals with I/DD and their families.
  - **Alternate tools and materials.** Develop tools and materials for individuals who do not communicate using written or spoken language, who may not read and may require alternative and flexible means of receiving information in order to fully participate in all parts of the service system.
  - **Training.** Develop and deliver training for ODDS staff and contracted case management entities and service providers on requirements, timelines, and best practices in language access that align with state and federal law, rule, and policy, and the values of ODDS.

- **OEMS Investment:**
  - **OEMS Staff: $836,757 GF $18,370 OF and $728,439 FF or 1,583,566 TF**
    ODHS proposes to double the staff dedicated to Diversity, Equity and inclusion work by adding 7 new positions (6.16 FTE) into OEMS:

- 6 Service Equity Managers (OPA3) for each ODHS program which includes, (Office of Developmental Disabilities, Office of Vocational Rehabilitation, Office of Self Sufficiency Programs, Office of Aging and Peoples with Disabilities and Human Resources and Shared Services) to provide more capacity to implement a more holistic Diversity, Equity and Inclusion plan and provide a more definitive connection to ODHS programs.
- 1 PEM E lead worker position to both assist the Director in the operations of OEMS but also to act as a lead over the analysts to ensure a coordinated approach to implementation of the plan. This will ensure that programs receive the support needed to understand the disparities within their program and build strategies to address them through equity plans, equity councils and tracking of data.

- **Employee Resource Groups: $450,000 GF**
  Employee Resource Groups (ERGs) are officially chartered groups that are organized around shared cultural identity(ies) to support historically underrepresented employees and/or underserved client populations. ERGs are employed as a diversity and inclusion best practice to leverage collective experiences, skills, and backgrounds that our most valuable resource, our employees, bring to work every day. Currently, ODHS has nine active employee resources groups and this policy option page will allow for additional support toward their functions
- **Investment in Community Based Organizations: $1,500,000 GF**
  This investment into an Equitable Communities Fund would resource community-based organizations to do outreach, education and service navigation for communities of color, people with disabilities, LGBTQ+ communities, and other marginalized groups. ODHS must engage differently than it currently does with these communities and their leaders. This Community Fund would meaningfully improve the agency's ability to provide culturally appropriate services and community events for outreach, listening, sharing and the diverse recruitment of staff. The Fund will also foster conversations and engagement with community through joint

convenings with OHA/ODHS leadership, engagement through the Governor's Office and correspondence with Urban League of Portland, the Communities of Color Coalition and many other ODHS stakeholders. This investment will also allow for development of community advisory councils and meaningful partnership between ODHS and community to ensure a collaborative approach to our service delivery.

- **Training & Development: $500,000 GF**
  The ability of OEMS to provide training and development opportunities to its staff is imperative to advancement of equity and inclusion work. Access to State Equity Conferences and Equity, Diversity, Inclusion and Access (EDIA) related training is also critical to our mission of transformation. In addition, these funds will allow for delivery of training and development to our internal workforce and advance knowledge and expertise related to equity.

3. How does this policy package further ODHS's mission and align with its strategic plan?

- Rebranding the agency will ensure the image we put out to the public aligns with our mission and values. It will also make the agency more approachable and accessible to communities of color, immigrant and refugee populations, and other historically disadvantaged groups.
- Rebranding the Oregon Trail Card will result in greater access to the SNAP program, decreased stigma for families in poverty, and greater respect for the dignity of Oregon's native people.
- Investing in OEMS will result in increased service equity for the individuals we serve by mitigating the impacts of systemic and structural inequity. Additional capacity within OEMS will allow for increased knowledge and expertise within agency programs, technical support in the development of service equity strategic plans, and capacity to invest in culturally responsive Community Based Organizations.
- Investing in Language Access within ODDS will ensure equal access and ability to engage in services for individuals who speak languages other than English, aligning with the agency's service equity goals.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

A 2018 internal assessment of ODHS' efforts related to diversity, equity and inclusion found "ODHS has not invested sufficiently in equity, diversity and inclusion efforts at every level of the organization… Underinvestment has created system-wide frustration due to the fact that need for support promoting and ensuring diversity and inclusion, as well as equitable access and outcomes, far outweigh the resources available to address those needs. Further, insufficient funding and staffing perpetuates a widespread conception of equity, diversity and inclusion work as 'extra' and not essential to daily human services work." This package directly addresses the historically insufficient investment in equity work and lays a foundation for systematic, strategic and coordinated work moving forward.

Quantifying results

5. How will ODHS measure the success of this policy package?

ODHS will measure the success of this policy package by:

- Consistently reviewing programmatic data both quantitative and qualitative.
- Reviewing Key Performance Measures to ensure that equity is foundational to program service delivery.
- Tracking community engagement efforts and participatory patterns to improve participation from partners.
- Tracking the deployment of Community Investment dollars and related outcomes.
- Measuring engagement of ODHS staff in training and development opportunities relating to EDIA.
- Tracking ODDS data including:

- Increase in number of individuals accessing interpretation services compared to baseline and in relation to individuals indicating language other than English as preferred option
- Number of files where English is not the preferred language included in QA reviews
- Completion of translation for ODDS forms and documents
- Completion of tools for individuals who do not communicate using written or spoken language, who may not read and may require alternative and flexible means of receiving information
- Representatives from all CMEs trained on language access requirements and process

- Monitoring race and ethnicity in ODHS data sets over time to see if previously under-served populations are reached differently after rebranding is complete.
- Conduct a brand sentiment analysis among participants and stakeholders to evaluate any changes in brand resonance, particularly as it applies to a sense of inclusiveness.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

This package is tied to several Program Key Performance Measures. Through implementation of the ODHS Management System, more measures are being reported by race and ethnicity to help uncover disparities that may exist.
These include:
#4 – Absence of repeat maltreatment of abused/neglected children (CW)
#5 – Timely reunification of foster children (CW)
#6 – Timely adoption once children are legally free (CW)
#7 – Disparity of foster youth achieving permanency (CW)
#8 – Children served by Child Welfare residing in parental home (CW)

#14 – Housing stability (SSP)
#15 – Food security (SSP)
#16 – Self-Efficacy (SSP)
#21 – ODHS customer satisfaction

Two additional Child Welfare KPMs are being proposed for the 2021-23 biennium: reduction of race/ethnicity disparities in length of stay and reduction in disproportionality of children at entry into substitute care. In addition to KPMs, we have started reporting at ODHS Quarterly Target Reviews on workforce diversity as well as promotions and turnover by race, ethnicity and disability status. The ODHS management system and the measures on the scorecard will identify barriers and opportunities, inform action, and ultimately ensure we are being intentional and proactive about equity and inclusion.

7. What are the long-term desired outcomes?

The agency's vision is for every individual and community to have dignity, respect and the full measure of human rights. Long-term, accomplishing service equity means that an individual or family's group affiliation no longer determines their life outcomes, meaning all children, individuals and families experience economic stability, health, safety, and participation in their communities to an equal extent. Each of the initiatives in this package moves the agency closer to this goal.

The rebranding of key elements of the department like the EBT card and the agency's name will reduce the stigma currently attached to over 700,000 Oregonians who utilize program services through this card. Overall, the long-term outcome is to increase usage and participation of programs and services with low-income Oregonians to support their success. Currently there are many programs that use the ODHS EBT card to deliver program benefits, this includes programs like SNAP, TANF and most recently the Pandemic-EBT benefits for children.

8. What would be the adverse effects of not funding this policy package?

Continued under-investment in equity and inclusion work, particularly the initiatives included in this package, may result in:

- Barriers will persist connecting ODHS' services and benefits to individuals who need them due to associations with the agency's branding.
- Individuals struggling with food insecurity will face continued barriers in accessing the SNAP program due to stigma. SNAP currently serves over 700,000 Oregonians with food benefits every month. Currently there are over 350,000 active SNAP EBT cards used every month.
- There are seasonal increases in the EBT usage when other programs like Summer EBT for Children and Pandemic-EBT programs are in action. Having a more generic card will allow greater flexibility of use for participants of these programs.
- Imagery on the Oregon Trail Card will cause continued damage to relationships with tribes and Native Americans in Oregon.
- Agency programs and staff will continue to have limited training, access to expertise and resources related to equity and inclusion work.
- OEMS will continue to be constrained in its ability to coordinate effective, cross-program equity and inclusion strategies.
- The agency may lose equity and inclusion expertise due to over-taxing staff and burnout.
- The agency will continue to lack resources to appropriately invest in culturally specific Community Based Organizations.
- ODDS will continue to be constrained in its ability to provide language access to all consumers, resulting in inequitable access and outcomes for non-English speakers.

- Consumers of agency services and benefits will continue to experience inequitable outcomes, further compounding the structural and systemic disadvantage they experience.
- The agency may face legal action for non-compliance with requirements and inequitable service delivery
- Potential loss of federal ODDS funding due to non-compliance with language access requirements

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

OEMS Investments:

- The agency has used temporary stopgap measures such as rotations and Limited Duration positions to address equity expertise needs within OEMS. This is not a sustainable strategy, nor has it sufficiently addressed the need. Additionally, in the short term, limited funding has been allocated from OEMS' budget for ERGs and Training & Development functions, which is both limited and unsustainable.

ODDS Investments:

- State government and ODHS has made strides towards improving language access:
    - Department of Administrative (DAS) services has engaged in bringing on-board translation and interpretation contracts with qualified vendors and making them available to state government agencies and some non-profit agencies that are registered with Oregon Cooperative Procurement Program (OrCPP). However, the ability for ODDS to fund access these contracts for all of our case management entities is limited by resources available and some CMEs do not have access to the DAS contracts since they are not a government entity or registered with OrCPP. Moreover, current contracts with CMEs and the workload-based reimbursement structure does not include funding and clear requirements around verbal interpretation supports and reverse translation.

- ODHS is currently in the process of developing glossaries of terms for the Department and each Program area, including ODDS. These glossaries will be translated into major languages to ensure that when translations are done, vendors use accurate and consistent terminology.

Oregon Trail Card Rebrand and Agency Rebrand:

- These are new initiatives. The Agency has taken steps to perform minimal rebranding free-of-cost, such as changing social media handles and releasing internal messaging.
- ODHS has ensured that all rules with reference to the Oregon Trail Card have been altered to the more generic term of EBT card. This will ensure a smooth transition to any newly branded card.

10. What alternatives were considered and what were the reasons for rejecting them?

Alternatives to Agency Rebrand:

- Continue forward with current agency branding. This option would promote continued misconceptions about the agency's work and challenges forming positive relationships with marginalized communities.

Alternatives to Oregon Trail Card Rebrand:

- Continue using current Oregon Trail Card branding. This option would result in continued negative impact on the agency's relationship with Oregon's tribes, negative perception of the SNAP program among Native Oregonians, and experiences of stigma among all SNAP participants which acts as a barrier to SNAP access.

Alternatives to ODDS Language Access:

- See Question 9

Alternatives to OEMS Investments:

- Continue using non-budgeted positions to address staffing needs. This is an unsustainable practice that results in a lack of transparency in the agency's budget. Continuing to under-fund ERGs may result in lack of employee engagement, lack of feelings of support, and ultimately staff turnover.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

Maybe. If the rebranding of the department results in a new name, statutes with the existing agency name would need to be updated.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Tribal governments will be positively impacted by the Oregon Trail Card rebranding. The current imagery depicted on the card does not uphold dignity and respect for Oregon's native people. Changing this imaging will allow for more positive relationship between the agency and the tribes and will aid positive perception of the SNAP program among Native Oregonians.

The rebranding of the Oregon Trail Card will also allow for greater flexibility in the usage of the card to meet the diverse program needs of participants in services that use the EBT card as the mechanism to receive benefits. This includes other programs like TANF, Summer EBT for Children (SEBTC) and Pandemic-EBT. This card is also used by the Department of Corrections (DOC) to connect prisoners back to services prior to release, including SNAP and any wages earned while they were incarcerated.

Rebranding of the Department of Human Services (ODHS) would lessen confusion with the Department of Homeland Security, providing clarity to tribal governments and other government agencies that we partner with on programs and policies.

Increasing OEMS staff, along with staffing from the Office of Tribal Affairs in the Directors office, will have a positive impact on the cultural competency of ODHS to serve tribal and other communities of color.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

None

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

This package entirely revolves around helping populations impacted by inequities and disproportionalities by supporting their health, well-being and independence. This will be accomplished by:

- Staff becoming more skilled and knowledgeable about equity and inclusion
- Staff having the tools they need to provide equitable, unbiased service delivery
- Programs having strategies in place to address structural inequity and technical support to implement them
- Staff feeling supported and engaged through participation in ERGs, including increased ability to effect change for marginalized groups within the agency.
- Consumers having access to information, forms, resources, and services in their native languages
- Oregonians using their SNAP benefits to address food insecurity without stigma

- Tribal members and Native Oregonians having their dignity upheld through the elimination of disrespectful imagery
- Community-Based Organizations and stakeholders having meaningful ways to create institutional accountability and create change in their communities
- Analysis of data through consistent incorporation of REAL+D (Race, Ethnicity, and Language + Disability) data at the forefront of our practice
- Oregonians perceiving the agency as a compassionate, supportive resource where they can receive equitable services

Staffing and fiscal impact

Implementation date(s):	July 1,2020
	One-time costs for Agency Rebrand: $500,000 GF and Oregon Trail Card Rebrand: $500,000 GF –
End date (if applicable):	rest ongoing

15. What assumptions affect the pricing of this policy package?

- Staffing costs of 7 new staff
- Assumption that ODHS will contract out the one-time funding for rebranding of EBT and Agency
- Employee Resource Groups (ERGs) are officially chartered groups that are organized around shared cultural identity(ies) to support historically underrepresented employees and/or underserved client populations. Funding to support the efforts of these Employee Equity groups is key in sustaining them.

- Investment in Community Based Organizations: This investment into an Equitable Communities Fund would resource community-based organizations to do outreach, education and service navigation for communities of color, people with disabilities, LGBTQ+ communities, and other marginalized groups.
- Training & Development: The ability of OEMS to provide training and development opportunities to its staff is imperative to advancement of equity and inclusion work.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

No new responsibilities, however, this pop will help increase the OEMS presence and with the addition of the RiSE initiative keep racial inequities and other issues regarding marginalized populations at the forefront of ODHS work. The goal is to imbed Diversity, Equity and Inclusion best practices within each position's duty, so Equity is not an "add on" but part of how ODHS does business.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

May have some impact on Publications and Design Services a shared service housed in ODHS and serving both ODHS and OHA.

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

OEMS and RiSE work will help address and remove disparities within the ODHS systems and practices.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

ODHS proposes to double the staff dedicated to Diversity, Equity and inclusion work by adding 7 new positions (6.16 FTE) into OEMS:

- 6 Service Equity Managers (OPA3) for each ODHS program which includes, (Office of Child Welfare, Office of Developmental Disabilities, Office of Vocational Rehabilitation, Office of Self Sufficiency Programs, Office of Aging and Peoples with Disabilities and Human Resources and Shared Services) to provide more capacity to implement a more holistic Diversity, Equity and Inclusion plan and provide a more definitive connection to ODHS programs.
- 1 PEM E lead worker position to both assist the manager in the operations of OEMS but also to act as a lead over the analysts to ensure a coordinated approach to implementation of the plan. This will ensure that programs receive the support needed to understand the disparities within their program and build strategies to address them through equity plans, equity councils and tracking of data.

Current OEMS staffing levels are not sufficient for an organization the size of ODHS. Adding capacity will help improve ODHS equity outcomes both internally and externally.

20. What are the start-up and one-time costs?

One-time costs for branding of EBT card and Agency.

21. What are the ongoing costs?

Staff
Training and development,
ERG investment,

Community investment

22. What are the potential savings?

Staff – if ODHS can retain employees at a greater number there will be less downtime training new people. Clients – if ODHS can address disproportionality in CW the overall caseload is likely to drop leading to savings. Other program may see savings, though if there are underserved populations that can be identified there may be increases in some programs.

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

OEMS is cost allocated to all appropriate funding sources within ODHS. This involves GF, OF and a variety of FF grants.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$695,940	$15,282	$605,846	$1,317,068	7	6.16
Services & Supplies	$2,180,813	$3,089	$597,588	$2,781,490		
Capital Outlay						
Special Payments	$1,500,000	$0	$0	1,500,00		
Other						
Total	**$4,376,753**	**$18,371**	**$1,203,434**	**$5,598,558**	**7**	**6.16**

Fiscal impact by program

	Director Office	OEMS	IDD	Program 4	**Total**
General Fund	$500,000	$3,286,753	$590,000		**$4,376,753**
Other Funds		$18,371			**$18,371**

Federal Funds		$728,434	$475,000		**$1,203,434**
Total Funds	$500,000	$4,033,558	$1,065,000		**$5,598,558**
Positions		7			**7**
FTE		6.16			**6.16**

Oregon Department of Human Services
2021-23 Policy Option Package

Division: Child Welfare
Program: Training
Policy package title: Increase Child Welfare Training Capacity
Policy package number: POP 111
Related legislation: N/A

Summary statement:

Increase Child Welfare Internal Training and Workforce Development Capacity in accordance with recommendations made by Alvarez & Marsal under Executive Order 19-03. Recommendations included increased staff and resources to provide improved in-field supports, transfer of learning, advanced supervisor training, and accountability for training and workforce development. Capacity would take the form of additional positions and fiscal resources necessary to enhance instructional design, training delivery, quality assurance, data analysis, and performance evaluation of our workforce as they navigate their respective training paths. In addition, a comprehensive framework will be developed to inform clear paths to proficiency, competency, equity and expertise through formal instruction, field training, ongoing professional development, and promotional opportunities. These combined efforts will increase retention and the skills of our workforce and ultimately improve outcomes for children and families.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$992,940**	**$-**	**$2,978,570**	**$3,971,510**	**19**	**16.72**

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

ODHS is proposing to enhance the current Child Welfare Training Unit to provide additional staff to address a deficit in Child Welfare's internal organic capacity in design, deliver, evaluation, and oversight of training received by Child Welfare Staff. The training unit is currently made up of 7 staff, 3 of which are limited duration positions that end June 30th, 2020. In its current state, the Training Unit only has the capacity for budget, contract, and training administration, with limited ability to provide direct training support. This has resulted in a reliance on external contract or fee-for-service providers to deliver training for Child Welfare staff. Staff and Managers at Central Office and in the Field have routinely reported that these training offerings are not sufficient in effectively preparing Child Welfare Staff for their conducting the work, as is evidenced by Internal Fidelity Reviews, Child & Family Services Reviews(CFSR), Secretary of State(SOS) Audit, and other practice evaluations.

2. What would this policy package buy and how and when would it be implemented?

This package would build out the Child Welfare Training Unit to include the following staff: Training & Workforce Development Manager(PEM-E), Training Program Assistant Manager(PEM-D), Curriculum Lead(OPA3), Instructional Technologist(OPA3), Instructional Designer x2 (OPA3), Budget & Contracts Specialist(OPA3), Training Administration & Operations Specialist(OPA3), Child Welfare Trainers x12 (TDS2), Communications Specialist (OPA2), and Training Support Specialist (AS2), as well as the requisite operational budget to support ongoing training.

Due to the high priority need of increased training and retention, this package would be implemented immediately. Additional staff would be hired, trained on existing curricula, and begin work on developing enhancements to initial, basic, and advanced training offerings for all Child Welfare Staff.

3. How does this policy package further ODHS's mission and align with its strategic plan?

This enhanced training capability will provide an additional tool to Child Welfare Staff and Leadership in effectively engaging with and meeting the needs of Oregon Families. This increased competency will lead to a higher rate of confidence in the Child Welfare Workforce, which will result in increased retention.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This package supports recommendations made by the Alvarez & Marsal in accordance with Executive Order 19-03 delivered by Governor Kate Brown. In addition, fidelity reviews and needs assessments conducted by ODHS/Child Welfare, Secretary of State of Oregon, and the Children's Bureau have concluded that many of the deficiencies observed in audited casework are the result of inadequate training and workforce support.

Quantifying results

5. How will ODHS measure the success of this policy package?

The success of this policy package will be measured through Staff Retention, Fidelity Reviews, and Customer Engagement reviews. Evaluative tools will be developed to assess knowledge and skills, as well as customer surveys to identify additional training needs.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

No.

7. What are the long-term desired outcomes?

Long-term desired outcomes of an enhanced Training Unit would include: A comprehensive training experience for Child Welfare staff in any classification, delivered in a multi-layered training system. A confident and competent workforce who receive regular ongoing trainings designed to provide them with the mastery necessary to effectively execute their duties. An increase in staff retention, customer approval, and staff advancement through promotion or rotational opportunities.

8. What would be the adverse effects of not funding this policy package?

Fidelity reviews and audits will continue to receive negative reports. Child Welfare would be reliant on external organizations to provide the initial and ongoing training to staff. Outcomes for children in the care of ODHS/Child Welfare would not improve.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

Legislators met in 2020 during short session and were supportive of increased resourcing to Child Welfare Training, but the session ended without final action.

10. What alternatives were considered and what were the reasons for rejecting them?

None.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Tribal Child Welfare Organizations, Oregon Youth Authority, OTIS, and other State, County, and City organizations with ties to Child Safety would be welcome to attend trainings developed by ODHS/Child Welfare.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

None.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

One of the key tenets of the Training Unit strategic plan is to infuse Diversity, Equity, Inclusion, and Ability into all learning experiences. Enhancement of the Child Welfare Training Unit will increase the number of these learning opportunities offered to Child Welfare Staff, further supporting populations impacted by these inequities including clients, communities, and coworkers.

Staffing and fiscal impact

Implementation date(s): July 2021

End date (if applicable): Ongoing

15. What assumptions affect the pricing of this policy package?

None.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

No.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

No.

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

No.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

19 total new positions would be needed to implement this policy package. 1 Principal Executive/Manager D(PEM-D), 5 additional Operations and Policy Analyst 3(OPA3), 12 additional Training and Development Specialist 2(TDS2), 1 additional Operations and Policy Analyst 2(OPA2).

20. What are the start-up and one-time costs?

None.

21. What are the ongoing costs?

Staff and operating expenses for the Child Welfare Training Unit would be ongoing.

22. What are the potential savings?

Direct savings could be identified in the reduction of contract training provided by fee-for-service and contract providers. Indirect savings would be experienced as retention increases and the reduced costs of hiring and initial training.

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

General Fund(25%), Federal Funds(75%).

Oregon Department of Human Services
2021-23 Policy Option Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$812,421	$0	$2,437,207	$3,249,628	19	16.72
Services & Supplies	$180,519	$0	$541,363	$721,882		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$-0		
Other	$0	$0	$0	$0		
Total	**$992,940**	**$-**	**$2,978,570**	**$3,971,510**	**19**	**16.72**

Fiscal impact by program

	CW Design	Program 2	Program 3	Program 4	**Total**
General Fund	$992,940				**$992,940**
Other Funds					
Federal Funds	$2,978,570				**$2,978,570**
Total Funds	$3,971,510				**$3,971,510**
Positions	19				**19**
FTE	16.72				**16.72**

Oregon Department of Human Services
2021-23 Policy Option Package

Division: Child Welfare
Program: Safety Program
Policy package title: Family Preservation and Prevention Services
Policy package number: POP 114
Related legislation: N/A

Summary statement:

Families that are at high risk or with specific needs can be supported with in-home services and interventions and/or connected to Community based resources to support the family without a higher level of Child Welfare intervention. As part of federal requirements for child welfare as a requirement as part of the federal Family First Prevention Services Act and prevention plan requirements, Child Welfare must develop a Continuous Quality Improvement program to ensure effective and quality services are provided.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$4,607,137	$0	$1,535,672	$6,142,809	29	25.52

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

The State of Oregon is does not have a strong infrastructure to focus on Family Preservation, to include Prevention of Foster Care for children and families. Children who have been maltreated have a higher risk of experiencing a range of negative well-being outcomes, with significant direct and indirect societal costs, and children who are removed from their home may experience additional trauma that can compound the effects of maltreatment (Kolko et al., 2010). Trauma occurs when children experience or perceive one or more negative events or circumstances that cause them emotional pain and impair their ability to cope (Bartlett & Steber, 2019).

A comprehensive and coordinated approach to serve children and families without a higher level of Child Welfare intervention does not currently exist in Oregon. Through a Family Preservation and Prevention model children and families may receive services and supports within their family and community which decreases deeper involvement with the Child Welfare agency.

Many reports to the Oregon Child Abuse Hotline do not meet statutory criteria for a Child Protective Services assessment; however, many of these families have identified risk factors and needs for services and support. Creating a Family Preservation and Prevention model would allow for a family who is identified as needing some level of support, a less intrusive, less intensive and a more cost-effective intervention to be obtained. This may include intensive family preservation efforts and additional services to prevent maltreatment and foster care. Many services and supports may be available within the community but the state is lacking a coordinated process of identification, resource development and service modification as the needs of children and families change.

Currently, there is no state entity who is creating a comprehensive and coordinated approach to serve families who may need require a higher level of Child Welfare intervention. Oregon Child Abuse Hotline staff are responsible for screening reports of child abuse for the entire state. They often refer callers and families to 211 or the local ODHS offices for resources and services. They do not have information regarding local, county or regional community resources or services that could be offered to children and families when a need is identified.

Through the development and implementation of a Family Preservation and Prevention model the department believes that there will be a reduction in the numbers of children being separated from families and entering foster care system, and a reduction in families being referred to the Oregon Child Abuse Hotline due to reoccurrence of child abuse.

In addition, Oregon is lacking a Continuous Quality Improvement program to ensure that effective and quality services are provided. The Family First Prevention Services Act of 2018 (Family First Act) has changed the landscape of federal child welfare funding in significant ways to support children to remain safely in their homes and encourage family-based placement when foster care placement is necessary. With specific requirements around evidence-based programs and tools, the legislation expands opportunities to use research and data to drive decision making and direct funding to ensure that children and families receive the most effective services.

The research and evaluation provisions of the Family First Act require that (1) prevention and kinship programs be evidence-based, (2) states rigorously evaluate and support implementation of prevention programs through data-driven continuous quality improvement efforts, and (3) assessment tools used to determine the appropriateness of residential treatment programs be evidence-based. In order to realize these requirements, the Department must create a robust Continuous Quality Improvement program.

2. What would this policy package buy and how and when would it be implemented?

The Department proposes to create a Family Preservation and Prevention program that will be charged with the development of internal infrastructure to provide supports and coordination of community-based prevention services for children and families. This body of work will incorporate the needs arising from the federal legislation of Family First Prevention Service Act as well as the needs for comprehensive and coordinated services within communities.

A) Family Preservation and Prevention model for Oregon will be led by a centralized team of staff (not necessarily all housed in the same place) who will develop and assist in the delivery of the model.

- 1 PEM-F Family First Preservation Manager will build a Family Preservation program model, provide leadership to the Preservation team, develop and monitor budgets and represent ODHS in cross system engagement with other departments, state, federal and community partners.
- 2 - OPA3 will be charged with the development of building community partnerships and capacity for closed at screening referrals. They will be responsible for rule, procedure, and practice changes that are necessary to ensure efficiency and consistency within Oregon.
- 2- OPA3 Contract coordinator with a primary focus on Family Preservation contract management, solicitation, gap analysis and budget monitoring. – (FFPSA, ISRS, SPRF, SOC)
- 1 - OPA3 Kinship Care Navigator Program Coordinator; cross systems coordination within ODHS to build preventive support services and approaches for relatives caring for kin with CW, SSP, I/DD, APD.
- 8 – SSS2 Family Advocates/Navigators that can be used for Peer to Peer / advocacy /mentoring as well as staff training and support to caseworkers for practice change. This would be the area to include staff with prior CW lived experience and used as Peer to Peer mentoring of parents.

- 1 – AS2 Administrative Specialist to provide the administrative support to ensure Program Manager and program staff are not spending time with administrative tasks.

The future state may require a realignment of existing or added positions to the field structure for Family Preservation and Prevention staff. Staff will be required to have a unique skill set that can engage and team with families and their communities in a culturally responsive and supportive manner. Once the infrastructure is in place and the model development is underway a better understanding of the necessary skill sets, and staffing capacity will be assessed.

B) Continuous Quality Improvement program will use research and data to drive informed decision making to ensure that children and families receive the most effective services. The Continuous Quality Improvement model for Oregon will be led by a centralized team of staff (not necessarily all housed in the same place) who will develop and assist in the delivery of the model.
   - 1 PEM-F Continuous Quality Improvement- CQI Manager will build a CQI model, provide leadership to the CQI team, develop and monitor budgets, work closely with Child Welfare program managers and represent ODHS in cross system engagement with other departments, state, federal and community partners.
   - 2 PA-3 Program Analyst to work on dash boards, data collection and coordination across programs, provide training and oversite to field staff who may be doing continuous review or data technician. These staff will primarily be internal facing to branch offices, Child Welfare leadership and other state and tribal entities.
   - 2 PA-3 Program Analyst to provide program integrity and oversight of the evidence-based program service array. FFPSA requires the state to evaluate and continually monitor the EBP services. These staff will primarily be external facing to service providers, contractors and community.

- 8 OPA 2's to conduct monthly case review across internal child welfare programs (CPS, Well-being, Permanency), their primary functions will include making sure data entry is done correctly, case plans and assessments are completed timely, and children and families are provided effective services.
- 1 – AS2 Administrative Specialist to provide the administrative support to ensure Program Manager and program staff are not spending time with administrative tasks.

C) The Strengthening, Preserving and Reunifying Families budget is restored to be 75% of the 17-19 Total Fund budget.

3. How does this policy package further ODHS's mission and align with its strategic plan?

Family Preservation and Prevention full supports ODHS mission:
To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

In part yes, the Secretary of State Audit (2018), and the subsequent Governor Brown Executive Order 19-03, which utilized the technical assistance from Alvarez & Marsal (2019) both speak to the need to build a more robust and adequate foster care system in Oregon. Part of the adequacy of a foster care system in Oregon is to ensure only those children who have no other resource but foster care, enter foster care. Oregon cannot build its way out of the influx of children entering foster care by merely creating more foster care placements.

Additionally, the Secretary of State Audit (2018) speaks to the need for a Centralized Hotline for efficiency and consistency within Oregon. The statewide Hotline is fully operational, 24/7/365. To have other options

available in referring and serving families without a screened in report of child abuse, allows a tool such as Family Preservation and Prevention model to provide a level of support for families statewide.

Several citations within various audits, reports and evaluation have noted the lack of accurate data, limited use of data in making informed decisions and the lack of Continuous Quality Improvement.

Quantifying results

5. How will ODHS measure the success of this policy package?

The Department has been moving toward Data Analytics and with a Family Preservation and Prevention model, analytics will be highly effective in determining the level of needs within communities across the state. Knowing the needs of the community and the capacity of the community to provide the necessary supports and services will be critical.

- Success will be measured when the rate of children entering foster care in Oregon is reduced through these efforts.
- Success will be measured when a Hotline screener has a family with identified needs and the resources to offer families in all communities in Oregon to prevent child abuse.
- Success will be measured by a reduction in the length of stay for children entering foster care who are able to return home sooner as a result of community services and supports to the family.
- Success will be achieved when the rate of reoccurrence of child maltreatment is reduced.
- Success will be achieved by increasing the number of services in Oregon which meet the criteria for Evidence Based Program.
- Success will be achieved by increasing the number of families who have access to Evidence Based Program within their communities.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

KPM #4 Absence of repeat maltreatment of abused/neglected children
KPM #5 Timely reunification of foster children
KPM #8 Children served by Child Welfare residing in Parental Home.

7. What are the long-term desired outcomes?

Family Preservation model that is applied statewide will;

- Increase family access to community services and supports of families to prevent child abuse.
- Reduction in assigned reports to Child Protective Services.
- Reduction of children entering foster care system.
- Child Welfare system that is more cost effective by utilization of Prevention rather than full system intervention.

Continuous Quality Improvement model that is applied statewide will;

- Assist in the development of a comprehensive and coordinated continuum of child and family services in all communities statewide.
- Assist the Department to ensure only services that have a level of evidence of success are used for children and families in Oregon.
- Increase the availability of community based, culturally responsive services by continually evaluating programs and services, increase those that add value and decrease those who are not producing positive outcomes.

8. What would be the adverse effects of not funding this policy package?

The Oregon Department of Human Services Child Welfare will continue to be caught in a cycle of only being able to offer foster care as a resource for vulnerable families struggling to ensure the safety of their children (*If the only tool available is a hammer, everything starts looking like a nail*). Oregon will miss out on the

opportunity to further develop the Family Preservation and Prevention services array afforded to the state through the federal Family First Prevention Services Act, matching funds.

The Department will continue to explain to the Legislature, Secretary of State, Federal Office, Media, communities, parents and children that Prevention services and resources in Oregon are limited and not available in all communities or to all residents.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

The Department has attempted to build out the overall system through increased foster care capacity, investing in recruitment of more foster families, and investing in resources for more residential care services. The department has consolidated 15 regional child abuse hotlines into one statewide, centralized system. The department has been able to increase the number of staff working in Child Welfare.

While these activities and strategies have been critically important due to the vast deficit the department has faced, it is also well understood that building more in this same direction will not necessarily meet the needs of children and families. Many can be served with less intensive, less intrusive and more community-based services at an earlier phase of prevention.

Multiple efforts have been made over the last decade at developing a Quality Continuous Improvement with limited success. Most often it has been created with limited capacity and a much larger scope of responsibility, all of ODHS. A CQI program within Child Welfare and targeted directly at service array and efficiency in case management has a high rate of success.

10. What alternatives were considered and what were the reasons for rejecting them?

The department has assessed that while expertise can be found within the department, resource capacity is not available. This must be value added and not something that is merely added to the already overflowing workload. It will take some intentionality and focus to bring this shift in practice forward.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Tribal communities can help inform the department on a path forward considering several of the tribes provide a level of family preservation and prevention practices that ODHS can learn from.

Other state and local agencies will be involved in the development of the comprehensive and coordinate Preservation and Prevention approach considering there is an array of community resource interwoven through governments, local resources and within the community.

Intentionality and connection with other state, tribal and local governments will be important in the success of a CQI approach. Many of the community prevention services may be found at the local level or within other state agencies such as Oregon health Authority and Department of Education.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

The department will be requesting consultation with the Child Welfare Advisory Committee, Indian Child Welfare Advisory, Governors Children's Cabinet and Parent Advisory committees. This request is also building on much information that has been gathered over the last several years by audits, consulting firms, community conversations, survey's, etc.…

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

Taking a Family Preservation and Prevention approach as well as utilization of community-based resources aligns well with addressing the negative disproportionality impact currently found within the foster care system. Serving children within their communities with local providers who may share in the cultural context will provided greater results.

Utilizing the data analytics, the department will be better equipped with identifying and building resources earlier on with communities.

Staffing and fiscal impact

Implementation date(s): July 1, 2021

End date (if applicable):

15. What assumptions affect the pricing of this policy package?

Staffing model. Unable to determine impact of Evidence Based Programs at this time.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

Yes. The department will move toward preservation and prevention services for families. While many families served within the communities may not require Child Welfare intervention, many will need a level of services that currently does not exist within the current Child Welfare structure for service provision. There will be a requirement for the department to develop, implement and modify a comprehensive and coordinated preservation and prevention services array.

In addition, to achieve the level of Evidence Based Programs required by the Family First Prevention Services Act, due diligence is required of the department to provide oversight, monitoring of program fidelity of service providers.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

Office of Contracts and Procurement will be required to increase scrutiny of service provider contracts to ensure the department has corrective action steps for services providers who are not meeting the level of evidence required for federal funding.

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

The overall caseload capacity is not anticipating growth but there may be realignment within Child Welfare as to "who" is carrying the case.

The service array the department will provide will be realigned though current services of ISRS, SPRF, SOC and foster care prevention and build on community's resources.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

A) Family Preservation and Prevention model for Oregon will be led by a centralized team of staff (not necessarily all housed in the same place) who will develop and assist in the delivery of the model.

- 1 PEM-F Family First Preservation Manager will build a Family Preservation program model, provide leadership to the Preservation team, develop and monitor budgets and represent ODHS in cross system engagement with other departments, state, federal and community partners.
- 2 - OPA3 will be charged with the development of building community partnerships and capacity for closed at screening referrals. They will be responsible for rule, procedure, and practice changes that are necessary to ensure efficiency and consistency within Oregon.
- 2- OPA3 Contract coordinator with a primary focus on Family Preservation contract management, solicitation, gap analysis and budget monitoring. – (FFPSA, ISRS, SPRF,)
- 1 - OPA3 Kinship Care Navigator Program Coordinator; cross systems coordination within ODHS to build preventive support services and approaches for relatives caring for kin with CW, SSP, I/DD, APD.
- 8 – SSS2 Family Advocates/Navigators that can be used for Peer to Peer / advocacy /mentoring as well as staff training and support to caseworkers for practice change. This would be the area to include staff with prior CW lived experience and used as Peer to Peer mentoring of parents.

- 1 – AS2 Administrative Specialist to provide the administrative support to ensure Program Manager and program staff are not spending time with administrative tasks.

The future state may require a realignment of existing or added positions to the field structure for Family Preservation and Prevention staff. Staff will be required to have a unique skill set that can engage and team with families and their communities in a culturally responsive and supportive manner. Once the infrastructure is in place and the model development is underway a better understanding of the necessary skill sets, and staffing capacity will be assessed.

B) Continuous Quality Improvement program will use research and data to drive informed decision making to ensure that children and families receive the most effective services. The Continuous Quality Improvement model for Oregon will be led by a centralized team of staff (not necessarily all housed in the same place) who will develop and assist in the delivery of the model.

- 1 PEM-F Continuous Quality Improvement- CQI Manager will build a CQI model, provide leadership to the CQI team, develop and monitor budgets, work closely with Child Welfare program managers and represent ODHS in cross system engagement with other departments, state, federal and community partners.
- 2 PA-3 Program Analyst to work on dash boards, data collection and coordination across programs, provide training and oversite to field staff who may be doing continuous review or data technician. These staff will primarily be internal facing to branch offices, Child Welfare leadership and other state and tribal entities.
- 2 PA-3 Program Analyst to provide program integrity and oversight of the evidence-based program service array. FFPSA requires the state to evaluate and continually monitor the EBP services. These staff will primarily be external facing to service providers, contractors and community.
- 8 OPA 2’s to conduct monthly case review across internal child welfare programs (CPS, Well-being, Permanency), their primary functions will include making sure data entry is done correctly, case plans and assessments are completed timely, and children and families are provided effective services.

- 1 – AS2 Administrative Specialist to provide the administrative support to ensure Program Manager and program staff are not spending time with administrative tasks.

20. What are the start-up and one-time costs?

Evidence Based Programs are known to be more costly. While it is not clear what those costs are at this time it is necessary to note that when other state agencies; Oregon Youth Authority, Oregon Health Authority moved services toward Evidence Based Programs there was an increase in the cost of delivering and monitoring those services.

21. What are the ongoing costs?

Undetermined. Evidence Based Programs are known to be more costly. While it is not clear what those costs are at this time it is necessary to note that when other state agencies; Oregon Youth Authority, Oregon Health Authority moved services toward Evidence based Programs there was an increase in the cost of delivering and monitoring those services.

22. What are the potential savings?

None realized in the first 12-months. Reassess for reduction in foster care caseload 12-24 months. Cost savings associated with reducing services not effective will be re-invested in services deemed effective.

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

Child Welfare will access current funding resources available; Title IV-E, IV-E, SSBG,

Oregon Department of Human Services
2021-23 Policy Option Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$3,780,393	$0	$1,260,153	$5,040,546	29	25.52
Services & Supplies	$826,744	$0	$275,519	$1,102,263		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Other	$0	$0	$0	$0		
Total	$4,607,137	$0	$1,535,672	$6,142,809	29	25.52

Fiscal impact by program

	CW Design	Program 2	Program 3	Program 4	Total	Pos.	FTE
General Fund	$4,607,137				$4,607,137	29	25.52
Other Funds							
Federal Funds	$1,535,672				$1,535,672		
Total Funds	$6,142,809				$6,142,809	29	25.52

Oregon Department of Human Services
2021-2023 Policy Option Package

Division:	Child Welfare
Program:	Foster Care
Policy package title:	Governor's Child Foster Care Advisory Commission
Policy package number:	POP 115
Related legislation:	HB 2332 – A of 2019

Summary Statement:

This policy options proposal accompanies a legislative concept that is effectively a re-introduction of HB 2332 – A of 2019.
HB2332 – A of increased the membership of the commission from 11 to 13 makes modifications to appointments and membership requirements. Appropriates money to the commission for compensation and expense reimbursement of members. As well as directs the Oregon Department of Human Services (ODHS) to provide staff and support including a full-time equivalent policy analyst.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy Package Pricing:	**$166,400**	**$0**	**$55,466**	**$221,866**	**1**	**.88**

Oregon Department of Human Services
2021-2023 Policy Option Package

PURPOSE

1. WHY DOES ODHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

The Commission, created in 2016 by the passage of HB4080, is tasked with monitoring accountability in the foster care system by measuring a comprehensive list of outcomes that includes, but is not limited to, promotion of responsible statewide advocacy for children in foster care, decreasing demographic disproportionality of children in foster care, and decreasing the number of placements in substitute care. Despite the Commission's broad duties, HB 4080 did not appropriate any funding for the Commission to do its work in compiling relevant information or a dedicated staff person. This lack of funding has made it difficult for the Commission to fulfill its full mandate of monitoring and ensuring accountability in the foster care system.

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

The legislative concept that accompanies this proposal directs ODHS to provide the commission with clerical and administrative staff support, including one full-time equivalent policy analyst position (OPA3). The concept increases the commission's membership from 11 to 13 and appropriates funds to compensate and reimburse members of the commission.

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

The mandate of the commission aligns with the agency's goal of actively engaging the community in a variety of collaborative and meaningful ways to influence and shape the Child Welfare system. The currently mandated responsibility of providing monitoring and accountability in the foster care system by measuring outcomes aligns with Child Welfare's commitment to continuous improvement that is data informed.

QUANTIFYING RESULTS

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

This is not tied to a specific ODHS performance measure as it concerns a legislatively mandated commission. However, several data and performance measures are required to be shared with the commission which informs their legislative agenda.

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

If unfunded the commission will continue to struggle to fulfill its full mandate of monitoring and ensuring accountability in the foster care system. The lack of funding will also continue to hinder the Commission's ability to make those who have lived experiences in the foster care system foster care children and youth, parents and families, and foster parents. The reason given for the lack of representation has been the lack of reimbursement for the members.

HOW ACHIEVED

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

Yes. ORS 418.041 and 418.043. Additionally this is ODHS L/C 10000-007

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

It is the departments understanding that this request was born from the Commission itself and was a recommendation of the commission but was preempted as a privately sponsored HB 2332 of 2019. The legislature did not pass that legislation at that time.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

The Commission has attempted to conduct its work and mandate without appropriations currently but has struggled to meet its mandate without dedicated staff.

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

The legislative concept directs Chief Justice of Supreme Court to appoint any member of commission who is representative of Judicial Department however as this is only an appointing requirement the impact on the Oregon Judicial Department is anticipated to be minimal.

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

This proposal is a direct request from the Governor's office on behalf of the Governor's Child Foster Care Advisory Commission. This commission is currently made of up members representing foster care alumni, caregivers, service providers, foster parents, child and parent attorneys, CASA, and tribal representatives.

11. WHAT IS YOUR EQUITY ANALYSIS?

This commission sits outside of the department and is mandated to study legal and policy issues pertaining to the foster care system in Oregon and monitor accountability in the foster care system by measuring outcomes that reduce demographic disproportionality in substitute care. Therefore, it is expected that further supports

to fulfill that mandate would enhance our ability to provide equitable services and reduce existing disparities, with the aim of eliminating disproportionality within Oregon's Child Welfare program.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

The long-term outcomes are specifically outlined by the commission and are:

- Increasing the number of children committed to the custody of the Department of Human Services who are placed with family members, relatives or next of kin;
- Decreasing the number of placements in, and removals from, substitute care for individual children committed to the custody of the department;
- Decreasing the length of time children spend in substitute care;
- Decreasing incidences of abuse, neglect and maltreatment for children in substitute care;
- Increasing the number of children who receive permanent placements within 24 months of entering substitute care;
- Decreasing the number of children who, upon becoming ineligible for substitute care, have not achieved independent living status;
- Increasing the number of children who are placed with adoptive parents within 12 months of termination of the parental rights of a child's biological parents;
- Reducing demographic disproportionality in substitute care;
- Increasing the number of families involved in the foster care system receiving services and assistance to make it possible for children in substitute care to safely return home; and Increasing the number of families involved in the foster care system having access to culturally relevant services;

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): _____

End Date (if applicable): Ongoing

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

b. Will there be new responsibilities for ODHS/OHA? Specify which Program Area(s) and describe their new responsibilities.

☒ ODHS Office of Child Welfare Programs	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

Responsible for providing staffing and support to the commission.

c. Will there be new Shared Services impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected.
Yes, a single (OPA3) is proposed to provide the support to the commission and would be housed at 500 Summer St NE, Salem OR 97301.

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

e. 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.
1 OPA3, Permanent, 24 Months

f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?
none

g. What are the ongoing costs?
Staff cost

h. What are the potential savings?
It is not anticipated that there will be savings.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$137,862	$0	$45,955	$183,817	1	0.88
Services & Supplies	$28,538	$0	$9,511	$38,049		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Other	$0	$0	$0	$0		
Total	**$166,400**	**$0**	**$55,466**	**$221,866**	**1**	**0.88**

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

75%GF, 25% FF

Oregon Department of Human Services
2021-2023 Policy Option Package

Oregon Department of Human Services
2021-2023 Policy Option Package

Division:	Child Welfare
Program:	Treatment Services
Policy package title:	Foster Family Recruit Team
Policy package number:	POP 116
Related legislation:	N/A

Summary Statement:

Oregon does not currently have a formalized respite care program. Respite care is short-term childcare services that offer temporary relief, improves family stability, and has been shown to reduce the risk of abuse or neglect. This Policy Option Package is derived from the recommendation from the assessment conducted by the consulting firm Alvarez & Marsal. Respite care provides foster parents with short-term child caring services that offers temporary relief, improves family stability, and reduces the risk of abuse or neglect. Respite can be planned on an ongoing basis or offered during emergencies or times of crisis.

This Policy Option Package seeks a multifaceted approach to solve a longstanding problem by providing respite services to foster parents. One approach would create a formalized, consistent, structured statewide respite program. This program would bolster foster family supports for those with limited resources, increase retention of foster families and increase placement stability. The other approach will provide emergency/crisis respite to ODHS certified families and Tribal Certified families with children in their homes in the custody of ODHS by overlaying the Behavioral Rehabilitative Services (BRS) infrastructure. This respite plan relies on the BRS infrastructure, primarily the Proctor Care system, to diversify their placement services by adding respite supports. Current BRS rules note that Proctor homes can serve 1 or 2 youth whom are not BRS clients, depending on the adult to child ratios natural to the home.

Oregon Department of Human Services
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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy Package Pricing:	**$19,443,093**	**$0**	**$1,165,112**	**$20,608,205**	**1**	**.88**

Purpose

1. WHY DOES ODHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

In April 2019, Governor Kate Brown contracted the services of consulting firm Alvarez & Marsal to assess the Oregon foster care system. Alvarez and Marshal alongside program management determined Oregon Child Welfare would benefit from a standardized, formal statewide respite program.

This recommendation echoes a consistent theme voiced by foster parents statewide which is a lack of support/breaks from the considerable demands of foster parenting. Foster parents often do not have the identified resources to provide respite. A formalized, consistent, structured statewide respite program would provide a needed service for ODHS certified families. This program would bolster foster family supports for those with limited resources, increase retention of foster families and increase placement stability.

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

This proposal would allow for ODHS to provide ODHS certified foster parents and foster parents certified by the tribe with children in ODHS custody placed in their homes, with a respite payment of $55.00/day up to 3 days per month per child for an average of 3,882 children in foster care (75% of the total 5,176 children in the substitute care setting) as of the Spring 2020 21-23 Forecast, with additional opportunity to contract

with other programs to provide ongoing respite services to serve more foster youth per month. (see pricing section 15).

The Emergency/Crisis Respite portion of this proposal would allow ODHS to serve 317 foster youth per month in crisis or emergency respite at various rates (see pricing section 15). This construct relies on the BRS infrastructure, primarily the Proctor Care system, to diversify their placement services. Current BRS rules note that Proctor homes can serve 1 or 2 youth whom are not BRS clients, depending on the adult to child ratios natural to the home.

This would require one Operations and Policy Analyst 3 that would serve as a respite coordinator located in the ODHS Office of Child Welfare Programs.

District offices would be responsible for assigning existing Certification Staff to any additional workload that would be created by new rules to achieve the certification or licensing of respite providers.

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

A core goal of ODHS is to ensure that children and youth are safe, well and connected to their families, communities and cultural identities. To accomplish this the Child Welfare system needs a robust network of quality foster parents that can support the needs of the youth in their care while balancing their needs to ensure they remain willing to be resources for the department. Providing respite care as proposed would provide foster parents with short-term child caregiving services that offers temporary relief, improves family stability, and reduces the risk of abuse or neglect.

QUANTIFYING RESULTS

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

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

Child Welfare will continue to struggle to provide respite care for foster parents. As this continues to be shared as a barrier for foster parent recruitment and retention it will continue to impact the state's ability to recruit and retain qualified foster parents. If we do not improve in this area, we risk the continued difficulties in retention of current foster parents and continued difficulties in recruitment.

HOW ACHIEVED

6. DOES THIS POP REQUIRE ANY CHANGE(S) TO EXISTING STATUTE(S) 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?

Child Welfare conducted an analysis in partnership with the Casey Foundation to inform the development of this proposal.

To inform this business plan the following steps were taken:

- Researched other states' approach to respite care by the Casey Foundation
- Compiled what districts are currently doing to support foster parents with respite
- Obtained legal guidance regarding ODHS authority to certify respite providers

This proposal was selected as it could quickly establish respite options.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

Up until recently there were no funds available outside of the monthly maintenance payment that could be used for regular respite. In 2018, the department was given some financial resources, allocated to the districts, to reimburse foster parents when respite is used. However, that funding is very limited and does not support all foster parents. Additionally, the process still relies on foster parents to identify the respite resource. Due to limited funding, each District was instructed to prioritize placement stability and other specific factors in utilizing respite funds.

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

Tribal Certified Homes that have children in ODHS custody would also be able to access this respite resource.

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

This proposal is a result of the recommendations from the consulting firm Alvarez & Marsal which was further expanded upon by the Casey foundation. While not directly worked on for this proposal this aligns with previous requests from Oregon foster parent organizations.

11. WHAT IS YOUR EQUITY ANALYSIS?

We currently do not have enough cultural or linguistically appropriate placement options for children experiencing foster care. This investment will increase our ability to recruit and retain foster parents and therefore could provide more equitable services and reduce existing disparities.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

Having a formalized respite program would increase number of appropriate and available placement options to improve placement matching, reduce the number of placements for children and improve the overall well-being of children experiencing foster care. Foster Parents would spend less time identifying appropriate respite placements and therefore be more willing to remain a resource for a longer period-of-time for the department.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/21

End Date (if applicable): Ongoing

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

Yes.

b. Will there be new responsibilities for ODHS/OHA? Specify which Program Area(s) and describe their new responsibilities.

☒ ODHS Office of Child Welfare Programs	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

Responsible for developing a targeted Statewide Respite Recruitment and licensing/certification practice model and implementing it statewide.

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

d. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.
Yes, this proposal accounts for the availability of respite care for all foster parents statewide. For an average of 3 days per month per child. It is assumed that there will be a 75% utilization rate of foster parents (Biennial population is 5,176 and 75% of this would be 3,882 children in foster care will receive respite care per month). The workload to certify/license respite providers would fall on the workload of current certifiers and doesn't provide for additional positions to do the added work.

e. 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.
1 OPA3, Permanent, 24 Months

f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?
All outreach, recruitment, and training activities will need to be ongoing.

g. What are the ongoing costs?
The ongoing program costs are for Certified Family Respite Care and Emergency and Crisis Respite, which is a higher level of respite care.

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Description	Unit	Max Units (hours/ night)	Rate per unit	Utilization (Youth) per Month	Number of Months	Total Fund Cost
Certified Family Respite Care	Day	3	$ 55	3,882	24	**$ 15,372,720**
Contracted Services	Biennial	n/a	n/a	n/a	n/a	**$ 827,754**
Potential FF Limitation need	Biennial	n/a	n/a	n/a	n/a	**$ 1,109,646**
Emergency/Crisis Respite						
In-home	Hour	3	$ 80	108	24	$ 622,080
Day Respite	Hour	6	$ 100	87	24	$ 1,252,800
Planned Overnight	Night	2	$ 120	69	24	$ 397,440
Crisis Respite	Night	2	$ 170	53	24	$ 432,480
Emergency/Crisis Subtotal						*$ 2,704,800*
Ongoing recruitment of Emergency/Crisis Respite Providers	Biennial	n/a	n/a	n/a	n/a	$ 695,880.00
Total Cost						$ 20,710,800

Other ongoing costs are for a staff person that are requested as part of this Policy Option Package as well as costs to assist the provider community in starting-up new programming that meets ODHS requirements. There will be a need for ongoing costs for marketing, events, training new homes with incentive-based training to cover cost of childcare, cash incentives for signing on etc.

There is currently $321,461 in General Fund in the Child Welfare budget in the 21-23 CSL, which is subtracted from the total costs above to get the total additional funding requested in this Policy Option Package.

h. What are the potential savings?

The savings are in human capital. Better and more consistent foster care services to children and reducing trauma. Better supported foster families, reducing burnout and increasing their capacity to provide care to children. Better outcomes for children and families. Less staff burnout as they are able to provide the services and supports necessary to provide excellent customer service.

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

Most of the respite services do not qualify for federal funds. The funding split varies for each level of respite.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$137,862	$0	$45,955	$183,817	1	0.88

Services & Supplies	$28,538	$0	$9,511	$38,049		
Capital Outlay	$0	$0	$0	$0		

Special Payments	$19,276,693	$0	$1,109,646	$20,386,339		
Other	$0	$0	$0	$0		
Total	**$19,443,093**	**$0**	**$1,165,112**	**$20,608,205**	**1**	**0.88**

Fiscal impact by program

	Program	CW Design	Program 3	Program 4	**Total**
General Fund	$ 19,276,693	166,400			**$19,443,093**
Other Funds					**$0**
Federal Funds	$ 1,109,646	55,466			**$1,165,112**
Total Funds	$ 20,386,339	221,866			**$20,608,205**
Positions	0	1			**1**

Oregon Department of Human Services
2021-23 Policy Option Package

Division: Child Welfare
Program: Child Welfare
Policy package title: Child Welfare Stability
Policy package number: POP 118
Related legislation: N/A

Summary statement:

The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare program have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 99 positions (87.12 FTE) throughout various Child Welfare units as well as some Central office units that are critical to Child Welfare's stability.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$15,859,656	$1,007,800	$9,473,622	26,341,078	99	87.12

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does DHS propose this policy package and what issue is DHS trying to fix or solve?

When DHS and the Oregon Health Authority split in 2009, DHS was left without many key positions and resources to support its mission. In addition, DHS has adapted to changing needs mid-Legislative sessions to minimize disruptions in service and respond to various crisis situations. To continue serving Oregon's children and families as smoothly and efficiently as possible, DHS had to hire people when there were not available budgeted positions. To meet workload demands and gaps in services, two or more people have been hired on the same position number, resulting in "double fills" or non-budgeted positions.

While the use of double fills has allowed the agency to address immediate needs, it has complicated the budget for DHS programs. In order to finance these double fills, the agency has left authorized positions vacant, which means important work is not getting done. Attaining position authority will improve transparency around the budget, make effective position management more feasible, and ensure the stability of essential positions and functions that are critical to ongoing functionality of the Child Welfare program.

2. What would this policy package buy and how and when would it be implemented?

This package buys 99 positions, all of which are currently filled as non-budgeted positions at the time this POP was written (August 2020):

The agency will move the positions from non-budgeted to budgeted positions once the positions are available in the system.

3. How does this policy package further DHS's mission and align with its strategic plan?

In order to maintain the mission-critical work of keeping children safe and families stable, the agency must have a stable workforce. The work performed by Child Welfare's central office design team is essential to daily operations. Some functions these positions provide include creating and delivering trainings to ensure work is performed competently, analyzing and implementing federal funding requirements to maintain compliance, ensuring access to treatment services for children with behavioral health needs, and guiding the Child Welfare program toward racially equitable service delivery. The work performed by these positions ensures that Oregon's children and youth are safe and well and connected to their families, communities and cultural identities.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

The Oregon Secretary of State's 2016 audit of the foster care system resulted in several recommendations to improve the wellbeing of children and youth. Of those, the positions in this package are either directly or indirectly responsible for the implementation or maintenance of the following:

- Increasing staffing resources for Child Protective Services
- Increasing data-informed decision-making
- Cultivate a culture of transparency, responsibility, respectful communication, and professionalism using an array of leadership tools and measurable through an independent work environment survey
- Review the structure and organization of key child welfare programs to identify and understand long-standing issues and system weaknesses; set policy and communicate expectations to ensure appropriate implementation of changes; and ensure changes are not simply reorganizations or movement of employees, but help management to address root problems
- Review the Oregon Safety Model to ensure that staff fully understand and can apply key concepts and more effectively safeguard child safety

- Collect and use data to improve the foster care system
- Design a robust internal policy to reduce the risks of hoteling children by providing district caseworkers and office staff with clear protocols and operational support
- Commit to building foster placement capacity across the whole system for children with a range of behavioral, health-related, and cultural needs
- Develop a strategy for ending the practice of placing children in hotels
- Monitor caseworker caseloads, district staffing allocations, and the impact of turnover, overtime use, lack of experience, and FMLA use on caseloads to support equitable staffing allocations across the state
- Take actions to improve caseworker and staff training
- Work with the Department of Justice and the Legislature to improve caseworker access to legal representation and legal case management support
- Ensure that the central and district offices are in regular communication with field offices throughout the state and provide the necessary support and resources to field offices when requested

The audit also included clear recommendations for the agency to understand, clearly communicate, and advocate for program and staffing needs to the Legislature, to ensure the budget foundation necessary for stable program operations.

Finally, the positions in this package are responsive to the Governor's 2019 Executive Order related to the Child Welfare system, and the findings and recommendations of Alvarez and Marsal (A&M) consulting firm.

Quantifying results

5. How will DHS measure the success of this policy package?

The success of this policy package will be measured by the ability of the Child Welfare program to effectively manage their budget and position authority to meet their workload demands.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an DHS performance measure? If yes, identify the performance measure(s).

Child Welfare KPM 4: Absence of repeat maltreatment of abused/neglected children
Child Welfare KPM 5: Timely reunification of foster children
Child Welfare KMP 6: Timely adoption once children are legally free
Child Welfare KPM 7: Disparity of foster youth achieving permanency
Child Welfare KPM 8: Children served by child welfare residing in parental home

7. What are the long-term desired outcomes?

The long-term desired outcomes are:

- Child Welfare program reduces its use of non-budgeted double-fills and exercises a rigorous process for reviewing new double-fill justifications.
- Child Welfare program has the necessary position authority to stabilize their budget and effectively allocate positions according to workload need
- The agency has the necessary support positions so that Child Welfare can focus on their core work.
- The agency increases transparency and clarity in the budget process

8. What would be the adverse effects of not funding this policy package?

Not funding this position package would result in:

- Continued use of double fills to meet workload demands
- Lack of stability and transparency in the Child Welfare budget
- Lack of stability in Central services to predictably support Child Welfare
- Holding positions vacant to fund double fills, resulting in less productivity in other areas of the agency

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

The Child Welfare program has used rigorous position management practices to steadily reduce the number of double fills. Whenever possible, vacant positions have been used to clear double fills. A strict review process has been implemented for justifying the creation of new double-fills and the practice has significantly decreased. The agency also worked closely with CFO, LFO and the Governor's office over the course of the past year to craft a position package that would be most effective in achieving the agency's key goals.

10. What alternatives were considered and what were the reasons for rejecting them?

Continue carrying double-fills and attempt to reduce them through attrition over time. This process would take several years to accomplish and would result in continued unstable and unsustainable position management practices as well as a lack of transparency in budgeting. Additionally, this option does not provide the agency the position authority and stable, trained staff needed to meet true workload demands.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

None.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

The agency has worked closely with the Chief Fiscal Office, Legislative Fiscal Office and Governor's Office over the course of the past year to identify agency and Governor's office priorities in shaping this package.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

The positions included in this package aid the Child Welfare program to provide competent, culturally responsive and appropriate services to children and families of color, as well as other historically marginalized communities across the state. Children of color have historically been overrepresented in the Child Welfare system and the outcomes of children of color, children with disabilities, and LGBTQ+ children have historically been poorer upon exiting the child welfare system. Several of the strategies the Child Welfare system is employing, and will continue to pursue with the support of these positions include:

- Collecting, analyzing, and disaggregating data to assess the well-being of children of color in the child welfare system
- Providing culturally responsive and appropriate supports and services to children and families, including treatment placements for children with behavioral health needs
- Contracting with culturally responsive providers for services such as foster parent recruitment and support and parent education

- Increase the understanding and skill level of Child Welfare employees to promote and work toward service equity
- Ensure proper implementation and maintenance of the tenets of the Indian Child Welfare Act (ICWA)
- Moving the Child Welfare system toward a system of prevention and family stability, preventing the need for removal whenever possible

Staffing and fiscal impact

Implementation date(s): October 1, 2021

End date (if applicable): N/A

15. What assumptions affect the pricing of this policy package?

This request is strictly for critical positions. The current cost of filled positions was used based on the current compensation plan. Positions were priced at 21 months to account for likely attrition. Normal S&S was added to the total as well as benefits and other "OPE".

16. Will there be new responsibilities for DHS? Specify which programs and describe their new responsibilities.

No these are all filled positions at the time of this POP was written doing current duties.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

An increased number of human resource transactions will further stress the DHS HR system. In addition, payroll and facilities will be impacted.

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

No

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Classification Types	Total
Operations & Policy Analyst 3	34
Principal Executive/Manager D	2
Operations & Policy Analyst 2	6
Administrative Specialist 1	1
Administrative Specialist 2	10
Principal Executive/Manager F	6
Program Analyst 3	2
Social Services Specialist 2	1
Principal Executive/Manager E	4
Public Affairs Specialist 3	3
Principal Executive/Manager G	2
Operations & Policy Analyst 1	2
Operations & Policy Analyst 4	7
Compliance Specialist 2	1
Human Resource Analyst 2	1
Human Resource Analyst 1	2
Social Service Specialist 1	3
Program Analyst 2	3
Info Systems Specialist 6	3
Research Analyst 4	1
Data Entry Operator	5
Total Position Count	99

Oregon Department of Human Services
2021-23 Policy Option Package

20. What are the start-up and one-time costs?

Normal staffing costs.

21. What are the ongoing costs?

Staffing costs.

22. What are the potential savings?

There is the potential that through a review of structure with funded positions efficiencies may be found.

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

Varies depending on cost allocation. Hits all grants in CW and all grants in DHS for central.
Note on Shared Services: *Because of how shared services are budgeted there is also a cost of the same amount of Other Fund expenditure limitation in shared services less the assessment cost. This is simply the nature of Shared Services operations and does not cause a 'double-count' when netted against the request.*

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	13,145,383	868,534	7,694,322	21,708,239	99	87.12
Services & Supplies	2,331,883	102,592	1,412,855	3,847,330		
Capital Outlay						
Special Payments						
Other						
Total	$15,859,656	$1,007,800	$9,473,622	26,341,078	99	87.12

Oregon Department of Human Services
2021-23 Policy Option Package

Fiscal impact by program

	CW Delivery	CW Design	Shared	Central	Total
General Fund	$193,179	$10,768,719	$459,080	$4,438,678	$15,589,656
Other Funds	$0	$45,474	$829,552	$132,774	$1,007,800
Federal Funds	$78,332	$4,576,333	$439,949	$4,379,008	$9,482,622
Total Funds	$271,511	$15,390,526	$1,728,581	$8,950,460	$26,350,078
Positions	1	58	6	34	99
FTE	0.88	51.04	5.28	29.92	87.12

Oregon Department of Human Services
2021-23 Policy Option Package

Division: I/DD
Program: ODDS
Policy package title: Implementation of the New Rate Models
Policy package number: POP 119
Related legislation: N/A

Summary statement: This POP request funds to cover the cost of transition to the new rate models for provider agencies delivering specific services. This funding will cover transition from the old rate model based on old assessment instrument to the use of new Oregon Need Assessment (ONA) and new rate model.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$34,414,903**	**$0**	**$66,874,523**	**$101,289,426**	**0**	**0.00**

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

People with intellectual and developmental disabilities (I/DD) rely on Direct Support Professionals (DSPs) for daily support that enables them to live full lives in their communities. Challenges in finding, training and retaining this workforce persist and have reached crisis levels in the long-term services and supports (LTSS) industry.

In order to make intentional investment in the direct care workforce to support children and adults with I/DD, ODDS worked with stakeholders and an experienced contractor to develop new rate models for services delivered by provider agencies. New rate models have been developed that reflect updated service requirements for providers, current Bureau of Labor Statistics and Consumer Price Index information and updated provider cost survey data. Rates were developed for the following services:

- Children's 24-hour Residential Services
- Adult 24-Hour Residential Services
- Agency Attendant Care
- Day Support Activities, Community and Facility
- Employment Path, Community and Facility
- Small Group Employment
- Non-medical transportation

This POP is to requesting funding to transition to the new rate models on July 1, 2021.

2. What would this policy package buy and how and when would it be implemented?

ODDS is requesting $34,414,903 General Fund/$101,289,426 Total Fund to cover the cost of transition to the new rate models. This funding will cover transition from the old rate structure and groupings of individuals according to their level of need based on the old assessment instruments to the new Service Groups based Oregon Needs Assessment (ONA) and new rate model Payment Categories. The implementation will result in the weighted average DSP wage of 14.24/Hour.

3. How does this policy package further ODHS's mission and align with its strategic plan?

This POP directly addresses issues around Agency Vision ("Safety, health and independence for all Oregonians") and multiple Agency goals, including:

1. People are safe and living as independently as possible – POP ensures that I/DD Provider agencies have stable and qualified workforce to ensure quality and continuity of services, individuals' health and safety, and maximum independence and integration into the community.

2. Culturally specific and responsive services are provided by highly qualified and diverse staff – POP provides ability to recruit, train and retain qualified workers, with the appropriate cultural and linguistic capacities, who are adequately compensated and incentivized to continuously advance their skills.

The direct support workforce is critical to ensuring that people with I/DD can live, work and contribute to their communities and be healthy and safe. This POP takes a series of actions to strengthen this workforce and promote I/DD as an in-demand field of work.

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ODDS Vision: People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community.
ODDS Mission: ODDS, stakeholders, and the developmental disabilities community come together to provide services, supports, and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.

Strategic goals:
1. Create a system that is sustainable and easy to use, with effective communication and equitable access.
2. Honor and support people to make their own choices about who they want to be and what they want to do in their life.
3. Support equal opportunity for living options and meaningful employment in an integrated community setting.
4. Provide families the amount and type of supports they need to raise their children at home, or when necessary, in another family home within their community.
5. Support people to live rich, full lives while providing for their health and safety.
Two-year actions:

1. Expand capacity and increase the quality of the long-term services and supports workforce that provides direct care to individuals with I/DD by advocating for funding of the new rate models that support better wages for workers and by making available options for workers to pursue career advancement opportunities within the field.
The direct support workforce is critical to ensuring that people with I/DD can live, work and contribute to their communities and be healthy and safe. This POP develops a process to ensure providers are able to keep up with growing costs.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Quantifying results

5. How will ODHS measure the success of this policy package?

NCI Oregon Staff Stability Survey: average DSP wage increase over time, average turnover rate decrease over time.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

N/A

7. What are the long-term desired outcomes?

This POP would increase provider capacity to recruit and retain diverse workforce to provide quality culturally and linguistically appropriate services to individuals with I/DD and ensure adequate wages and benefits to those workers.

Implementation of the new rate models and transition to the use of the new Oregon Needs Assessment (ONA) will allow the I/DD service delivery system to move to an updated and transparent rate model and use of a single validated assessment instrument.

8. What would be the adverse effects of not funding this policy package?

Risks of not implementing the new rate models and assessment:

1. Continuation of high turnover rates and vacancy rates for DSPs, workforce shortage leading to health and safety risks for individuals receiving supports.

2. Misalignment with new assessment and rate models causing disparities in funding for the workforce and quality of services provided to people with I/DD.

3. Need to continue to administer multiple assessments for participants across different settings to meet federal requirements and to set rates, creating inefficiencies and unnecessary workload for CDDPs and Brokerages and imposing unnecessary burdens on individuals receiving services

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

During the 2019 Legislative Session, the Legislature granted ODDS $30 million General Fund to move into the new rate models. ODDS worked closely with stakeholders to identify a strategy to distribute the limited funding across all rates and services.

In response to the crisis in placement capacity for children with high needs, ODDS moved to fully implement new rate models for children's 24-hour residential services starting September 1, 2019, with the expectation that it will help providers grow capacity.

Since implementation of the new rate model, the number of provider agencies supporting children in 24-hour residential has increased from 10 to 14. A gain of 4 new providers, adding 18 new beds. In addition, 3 provider agencies are currently planning to open new group homes in June of 2020, which will increase total capacity to 192 (an increase of 8). The 15-bed capacity at SACU is not included in this data. Additionally, average DSP wage increased from $13.95/hour on July 2019 to $16.41/hour in January 2020.

All other services listed above received a 4% increase in August 2019. ODDS was planning to implement additional increase of 7% in July 2020, and transition to the new rate models and use of new service groups based on ONA in January 2021. Due to a contractor error that resulted in an underestimate of the cost to transition, ODDS requested additional $12.2 million in General Fund during 2020 Legislative Session in order to honor our commitment to move into the new rate models and fully fund the 7% increase we had committed to with stakeholders. That session ended unexpectedly.

Due to the COVID-19 pandemic and need to redirect efforts toward equipping the service delivery system to operate during the crisis and safeguard the individuals receiving services and the workforce, implementation of the new rate models has been delayed to July 1, 2021.

As of May 2020, $10.5 GF of the original $30 million GF investment for the 19-21 biennia has not been used. The plan for this funding changed when the contractor error was identified. As of July 1, 2020, this funding was used to support a 5% rate increase in the current rate models.

10. What alternatives were considered and what were the reasons for rejecting them?

Risks of not receiving additional fund for transition to the new rate models:

ODDS is able to transition to the new rate models and use the ONA assessment to determine level of reimbursement in a budget neutral way, however, that would create reductions in the funding level for several of the new rates. This is due to the costs that result from transitioning to new assessment and new rate model.

Part of that cost comes from transitioning from 6 Tier system under the previous rate model and assessment structure to 4 Payment Categories structure under the new rate model and assessment. Some Tiers are being consolidated to one Payment Category, resulting in a cost increase to some individuals in those Tiers. Additionally, transition to the use of new assessment will result in some individuals moving up, some individuals moving down, and some individuals staying in the same service level, compared to the previous assessment grouping structure. The cost of individuals moving up exceeds reductions from individuals moving down, resulting in additional cost to transition to the new assessment and Payment Categories.

To avoid the need to implement the new rate models in a way that results in reductions in the funding level for several of the new rates, ODDS is proposing this POP to support a move into the new rate models without any funding cut .

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

N/A

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

N/A

13. What other agencies, programs or stakeholders are collaborating on this policy package?

ODDS is collaborating with I/DD stakeholders including providers and provider organizations such as Oregon Resource Association (ORA), Community Providers Association of Oregon (SPAO), and Small Providers Association.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

POP supports providers resources to recruit, train and retain diverse workforce to provide quality, culturally agile supports to individuals with I/DD

Staffing and fiscal impact

Implementation date(s): July 1, 2021

End date (if applicable): On-going

15. What assumptions affect the pricing of this policy package?

Any rate increases leading up to new rate model implementation
Since this POP is not asking for full funding for new rate model implementation, assumptions around at what level ODDS will be able to implement the new rate models.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

No impact

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

No impact

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

No change

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

No new positions are needed.

20. What are the start-up and one-time costs?

None

21. What are the ongoing costs?

None

22. What are the potential savings?

N/A

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

Medicaid program and state general fund at the appropriate FMAP for specific service/rate.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0	0	0.00
Capital Outlay	$0	$0	$0	$0	0	0.00
Special Payments	$34,414,903	$0	$66,874,523	$101,289,426	0	0.00
Other	$0	$0	$0	$0	0	0.00
Total	**$34,414,903**	**$0**	**$66,874,523**	**$101,289,426**	**0**	**0.00**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	$34,414,903				**$34,414,903**
Other Funds	$0				**$0**
Federal Funds	$66,874,523				**$66,874,523**
Total Funds	$101,289,426				**$101,289,426**
Positions	0				**0**
FTE	0.00				**0.00**

Oregon Department of Human Services: 2021-23 Policy Package

Division:	Shared Services
Program:	Office of Payment Accuracy and Recovery (OPAR)
Policy package title:	Estate Administration Unit (EAU) Business Process Change/Program Integrity
Policy package number:	POP 125
Related legislation:	N/A

Summary statement:

The primary objective of the policy package is to increase estate recovery efforts for reinvestment in ODHS programs and to improve integrity to ODHS programs through increased communication, recovery, productivity, accuracy and efficiency. Additional revenue for ODHS will be provided to the Adults and People with Disabilities (APD) Programs.

The Estate Administration Unit has a body of work (Surviving Spouse & Pending cases) that we currently are not actively working due to the lack of resources. With a new business process change in July 2019, we are required to notify and process any new Surviving spouse and Pending cases timely moving forward. Additionally, there are 15,000-25,000 cases that are not being worked timely and notifications are not being sent to the consumer in a timely manner. These cases have historically been a lower priority due to resource limits. However, with the change in business practice and additional staffing, we would like to work these cases as part of our normal operations. ***We have support and agreement from APD to direct fund these positions from future recoveries.***

With the large number of cases sitting untouched, we are losing revenue. To be able to work the cases and sustain the ongoing new business process change with reviewing Surviving Spouse and Pending cases, we would like to add:
(2) Compliance Specialist 2s (CS2s)

(1) Administrative Specialist (AS1)
(1) Compliance Specialist 3 (CS3).
With the additional staff, and the work they will be producing, the expected result would be a minimum of $14,000,000 in additional recovery dollars each biennium.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$0**	**$1,392,101**	**$0**	**$1,392,101**	**4**	**3.52**

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

As we move to implement a new business process change initiated by Rep. Stark, by way of constituent concerns, and working with APD leadership, the volume of letters written, research needed, claims calculated, calls received and ongoing work required on Surviving Spouse cases and Pending cases in EAU, we would minimally need (2) CS2s, (1) AS1 and (1) CS3.

As the CS2s research recovery efforts, they will require the AS1s to calculate thousands of additional claim work ups which will generate an increase in correspondence to family members which will in turn generate hundreds, if not thousands, of phone calls from family members, attorneys, personal representatives and other partners. The CS3 team will see a minimum of a 10% increase in caseloads as well. This increase in workload will not be manageable with our current staffing levels. EAU is currently closing hundreds of

cases each month and has placed thresholds on what cases we can work within our critical timeframes and with the number of resources we have.

With an increase in staffing, EAU should expect to see ***over*** $14,000,000 in additional recovery each biennium. The personnel ***costs***, per biennium are as follows:

- (1) AS1 $174,270
- (2) CS2s $431,057
- (1) CS3 $243,887

The total biennium cost would be just over $800,000. These additional staff should help us maintain more timely responses to our families while increasing estate recovery for APD programs. ***(APD has agreed to fund these positions directly from EAU recovery dollars)**

2. What would this policy package buy and how and when would it be implemented?

This POP would allow EAU to work the Surviving Spouse and Pending caseload that is currently deferred due to lack of resources. In addition, we would be able to better meet the demands of our consumers, attorneys, branch personnel and various other partners. To maintain program integrity, EAU needs to be working these cases, securing our recovery opportunities and notifying the family members in a timely manner. EAU would train up the new employees and immediately have them working the Surviving Spouse and Pending caseload. The employees would be able to identify and pursue current recovery options as well as secure future recovery by way of any real property assets.

3. How does this policy package further ODHS' mission and align with its strategic plan?

Assuring timely processing of Surviving Spouse and Pending cases, ensuring we have secured assets for current and future recovery, and maintain program integrity with the recycling of our recovery dollars to assist those benefitting from APD programs.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

N/A

Quantifying results

5. How will ODHS measure the success of this policy package?

OPAR has performance measures reported monthly for dollars recovered in EAU.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an DHS performance measure? If yes, identify the performance measure(s).

The representatives work with us on this body of work.

7. What are the long-term desired outcomes?

New staffing levels would be maintained and unit operations, program integrity along with consumer satisfaction, will continue to improve. Recovery dollars will increase, especially over time due to the way in which EAU's cases stay open for months and years during the recovery process. Long term, EAU would have sufficient staffing resources to work all bodies of work to optimize estate recovery to reinvest into our APD programs. Minimize revenue loss due to lack of staffing.

8. What would be the adverse effects of not funding this policy package?

EAU will not be able to work and maintain the Surviving Spouse and Pending cases due to the need to prioritize the "current" cases to optimize recovery. Currently the Surviving Spouse and Pending cases are not being reviewed or worked, they are just sitting and waiting for review and potential action.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

Process improvement activities have been undertaken and performance measures have been implemented. We continue to review these activities to improve upon our current business practices and to optimize recovery.

10. What alternatives were considered and what were the reasons for rejecting them?

We have already done process improvement, performance measures and allocated what resources we have in the most cost-effective way to address the "new" cases coming in the door. There are just not enough employees to get to the other bodies of work, hence revenue loss and untimely contact with our consumers and partners.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

None

13. What other agencies, programs or stakeholders are collaborating on this policy package?

APD. Funding agreement.

14. What is your equity analysis?

Status quo as this POP would not influence equity

Staffing and fiscal impact

Implementation date(s): 07/01/2021

End date (if applicable): NA

15. What assumptions affect the pricing of this policy package?

This work will continue to require a certain level of staff expertise, Compliance Specialist 2's and 3's. We might assume that this expert level staff may start at higher than step one on the salary range.

16. Will there be new responsibilities for DHS? Specify which programs and describe their new responsibilities.

No

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

No

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

No

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

New Staff:
(2) – Permanent, full time, Compliance Specialist 2 (24 months) *(These two staff have been hired and are currently in performing the work requested of Rep Stark. They are already in
(1) – Permanent, full time, Compliance Specialist 3 (24 months)
(1) – Permanent, full time, Administrative Specialist 1 (24 months)

20. What are the start-up and one-time costs?

Nothing extraordinary: just hiring, onboarding, training, tracking results

21. What are the ongoing costs?

Standard PS and SS expenses

22. What are the potential savings?

Projected $14 million in additional recovery for the biennium if allotted all (4) staff.

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

General Fund (GF) *(These positions will be direct funded by APD from the recoveries of EAU)

Categories:	PS	S & S	Total Cost
Compliance Specialist 3	176,834	38,016	214,850
Compliance Specialist 2	304,279	75,796	380,075
Administrative Specialist 1	116,211	37,725	153,936
Total Cost for the Package	597,323	151,537	748,860

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$597,323	$0	$597,323	4	3.52
Services & Supplies	$105,617	$45,920		$151,537		
Capital Outlay						
Special Payments	$(105,617)	$748,860		$643,241		
Other						
Total	**$0**	**$1,392,101**	**$0**	**$1,392,101**	**4**	**3.52**

Fiscal impact by program

	OPAR	Shared Svc Fund	SAEC	APD	Total
General Fund		$643,241	$105,617	$(748,860)	**$0**
Other Funds	$643,241			$748,860	**$1,392,101**

Federal Funds					**$0**
Total Funds	**$643,241**	**$643,241**	**$105,617**	**$0**	**$1,392,101**
Positions	4				**4**
FTE	3.52				**3.52**

APD will transfer the funding for these positions.

Oregon Department of Human Services
2021-23 Policy Package

Division:	Self-Sufficiency
Program:	Survivor Investment Partnership (SIP) Program
Policy package title:	Survivor Investment Partnership
Policy package number:	POP 130
Related legislation:	N/A

Summary statement:

In partnership with the Governor's Office, ODHS Self-Sufficiency is proposing the Survivor Investment Partnership (SIP) Program to increase accessibility of advocacy services and meaningful financial support to survivors of domestic violence and sexual assault including Tribal members, individuals without children, and vulnerable populations. Domestic violence is prevalent nationally and in Oregon. Domestic Violence is disproportionally prevalent in vulnerable populations:

- Prevalence rates for Tribal members experiencing domestic violence is at 44%[1] nationally.
- In Federal Fiscal Year 2018, 21.5%[2] of children in Child Welfare that were victims of Child Abuse were children of color.

Survivors of domestic violence and sexual assault need access to culturally responsive advocacy services and meaningful financial support. There are high rates of domestic and sexual violence in Oregon and services to support survivors are underfunded. There are current gaps in services, where culturally specific

[1] https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf

[2] https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2018-Child-Welfare-Data-Book.pdf

services are not available across the state, there is a need for additional services in Tribal Communities, and survivors of domestic violence and sexual assault (DVSA) need access to funding that both supports underserved and vulnerable populations and that is accessible and meaningful.

Maintaining the current funding structure has already proven ineffective and left survivors without adequate financial support to address their safety needs, such as finding safe and stable housing or gaining access to culturally responsive DVSA services. The current structure is not culturally responsive across the state and does not include the valuable partnerships with Oregon Tribes and Culturally Specific DVSA providers.

ODHS clients, DVSA survivors will continue to face safety challenges that present a barrier to creating self-sufficiency without access to meaningful advocacy resources coupled with financial support. Furthermore, DVSA survivors that are disproportionately affected will be affected at an even higher risk.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$10,000,000**	**$0**	**$0**	**$10,000,000**	**3**	**2.64**

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

In partnership with the Governor's Office, ODHS Self-Sufficiency is proposing the Survivor Investment Partnership (SIP) Program to increase accessibility of advocacy services and meaningful financial support to survivors of domestic violence and sexual assault including Tribal members, individuals without children, and vulnerable populations.

Domestic violence is prevalent nationally and in Oregon. Domestic Violence is disproportionally prevalent in vulnerable populations:

- Prevalence rates for Tribal members experiencing domestic violence is at 44%[3] nationally.
- 2017 Adult Protective Services reports show out of 3,672[4] founded community allegations investigated for abuse, 85% of those cases were individuals that may have experienced some form of domestic violence
- In Federal Fiscal Year 2018, 21.5%[5] of children in Child Welfare that were victims of Child Abuse were children of color.

Survivors of domestic violence and sexual assault need access to culturally responsive advocacy services and meaningful financial support. There are high rates of domestic and sexual violence in Oregon and services to support survivors are underfunded. There are current gaps in services, where culturally specific services are not available across the state, there is a need for additional services in Tribal Communities, and survivors of domestic violence and sexual assault (DVSA) need access to funding that both supports underserved and vulnerable populations and that is accessible and meaningful.

[3] https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf
[4] Internal APS Fast Facts 2017 Report
[5] https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2018-Child-Welfare-Data-Book.pdf

According to the Hotline (National Domestic Violence Hotline), 1 in 4 women and 1 in 7 men have experienced severe physical violence by an intimate partner in their lifetime[6]. These individuals are accessing services, requesting help, and looking for an avenue for support.

According to the CDC Violence Prevention State by State report from 2010-2012, released in 2017, Lifetime prevalence of sexual violence, physical violence, and/or stalking by an intimate partner woman has a National average of 37.3%. In the state of Oregon that prevalence is 39.8%. For men, the national average is 30.9% and in Oregon the average is 36.2%[7]. Furthermore, domestic violence greatly impacts the Oregonians accessing Self-Sufficiency Programs or engaged with the Child Welfare Program. National prevalence of domestic violence of women receiving welfare is reported at 22.9%[8]. When looking at the Oregon Child Welfare, 29.7% of Child Protective Services family stressors were domestic violence[9].

Reviewing the statewide crisis response provided by Oregon Domestic and Sexual Violence Assault (DVSA) non-profit programs, in 2018 out of 128,786 calls for help received, 84% of those calls were related to domestic violence[10]. In the state of Oregon, domestic violence is a prevalent factor in many family's lives.

2. What would this policy package buy and how and when would it be implemented?

This is an investment in the Governor's Budget, in addition to the regular essential packages that are part of the normal budget build process. The POP information has been updated for the changes made in the GRB as outlined below.

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[6] https://www.thehotline.org/resources/statistics/
[7] https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf
[8] https://vawnet.org/sites/default/files/materials/files/2016-09/AR_Welfare2.pdf
[9] 2018 Report - https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2018-Child-Welfare-Data-Book.pdf
[10] https://www.oregon.gov/DHS/ABUSE/DOMESTIC/Documents/2018-domestic-sexual-violence-annual-report.pdf

Oregon Department of Human Services
2021-23 Policy Package

This policy package would start the Survivor Investment Partnership program and invest in Survivor Investment dollars across Oregon. This policy package would (1) buy intergovernmental agreements with Oregon Confederated Tribes for domestic violence services for Tribes and (2) contracts with Culturally Specific DVSA non-profit agencies for advocacy services and contracts to build a statewide culturally responsive network by offering technical support statewide to DVSA providers to enhance and support culturally responsive services. This policy package includes flexible funding for survivors of domestic violence and sexual assault, in the form of direct financial support to survivors from the partners listed above and current contracted Co-Located DVSA Providers. This also purchases three new positions at ODHS for program implementation, ongoing program integrity and sustainability.

(1) Tribal Domestic Violence Position Funding

- Intergovernmental Agreements with Oregon Nine Confederated Tribes to support domestic violence and sexual assault services in Tribal communities, with Survivor Investment Funds to serve survivors

(2) **Culturally Specific DVSA Agency Advocacy Funding**

- Contracted advocacy positions to increase culturally responsive domestic violence response statewide
- Contracted advocacy positions to utilize Survivor Investment funding

Survivor Investment Dollars

- Financial assistance offered by DVSA organizations and Tribes to address needs of survivors in their communities. Funding enhances meaningful financial support with connection to culturally specific and confidential advocacy services.
- Includes flexibility to offer financial assistance to all vulnerable populations for resources including but not limited to housing, legal fees, immigration fees, penalties, lock changes, cameras, rental assistance, moving costs, plane tickets, license fees, housing application, emergency hotel, etc.

- Funds usage to be determined by Tribal Nations, Culturally Specific DVSA Providers, and Co-Located DVSA Providers for the needs of domestic violence and sexual assault survivors in their communities.
- These funds are issued through contract and intergovernmental agreements and specific to services for survivors – implemented in partnership with DVSA programs to meet the needs in a trauma-informed, culturally responsive system.

The intention is to expand domestic violence and sexual assault services in a meaningful way and to create funding to reach underserved populations. This policy package will focus on increasing and building partnerships and creating meaningful financial supports. This will be done by contracting with these partners to increase or build agency capacity to start or further serve underserved populations, offer their agencies the flexible funding they need to meet the financial needs of survivors while providing culturally and linguistically appropriate advocacy services. This program will focus on providing culturally responsive advocacy and financial support to survivors. This policy package was jointly developed by the Oregon Tribes, Culturally Specific domestic violence sexual assault (DVSA) providers, Co-Located DV Providers, and a workgroup made of DVSA providers, ODHS staff, the Governor's Office, and other domestic violence and sexual assault providers.

This policy package would be effective 07/01/2021 or upon passage, whichever is later.

3. How does this policy package further ODHS's mission and align with its strategic plan?

This policy package aligns with the Governor's Vision for 2021-2023 to enhances culturally responsive domestic violence services across the state with a focus on underserved populations, including Tribal Nations and culturally specific populations. This aligns with ODHS strategic plan to enhance services to underserved populations and expand on services that are nationally recognized. Policy package addresses systematic weaknesses in service

implementation and applies an equity lens to ensure ODHS clients and community members have access to meaningful, trauma-informed, and culturally responsive services and financial support.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This package is not being requested because of an Oregon Secretary of State or internal audit.

Quantifying results

5. How will ODHS measure the success of this policy package?

SSP will collect aggregate data from all providers to determine how funds were used, how many people were served, and is working on outcome measures for data. In addition, Tribes and DVSA agencies will be provided additional FTE to support their work. We can measure the increased number of people served with these positions.

SSP plans to work in collaboration with our providers to develop a series of optional survivor surveys that can be used to gather data from survivors of how the program helped them. With domestic violence and sexual assault (DVSA), the needs of survivors are completely different and therefore their success measures are dependent on resources they were able to access, versus outcomes they have made. DVSA survivors are trying to gain safety from an individual(s) that is causing them harm. Outcomes are dependent on if the survivor gained more safety tips from the services they received and if they were able to receive the financial assistance needed.

SSP will also work with staff to determine if relationships with our contracted partners have increased or improved and what additional knowledge ODHS staff gained regarding the Oregon Tribes and/or how to be culturally specific and responsive.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

The policy package's focus is on building safer, healthier communities by promoting the goal of increasing meaningful access and support for families experiencing violence to get the resources they need. This also relates to overall family stability and child safety. Self-Sufficiency Programs have key performance measures that include:

- *Self-Efficacy and Hope* – The percentage of Self-Sufficiency participants who report their involvement with SSP and the services SSP connected them to helped them feel (1) more confident about improving their current circumstances and (2) more hopeful about their future.
- *Housing Stability* – the percentage of Self-Sufficiency Program participants who report their housing needs are met.

The mission for the Child Welfare Program: Every child and family are empowered to live independent, safe and healthy lives. By investing in broadening the effective domestic violence programs that support survivors of domestic violence, ODHS is committing to offer more financial stability and promoting self-efficacy and hope. ODHS is committed to giving supports to families that include financial and advocacy supports to empower survivors and children to live healthy and safe lives.

7. What are the long-term desired outcomes?

The long-term desired outcomes include more access to confidential advocacy services, increased capacity for Oregon Tribes and culturally specific DVSA providers to provide more culturally specific domestic violence services, and access to flexible funds for survivors of domestic violence and sexual assault throughout Oregon.

This will expand culturally responsive services for survivors of DVSA statewide. Historically underserved populations that experience violence at a disproportionate rate will be positively impacted by this program, both the financial supports and additional advocacy service and resources this policy package builds. These services will help survivors to attain self-sufficiency and prevent the need to return to an abusive situation. This will help children to maintain safety. The results would also include building capacity in the Oregon Tribes to provide services to their communities for DVSA survivors, outreach, and/or prevention. This will also build culturally responsive DVSA services throughout the state of Oregon by increasing capacity at culturally specific DVSA organizations and building a network of support statewide.

The SIP Program provides funding to meet survivors needs in connection with advocacy services through DVSA organizations and the Oregon Tribes. These dollars invest in safety for survivors by giving meaningful funds for needed safety items, administered in a culturally specific way and meeting survivors in the communities they are already seeking services. Contracts/Intergovernmental Agreements ensures infrastructure of consistent statewide program implementation and allows for SSP to gather aggregate data for analysis and ongoing program development.

8. What would be the adverse effects of not funding this policy package?

Maintaining the current funding structure has already proven ineffective and left survivors without adequate financial support to address their safety needs, such as finding safe and stable housing or gaining access to culturally responsive DVSA services. The current structure is not culturally responsive across the state and does not include the valuable partnerships with Oregon Tribes and Culturally Specific DVSA providers.

ODHS clients, DVSA survivors will continue to face safety challenges that present a barrier to creating self-sufficiency without access to meaningful advocacy resources coupled with financial support. Furthermore,

DVSA survivors that are disproportionately affected will be affected at an even higher risk. Throughout workgroup conversations, it was identified that the current structure of needing to be at ODHS Office to get financial assistance is not the safest place for underserved populations. Without changing the funding structure, ODHS will continue to inadequately support these individuals.

In addition, relationships with Oregon Tribes and Culturally Specific DVSA providers will be negatively impacted, as we have engaged their services and support. A lack of capacity in their organizations has been identified, which leaves them with a hole.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

SSP completed a budget reallocation to distribute funds in an equitable way and based on prevalence of domestic violence in county populations. This resulted in shifting of funding and changing of access to services for survivors in the community. It also expressed a significant gap in services in urban areas and a gap in culturally specific response statewide.

SSP considered what it would mean to ask local domestic violence point persons, workers in Child Welfare, Aging and Persons with Disabilities, and Self-Sufficiency offices, to create relationships and provide the culturally specific resources. This takes the expertise away from our providers and requires in depth training and resources that do not exist. ODHS offers different services than advocacy agencies as well that cannot fill the gap of what support is needed.

Historically, the needs for training and culturally responsive services for domestic violence have relied on partnering agencies that volunteer to provide this service. This greatly impacts our relationships with providers, the capacity of those agencies, and the quality of work providers would be asked to work in, given they would

be volunteering their staff and time. Using any of these models internally removes the expertise and trauma informed lens provided by our partners. It also increases the risk for vicarious trauma and burnout.

10. What alternatives were considered and what were the reasons for rejecting them?

SSP considered relying on our current structures. We learned from current ODHS staff, current contracted DVSA providers, and for our workgroup and Oregon Tribes and Culturally Specific providers that the current system does not meet all the needs of providers or domestic violence and sexual assault survivors in a meaningful way or a culturally specific way.

SSP explored existing supports and services for domestic violence survivors in the state of Oregon. As it stands now, relying on local domestic violence sexual assault (DVSA) providers and community action agencies to distribute funding sources for financial support to survivors of domestic violence will not be sufficient. DVSA providers have limited funding, that is not as flexible as even the TA-DVS program. Action agencies funding is otherwise allocated and not dedicated specifically to domestic violence.

With the Governor's Office, the Workgroup, and Oregon Tribes and culturally specific DVSA providers, we explored expanding co-location as it currently exists. Underserved populations do not always feel comfortable starting their request for domestic violence help in this setting. SSP explored expanding our Temporary Assistance for Domestic Violence Survivors (TA-DVS) program however the program has federal funding that restricts both the eligibility for the funds and the usage of the funding, which hinders survivors from applying and/or accessing funds once approved for the program.

Current co-located DV providers have attempted to provide services for survivors and ODHS at their own cost. This resulted in under staffing in advocacy agencies, lack of effective training and support for advocates,

unequitable treatment and expected response from providers. It also results in less access for survivors to well supported DVSA co-located advocates.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No, this policy package does not require any changes or establishment of statute.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Each of the nine federally recognized Oregon Tribes are to be affected by this policy package. Each tribe will receive funding to increase their capacity in providing domestic violence services in their Tribe. The funding is specific to each Tribe to meet their needs. The Tribes were involved in the discussions to build this policy package. The fiscal impact is funding that increases their current service allotment for domestic violence and sexual assault. This is new funding with ODHS, which means we are building relationships and cultivating strong partnerships. The Tribes performance will be dependent on how they build their programs around this funding, some wanting to increase advocacy, work with children, provide additional training, have support for consultation and training conversations amongst other agencies, outreach services, and/or a combination of the above.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

We worked in collaboration with the following partners: Governor's Office, Oregon Confederated Tribes, Culturally Specific domestic violence sexual assault (DVSA) providers, current Co-Located DV Advocate providers, Oregon Attorney General's Sexual Assault Task Force (SATF), Oregon Coalition Against Domestic and Sexual Violence (OCADSV), ODHS Domestic and Sexual Violence Council, and other interested parties.

These parties all functioned by supporting us through various workgroup efforts to build the policy package in total, including having discussions on how to maintain flexibility in funding, increase, create or enhance

services that are culturally responsive, build support and capacity for DVSA agencies and Tribes to complete this work, and what survivors of domestic violence and sexual assault need in their access to funding.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

This package has worked in partnership with the Oregon Tribes and culturally specific DVSA providers to create meaningful access to services for populations impacted by inequities. As mentioned above, domestic violence and sexual assault affect all populations, but disproportionately affects vulnerable populations. This policy package aims to provide funding to agencies and partners that serve vulnerable populations. The policy package works in collaboration with providers serving vulnerable populations to increase capacity at their organization to serve more DVSA survivors or to serve DVSA survivors in ways each program has identified as an existing gap in their services. This policy package also invests in flexibility of funding to allow programs the ability to meet the needs of the individuals they are working with in ways we have been unable to before, both within ODHS and within their organizations.

Throughout workgroup conversations, we have identified inequities and injustices within funding structures, support and resources for survivors, and within ODHS operations. This policy package continues collaboration with commitment from ODHS to further engage our Tribal partners and Culturally Specific partners to enhance ODHS services and provide further services to vulnerable populations.

The component to build a statewide network of support allows us to create more resource in all areas of the state for culturally responsive services. This further builds ODHS collaboration with partners and enhances the ability for partners to connect across the state, building more network and support for DVSA survivors.

Staffing and fiscal impact

Implementation date(s): 07/01/2021

End date (if applicable): Ongoing

The implementation date should be the earliest date included in response to question #2. Provide an ending date if the policy change in this POP has a specific termination date or indicate that it's ongoing.

15. What assumptions affect the pricing of this policy package?

This policy package is priced based on a two-year biennium contract schedule. Contracts/intergovernmental agreements would be signed for two years with amendments for ongoing service level.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

Yes, Self-Sufficiency will be responsible for program development, implementation, evaluation, and program maintenance for the SIP Program and Co-Located DV Advocate program. This includes building program infrastructure, continued conversations and relationship building with Oregon Tribes, Culturally Specific DVSA Providers, Co-Located DVSA Providers, and Child Welfare.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

Yes. This will require access to facilities, including computer, phone, and email for all Co-Located DV Advocates.

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

This policy package has the potential to be a domestic violence caseload increase or reduction. Due to safety purposes, there is no data to identify why survivors have reached out, if their needs were met, or why they did or did not access services with ODHS. There is also no current data on use of culturally responsive services to determine the increase in that caseload size.

Potential reasons we anticipate an *increase* in domestic violence cases:

- More individuals will have access to culturally responsive services, advocacy services, and financial support. The connection to advocates could lead to more referrals to domestic violence services at ODHS in both Child Welfare and Self-Sufficiency.
- Based on our average TA-DVS caseload size in SFY 2019, 1,057 out of 1,439 TA-DVS cases were approved but did not utilize payment. Providers have shared anecdotally this is because the funding is not enough. If the TA-DVS funding is combined with SIP funding, we anticipate the caseload could increase and use of the funding may increase.

Potential reasons we anticipate a *decrease* in domestic violence cases:

- More individuals will have access to culturally responsive services, advocacy services, and financial support. The connection to advocates and financial support might mean survivors will not need ODHS services or receive preventative services instead of entering into the Child Welfare system.
- Based on our average TA-DVS caseload size in SFY 2019, 1,057 out of 1,439 TA-DVS cases were approved but did not utilize payment. Providers have shared anecdotally this is because the funding is

not enough or not adequate. If funding is available through another source that is more flexible, TA-DVS funds may not be utilized at the same rate.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Policy Option package requests the following permanent positions.
All positions will work 24 months in the biennium.

Operations and Policy Analyst 4 – For program development, relationship building, and outcome measurement. This position is responsible for program oversight of SIP Program. This position is responsible for ongoing collaboration with Child Welfare.
Operations and Policy Analyst 3 – For ongoing contract administration, including but not limited to site visits, contract compliance, contract/Intergovernmental Agreement drafting and submission, planning and offering training and technical support to contracted providers.
Operations and Policy Analyst 2 – For invoice processing, data tracking, day to day maintenance of SIP program.

20. What are the start-up and one-time costs?

Not applicable.

21. What are the ongoing costs?

This policy package is to be incorporated into ongoing service level. Cost estimates around $40,000,000 (policy package pricing and potential COLA increases) expanding beyond the 2021-23 biennium.

22. What are the potential savings?

By funding more supports for domestic violence and sexual assault survivors, the workgroup anticipates there will be a cost savings through the following impacts:

- Prevention of children entering the foster care system due to domestic violence
- Stabilization of survivors, meaning less need for other SSP program benefits for ongoing stability
- Less burnout and turnover of ODHS staff regarding DVSA cases due to increase in collaborative support from providers
- Decrease in staff time spent supporting DVSA clients and navigating DVSA challenges, due to ongoing collaborative efforts.

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

This policy package is 100% general fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$562,076	$0	$0	$562,076	3	2.64
Services & Supplies	$114,201			$114,201		
Capital Outlay						
Special Payments	$9,323,723			$9,323,723		
Other						
Total	**$10,000,000**	**$0**	**$0**	**$10,000,000**	**3**	**2.64**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	**$10,000,000**				**$10,000,000**
Other Funds					**$0**

Federal Funds					**$0**
Total Funds					**$0**
Positions					**3**
FTE					**2.64**

Oregon Department of Human Services
2021-23 Policy Package

Division:	Vocational Rehabilitation
Program:	Youth and Workforce
Policy package title:	Social Security Cost Reimbursement
Policy package number:	POP 131
Related legislation:	N/A

Summary statement:

Currently Vocational Rehabilitation (VR) is not fully capturing all of the available Social Security reimbursement available to its consumers who received Social Security Insurance (SSI) and/or Social Security Disability Insurance (SSDI) benefits and who become employed as a consequence of VR services. Historically these revenues have approached $10M per biennium. Proposed changes in the Ticket to Work program would create a revenue stream to fund ongoing supports for individuals with the most severe disabilities.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$0**	**$0**	**$170,746**	**$170,746**	**1**	**1.00**

Oregon Department of Human Services
2021-23 Policy Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

This will be a self-funding position that will also be revenue generating. This will bring in additional federal finds that do not need to be matched. This will help the VR program keep out of the Order of Selection and increase client service dollars.

2. What would this policy package buy and how and when would it be implemented?

VR is requesting one position to revamp our current reimbursement system, submit and manage timely reimbursements from the Social Security Administration. Additionally this position will work in collaboration with Senior and People with Disabilities (SPD) and Office of Mental Health and Addiction Services (OMHAS) to explore and potentially develop a reimbursement system in collaboration with community partners that would generate an additional revenue stream for those individuals who required ongoing supports in order to maintain employment. Without the self-funding position, OVRS will not be able to recoup the full amount of Social Security reimbursements available and will not be able to pursue the Ticket to Work Program as a potential revenue stream.

3. How does this policy package further ODHS's mission and align with its strategic plan?

This funding stream would enhance VR financial ability to assist eligible Oregonians with disabilities to secure, maintain and advance in employment.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Quantifying results

5. How will ODHS measure the success of this policy package?

ODHS and VR will measure the success of this package by tracking the number of claims that are submitting=

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

No.

7. What are the long-term desired outcomes?

Increase revenue into the program. There is potential for this program to expand beyond VR clients to other Oregonians served by ODHS. This could dramatically increase the revenue for the agency.

8. What would be the adverse effects of not funding this policy package?

There are unclaimed federal funds that are not being claimed by the state. By not providing resources to this program we are losing funds by not claiming them.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

We currently have one FTE working in this const reimbursement program. Last biennium the were able to draw down nearly $10M in unmatched funds. We are projecting that we could draw down at least another

$500,000 to $1M if we could have more support in this program area. (See attachment below for income over the past several biennia).

10. What alternatives were considered and what were the reasons for rejecting them?

Status quo. This was rejected because this position would pay for itself and with additional income to support the program.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

There is the possibility that we could draw down additional funds from clients served by other ODHS programs. This would further increase the revenue generated by this POP.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

None.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

Indirectly this POP will provide additional support to the VR program because it will bring in funds that can be used for client service delivery.

Staffing and fiscal impact

Implementation date(s): 7/1/2021

End date (if applicable): N/A

15. What assumptions affect the pricing of this policy package?

FTE calculation.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

No. This would expand an existing program.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

No.

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

No. This position would work to recoup funds expended on individuals that have already exited the VR program.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

The staff requested would be a Human Services Assistant 2. This would be a new position

20. What are the start-up and one-time costs?

N/A or negligible. There would be general recruitment and onboarding expenses.

21. What are the ongoing costs?

The biennial cost will be $170,746 for the 1 FTE.

22. What are the potential savings?

This position will support VR program activities that generate revenue. It is estimated that the position could potentially generate an additional $200,000 to $500,000 extra funds in cost reimbursement funds per biennium.

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

This is a self-funding position and it would be paid out of the cost reimbursement fund that we receive from the Social Security Administration under the Ticket to Work and Cost Reimbursement programs.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$129,305	$129,305	1	1.00
Services & Supplies			41,441	41,441		
Capital Outlay						
Special Payments			680	680		
Other						

Total	**$**0	**$0**	$170,746	$170,746	**1**	**1.00**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund					**$**0
Other Funds					**$0**
Federal Funds					$170,746
Total Funds					$170,746
Positions					**1**
FTE					**1.00**

Oregon SSA Cost Reimbursements

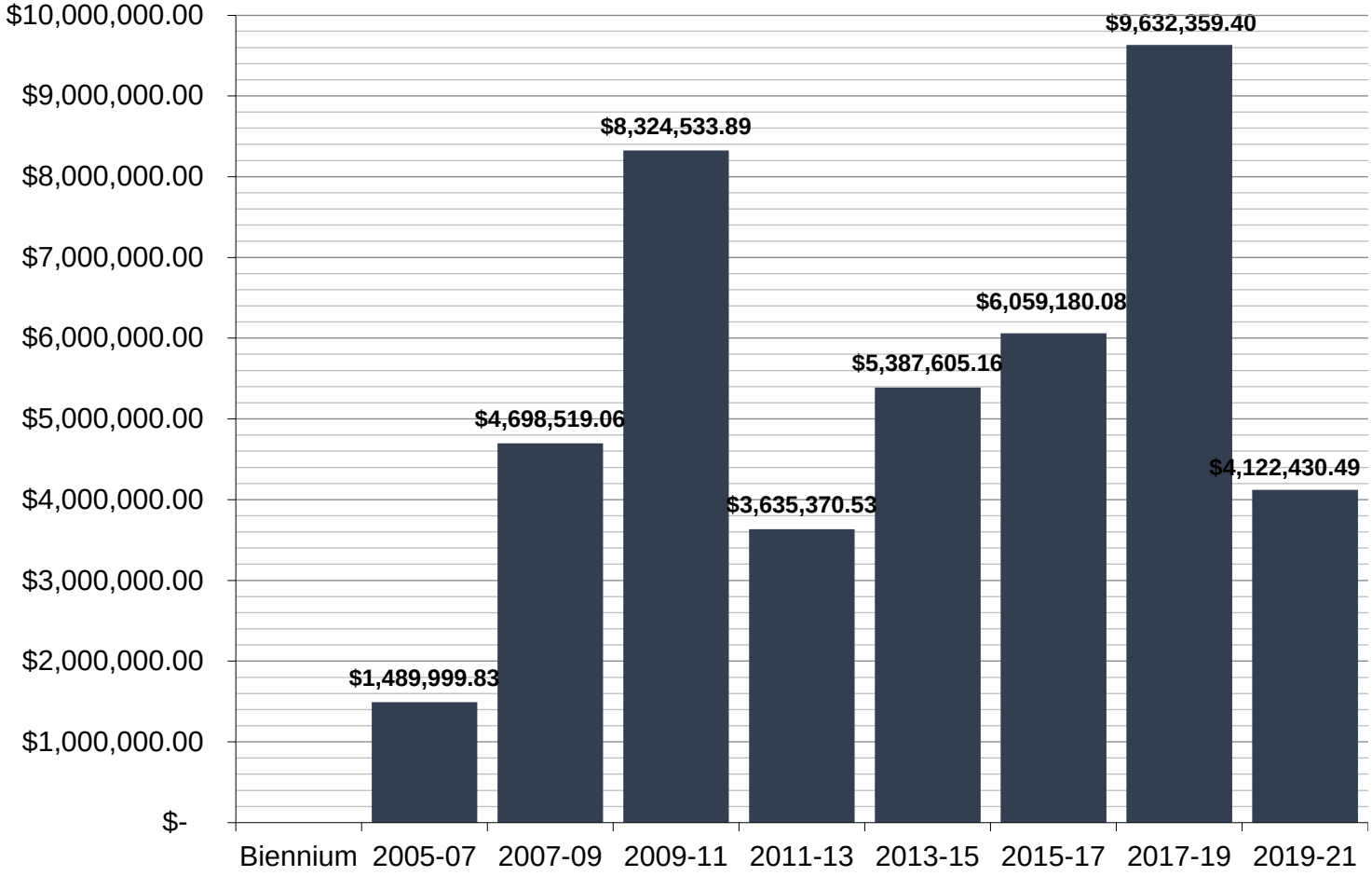
Biennium 2019 - 2021 (July 1, 2019 – June 30, 2021)

Cost claims requested this biennium:	590
Total CR amount requested this biennium:	$8,466,972.01
Claims Pending SSA Approval:	231
Pending Claims Total Amount:	$3,577,870.00
Total Claims Paid to Date:	**$4,122,430.49**

Cost Reimbursement Payment History:

2019–21 Biennium Total Reimbursements:	**$4,122,430.49**
2017–19 Biennium Total Reimbursements:	$9,632,359.40
2015–17 Biennium Total Reimbursements:	$6,059,180.08
2013–15 Biennium Total Reimbursements:	$5,387,605.16
2011–13 Biennium Total Reimbursements:	$3,635,370.53
2009–11 Biennium Total Reimbursements:	$8,324,533.89
2007–09 Biennium Total Reimbursements:	$4,698,519.06
2005-07 Biennium Total Reimbursements:	$1,489,999.83

Oregon Department of Human Services
2021-23 Policy Package



Last updated 4/28/2020

Oregon Department of Human Services and Oregon Health Authority
2021-23 Policy Option Package

Division:	ODHS & OHA
Program:	Integrated Eligibility (IE) / integrated ONE
Policy package title:	IE Maintenance and Operations Post-Implementation
Policy package number:	POP 206
Related legislation:	N/A

Summary statement:

This POP requests permanent resources for ODHS and OHA/OIS to support the transition from the IE project to the integrated ONE program through the 2021-23 biennium and into the future biennia. The requested resources and funding will provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called integrated ONE that integrates eligibility determination for MAGI and Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. The IE program represents an essential lifeline to vulnerable Oregonians in need.

It should be noted that the integrated ONE system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period to resolve defects and to help staff adjust to the new system. As the project transitions to Maintenance and Operations (M&O), the resource gaps must be addressed to sustain this substantial investment. This POP is meant to address three critical areas:

Resource Gaps and Staffing Challenges
To sustain this substantial investment, this POP is addressing the resource gaps not recognized in the 2019-21 biennium for M&O.

Stabilization and Post-Implementation Support
This POP requests permanent resources for DHS and OHA/OIS to support the transition from the IE project to the integrated ONE program through the 2021-23 biennium and into future biennia.

Oregon Department of Human Services and Oregon Health Authority
2021-23 Policy Option Package

Funding to Support M&O
M&O is key to making sure that the system support Oregonians and that ODHS/OHA can continue to receive funds under the maintenance and operational federal match.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$37,118,353**	**$ (including OIS limitation)**	**$32,558,094**	**$69,676,447 (including OIS limitation)**	**24**	**24.00**

Purpose

1. Why does OHA propose this policy package and what issue is OHA trying to fix or solve?

This POP requests permanent resources to fill resource gaps and funding for ODHS and OHA/OIS to support the transition from the IE project to the integrated ONE program through the 2021-23 biennium and into the future biennia. The requested resources and funding will provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called integrated ONE that integrates eligibility determination for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. The IE program is an umbrella under which multiple complex inter-dependent, yet disparate, bodies of work fall, and it represents an essential lifeline to vulnerable Oregonians in need.

Funding and position authority were received in the 2019-2021 session for some M&O activities; however, after two years and the system close to go-live, more is known as to what the required ongoing support needs are. It is important

to note that M&O activities that are currently being filled by limited duration resources, rotational staff or contracted staff need to be filled by permanent staff to reduce expenses, high turnover and lost productivity.

The integrated ONE system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period. As a result, the following permanent resources and funding will be needed to support the IE program:

- Subject matter experts, testers, analysts, test case writers, site support, coordinators and leadership will need to continue to provide support services into the 2021-23 biennium
- Defect resolution experts and coordinators to manage the code releases in multiple environments
- Site support resources to help staff adjust to the new system
- Ongoing support of the Legacy systems relied upon by IE, such as:
    - Changes made to the IE core system typically require changes to the legacy systems, which ultimately pays out benefits for Oregonians
    - Test environments created to support user acceptance testing (UAT) and ongoing support and maintenance for the existing automated test suite were not included in previous funding requests
    - Additional resources will be needed to ensure the environment and tools can support system changes, system enhancements and testing
    - Disaster Recovery functionality for the IE core needs to remain intact and tested annually
- Duties that have been transitioned to OHA/OIS from ODHS that the IE program is dependent upon:
    - Ongoing support of the ONE VEC call center, which is relied upon by the IE Program
    - PMO administrative services, such as, calendar management, receiving and sending correspondence, and providing reports
- Program Office resources to manage and support a program office versus a project office. The program will need resources to manage cost, scope, schedules, risks and issues, system change requests, deliverable management, testing, site support, reporting needs, governance, administrative support, quality control, and complex communications across several domains.
- On-going M&O support will be provided by Deloitte for the core system. Funding is requested through this POP for those M&O expenses.

The IE program must meet the needs of the Oregonians in which it serves and as the project transitions to Maintenance and Operations (M&O), the resource gaps must be addressed to sustain this substantial investment.

In summary, this POP is meant to address three critical areas:

Resource Gaps and Staffing Challenges
To sustain this substantial investment, this POP is addressing the resource gaps not recognized in the 2019-21 biennium for M&O.

Stabilization and Post-Implementation Support
This POP requests permanent resources for ODHS and OHA/OIS to support the transition from the IE project to the integrated ONE program through the 2021-23 biennium and into future biennia.

Funding to Support the M&O Contract
M&O is key to making sure that the system support Oregonians and that ODHS/OHA can continue to receive funds under the maintenance and operational federal match.

2. What would this policy package buy and how and when would it be implemented?

This policy package seeks a total of 63 permanent FTE (ODHS-24, OIS-39) and funding for M&O for the IE program.

Permanent Positions to support the Program by filling resource gaps and to provide post-implementation support

The 2019-21 policy package provided limited duration positions and contractors to fill key positions during the design, development and implementation phase. Using limited duration and contractors for a large multi-year project, created significant staffing challenges. In general contractors are three times more expensive than permanent employees and some staffing contracts only allowed contractors to work 1,040 hours per year. Staff in limited-duration positions continue to look for permanent employment creating instability in the workforce supporting this program. These challenges impact the business in the following ways: 1) High turnover rate 2) Loss of unique knowledge that is

specific to ODHS / OHA 3) Project team members had to train new contractor's continuously 4) Additional workload is assigned to already over-loaded staff.
Investing in permanent staff for the IE Program will help the organization achieve its strategic goals by providing resources that will be invested in stabilizing a critical system that delivers critical services to Oregonians, which are required by our Federal Partners (e.g., Centers for Medicaid and Medicare, Food and Nutrition Services, etc.).

High-Level Implementation Plan:

- Prioritize needed positions and begin hiring permanent staff immediately upon approval
- Establish the IE Program Management Office and transition from a project office to a program office, based on the M&O transition plan
- Execute the M&O program support and transition plan
- Issue the approved funding to the M&O contractor that supports the core system
- Stabilize the ONE system and provide post-implementation support

3. How does this policy package further ODHS's and/or OHA's mission and align with its strategic plan?

The Integrated ONE solution will assist Oregonians achieve well-being and independence by providing timely and efficient eligibility determinations. It will allow a self-service option for Oregonians to apply through the applicant portal at times that are convenient for them, which in turn, would minimize the amount of time needed in ODHS field offices to complete the application process. The system will generate notices in seven languages and five alternate formats, helping to reduce barriers for traditionally underserved populations. Integrate ONE solution improves access to program eligibilities and program benefits to some of Oregon's most vulnerable populations. Reducing any wrong doors and consolidating access to services, providing individuals and households with greater opportunity to access benefits and services though the venue of their choice, online, by phone or within a single office space. Integrated ONE brings the disparate IT systems together, provides previously unavailable opportunities for service delivery improvements and moves the agency closer towards a no-wrong-door approach.

Operations of the Integrated ONE solution will require complex coordination systems, data and processes at an Enterprise level across multiple key program areas and agencies. Permanent resources will assist Oregonians from start to finish in providing timely and efficient eligibility determinations for the IE Program from a field office or a virtual eligibility center. Staff resources are required to support the technology enhancements, maintain the existing 150 system interfaces and support the system. The Applicant Portal is self-service for end-users, but backend work is required to ensure availability.

Performing this level of coordination improves access to care, safety, security and stability to Oregonians and moves us closer to sustaining a no-wrong-door approach.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Quantifying results

5. How will ODHS/OHA measure the success of this policy package?

Success will be measured by using the following*:

- Customer Satisfaction: Through the use of surveys, the majority of Oregon citizens using the integrated ONE system will respond with a positive reply of good or excellent.
- Employee Engagement: Through the use of surveys, the majority of staff report medium or high levels of positive engagement with customers
- Accuracy: The integrated ONE programs, Non-MAGI Medicaid, SNAP, TANF, and ERDC show a 95% or better-quality control review rating
- Availability: The integrated ONE system has an uptime of 99.99% or better and any potential issues can be forecasted and addressed before they impact Oregon citizens

- Reporting: Through the use of several reporting methods that include ad hoc and federally required reporting.

* This policy package lays the foundation of the people and tools to be able to collect and analyze the data used for measuring success.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or a ODHS/OHA performance measure? If yes, identify the performance measure(s).

This policy package aligns with and directly supports three areas of the Governor's policy:

1. "Modernize and standardize critical statewide systems"
2. "Optimize service delivery to the public and internally by modernizing agency-specific and cross-agency systems" by providing a modern, accessible system enabling clients broader access to services and quantifiable measurements around outreach and quality of services.
3. Create better health through good jobs

7. What are the long-term desired outcomes?

Continue to enhance the integrated ONE system that enables Oregonians to self-serve by accessing their benefits through a web portal. Oregonians will continue to be able to access their benefits by phone, by mail, by fax, or in person.

The new system will provide self-service to Oregonians by enabling applications through the applicant portal at times that are convenient to them. It provides a more dignified and private option to apply and minimizes wait times in ODHS field offices to complete the process. Currently, in person engagement requires staff to use three different agencies using seven different systems to determine eligibility for Oregonians.

The Integrated ONE system will improve efficiency and access to eligibility-based services for Oregonians who will no longer have to visit multiple locations and for staff who will not have to enter information into multiple systems for multiple programs. This solution will increase accuracy in our benefit determinations as program information, notification

of changes, Federal and State interfaces, automation logic and a rules engine will standardize practices across multiple programs. The system also generates notices in multiple languages and formats, helping reduce barriers for traditionally underserved populations. It also gathers and stores applicants preferred race and ethnicity values allowing for culturally competent care.

8. What would be the adverse effects of not funding this policy package?

If this policy package is not funded, support for one of Oregon's largest IT investments will not be at a level required to make sure that Oregonians relying on the IE program for critical services can be met, which might directly affect eligibility and/or benefit accuracy and customer satisfaction. In addition, lack of support increases the likelihood of staff overloads, longer than expected delays in responding to issues, inability to provide federally mandated reports, lack of predictive mitigation of issues as staff will be too busy just keeping the system running versus being able to address potential issues before they become a reality and impact Oregonians.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

Funding and position authority were received in the 2019-2021 session for some M&O, ongoing project management and support activities. This is a new environment and one of the largest, most complex IT systems Oregon has ever implemented. Now, with the system close to go-live, more is known as to what the ongoing support needs will be. This policy package is the result of what has been learned and what is needed to support what will be Oregon's largest IT system going forward.

10. What alternatives were considered and what were the reasons for rejecting them?

Alternatives include:

1. Do nothing.

This is not a viable option. With what is known today, the previous M&O support estimate will only keep the IE program at minimal levels at best, at worst, it will negatively impact both Oregonians and staff. Oregonians may suffer through delays and availability, while staff deal with negative experiences with customers and work overloads.

2. Hire Contracted or Limited Duration Resources and Continue to With Current Staff.
   This is not a viable option. Over the last five years, the two agencies have used contracted staff and limited duration resources to fill its resource gaps. This strategy is not the most effective or efficient method for IT services. Hiring contractors using the IT Professional Services contract can be up to three times more expensive than permanent employees and some staffing contracts limit contractors to 1,040 hours per year. Staff in limited-duration positions continue to look for permanent employment creating instability in the workforce supporting the IE program. These challenges result in the following impacts:
   - Contracted staff can cost up to three times more; thus, impacting Oregonians bottom line
   - High turnover rate
   - Additional workload is assigned to already over-loaded staff
   - Permanent staff must continuously train new hires
   - Loss of unique knowledge that is specific to the IE program and/or OIS
   - Reduced productivity

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

OHA and ODHS are the primary stakeholders and beneficiaries outlined in this policy package. In addition to OHA and ODHS, the following agencies are affected:

- DAS - Equipment and services at ETS are required to support this policy package

- DOJ - The IE program will need to interface with the Child Support system
- OED - The IE program will have interfaces with the Employment Department
- ODE - The IE program will interface with systems that make payments to Early Learning Division Child Care Providers

13. What other agencies, programs or stakeholders are collaborating on this policy package?

This is a collaborative effort between ODHS and OHA.

14. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity[1] or equitable health outcomes?

This policy package, if approved, will ensure that Oregonians can continue to achieve wellbeing and independence by providing timely and efficient eligibility determinations for the IE programs that are relied upon. In addition, it continues support for the following:

- Allow Oregonians to self-service by applying through the applicant portal at times that are convenient for them, minimizing time needed in field offices to complete the process
- Generate notices in seven languages and in five alternate formats, helping to reduce barriers for traditionally underserved populations
- Gather, and store applicants preferred race and ethnicity values allowing for culturally competent care

Staffing and fiscal impact

Implementation date(s): July 1, 2021 start date

[1] Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability,** gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

End date (if applicable): This will be an on-going effort anticipated for each biennium to ensure that both ODHS and OHA have the resources to support the IE program and Oregonians.

15. What assumptions affect the pricing of this policy package?

- Cost of professional services is assumed to be in alignment with other comparable efforts
- Cost of staffing is assumed to be relatively constant
- Federal funding will be available and leveraged for all ODHS & OHA efforts where available
- Resources with the necessary skills will be available

16. Will there be new responsibilities for ODHS or OHA? Specify which programs and describe their new responsibilities.

No.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

The following duties have been transitioned to OHA/OIS from ODHS that the IE program is dependent upon:

- Ongoing support of the ONE VEC call center, which is relied upon by the IE Program
- Administrative services, such as, calendar management, administrative support, receiving and sending correspondence, and/or providing reports

Additional scope was added over the last two years:

- Maintenance of Legacy test environments
- Disaster Recovery support

Additional permanent resources are needed to support the above work efforts for OHA/OIS.

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

No.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

This policy package requests funding for 63 permanent positions. The positions are new and will work collaboratively within ODHS and OIS to support M&O for the IE program.

ODHS - Funding for 24 permanent positions to provide support in various key roles:

- SSP Program Support: Funding and permanent position authority for 4 FTE (4-OPA4) to support Virtual Eligibility Center operations
- OBIS Support: This package reclasses 1-PEMD to PEME (1018540), and provides funding and permanent position authority for 19 FTE (2-OPA4 MMN, 1-OPA3, 8-OPA2, 8-OPA1) for resources to support testers and test case writers, to ensure system functionality remains synchronized and in-tact, IE program infrastructure including data dictionary management, report writing, release management, and the ONE Helpdesk
- Administrative staff: Funding and permanent position authority for 1 FTE (1-AS2)

OIS Technical - Funding for 26 permanent positions to address technical expertise gaps not requested previously. These include:

- Business Intelligence Developer: Funding and permanent position authority for 1 FTE (1-ISS8) to develop, deploy, and maintain BI interfaces for data visualization, interactive dashboards, ad hoc reporting, and data modeling

- AD / Express Route System Architect: Funding and permanent position authority for 1 FTE (1-ISS8) to support complex infrastructure that crosses multiple domains
- Database Administrator: Funding and permanent position authority for 1 FTE (1-ISS8) to provide expertise in-house for a complex and large database that consists of 1,700 tables
- Senior Privacy / Risk Coordinator: Funding and permanent position authority for 1 FTE (1-ISS8) to coordinate between the vendor and EIS CSS on applications for privacy, risk and compliance
- Test Environments / Batch scheduler support: Funding and permanent position authority for 2 FTE (1-ISS7, 1-ISS6) to provide ongoing support and maintenance of the new infrastructure created during the project to support testing and training
- JV Support: Funding and permanent position authority for 1 FTE (1-ISS7) to join the JV financial system support team
- Operations Support: Funding and permanent position authority for 3 FTE (3-ISS7) to coordinate change requests and triage activities for legacy system changes
- Legacy Mainframe Team: Funding and permanent position authority for 3 FTE (PEME, 1-ISS8 mainframe architect, 1-ISS8 Interface Architect) to support ongoing IE M&O to the legacy systems
- Compliance Specialist: Funding and permanent position authority for 1 FTE (ISS8) to manage compliance and audit activities with SOS, federal partners and oversight analysts
- Increased coverage for test environment: Funding and permanent position authority for 3 FTE (1-ISS7, 2-ISS6) to increase support of the test environment to 6pm-10pm plus 8am-8pm Saturday / Sunday
- Legacy Integrated Test Environment Manager: Funding and permanent position authority for 1 FTE (1-PEMD) to manage complex environments that crosses multiple domains
- Call Center Support: Funding and permanent position authority for 8 FTE (8-ISS4) to support the integrated call center

<u>OIS Program Office - Funding for 13 permanent positions to transition from a project office to a program office, while also supporting an ongoing administrative function and backfilling modernization positions, limited duration positions and contractors:</u>

- Program Management support is needed to backfill two positions that are on rotation: Program Management Office (PMO) Director (1-PEMF) and PMO Manager (1-PEMD)
- Senior Project Manager (1-PM3) and Project Coordinators (2-PM2) are needed to backfill staff who are on rotation or who are in Limited Duration positions that manage cost, scope, schedules, risks and issues, system change requests, deliverable management, testing, site support, reporting needs, governance, quality control, IE TEAMS site, IE SharePoint and help manage complex domains across several domains.
- Business System Analysts (3-ISS7) provide a critical function and are needed to fill a resource gap by helping gather technical requirements, deliver technical documentation and implement technical reports
- PMO Administration (4-PM1) and an Executive Assistant (1-ESS2) are needed to provide program management support that includes: administrative support, calendar management and complex communications across several domains.

20. What are the start-up and one-time costs?

N/A

21. What are the ongoing costs?

IT Professional Services: $63.6M
Software: $8M
Hosting: $18M
Hardware: $4M
ESS Costs: $9M (*28,000 hours*)

22. What are the potential savings?

- N/A

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

TBD.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$2,479,608	$	$2,140,885	$4,620,493	24	24.00
Services & Supplies	$34,638,745	$	$30,417,209	$65,055,954		
Capital Outlay						
Special Payments		$		$		
Other						
Total	**$ 37,118,353**	**$**	**$32,558,094**	**$69,676,447**	**24**	**24.00**

Fiscal impact by program

	ODHS	OIS	Program 3	Program 4	**Total**
General Fund	$37,118,353	$			**$37,118,353**
Other Funds	$0				**$**
Federal Funds	$32,558,094	$			**$32,558,094**
Total Funds	$69,676,447	$			**$69,676,447**
Positions	24				**24**
FTE	24.00				**24.00**

Oregon Department of Human Services and Oregon Health Authority
2021-23 Policy Package

Division:	Oregon Department of Human Services and Oregon Health Authority
Program:	ODHS Aging & People with Disabilities
Policy package title:	Maintenance & Operations of Provider Time Capture
Policy package #:	207
Related legislation:	None
Summary statement:	The Oregon Department of Human Services and Oregon Health Authority in-home care programs need a system that will increase program integrity and comply with the federal 21st Century CURES Act for Electronic Visit Verification System and the U.S. Department of Labor Fair Labor Standards Act. This would be done with a time, attendance and payment system for the program's Home Care Workers and Personal Support Workers. The drivers for this work include a need for: 1. Improved timeliness and accuracy of data 2. Improved compliance with federal, state, and bargaining requirements 3. Increased efficiency and internal controls 4. Decreased duplication of efforts across agencies 5. HCW/PSW to accurately and timely report services provided across programs 6. Decrease dependency on outdated legacy systems This policy package would implement ongoing maintenance and enhancements that build upon a base system implemented in the 2021-23 biennium that would result in an integrated solution that meets the 21st Century Cures Act criteria and helps protect vulnerable Oregonians.

General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE	FTE
ODHS	$1,814,048	$0	$1,000,000	$2,814,048	0	0.00
OHA	$58,615	$824,214	$18,246	$901,075	3	3.00
Total policy package:	**$1,872,663**	**$824,214**	**$1,018,246**	**$3,715,123**	**3**	**3.00**

Purpose

1. Why does ODHS/OHA propose this policy package and what issue is ODHS/OHA trying to fix or solve?

The Department of Human Services (ODHS) and Oregon Health Authority (OHA) programs utilize Home Care Workers (HCWs) and Personal Support Workers (PSWs) to provide in-home care for patients across Oregon and must keep certain records for each HCW or PSW. The requirements apply to HCWs and PSWs who provide personal and home care assistance to older adults and people with disabilities. The Fair Labor Standards Act (FLSA) requires the records include certain identifying information about the HCW or PSW and data on hours worked. The law requires this information be accurate and attested to by both service recipients and providers.

Currently, these records are being captured through manual processes. Paper timesheets are completed by HCWs and PSWs and data is entered manually into state systems by employees at state field offices. These processes are time-intensive, have many manual steps and do not meet federal guidelines for Electronic Visit Verification (EVV) tracking.

2. What would this policy package buy and how and when would it be implemented?

This policy package would fund operations and maintenance costs for the PTC system including staffing related to shared services (OIS) as well as software, platform, and hosting licensing costs for the 2021-2023 biennium.

The Legislature previously approved a limited portion of the ODHS request to support the system implementation and maintenance, but the OIS positions remain critical to the success of the project given current capacity and priority constraints.

3. How does this policy package further ODHS's and/or OHA's mission and align with its strategic plan?

ODHS and OHA programs utilize HCWs and PSWs to provide in-home care for patients across Oregon. ODHS and OHA must keep certain records for each HCW/PSW. The requirements apply to HCW/PSW's who provide personal and home care assistance to older adults and people with disabilities. The FLSA requires that the records include certain identifying information about the HCW/PSW and data about the hours worked. The law requires this information to be accurate and attested to by both service recipients and providers. Currently, these records are being captured through manual processes. Paper timesheets are completed by HCW/PSW, and data is entered manually into State systems through employees at State field offices. These processes are time-intensive, have many manual steps, and do not meet Federal guidelines for EVV tracking.

The full implementation of such a system would directly contribute to the ODHS Policy Outcome of "Improving our Human Services Systems" by addressing a long-standing gap in data collection and analysis and leading to a more efficient and effective state response to the reported problems with the Consumer Employed Provider program.

The PTC solution would also align with the framework and maturity assessment from Medicaid Information Technology Architecture (MITA), which will assist project decision makers in considering an appropriate path

and metrics for success for this IT investment. The PTC project would focus on the maturity of the MITA process: Manage Invoice Payment. The capability maturity measure will move Oregon toward the "To Be" assessment level. The State is currently at Level 1 which is "The process is primarily manual". PTC will strive to move the State to level 2 which specifies "The State uses a mix of manual and automated processes to accomplish tasks".

By implementing a service across both APD and HSD, this solution will create a common time reporting process across State agencies. Implementing a single time capture and payment process among agencies will align these agencies for potential future enhancements.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This is part of the response to the Oregon Secretary of State audit in 2019. This report was titled, "Consumer-Employer Provider Program Needs Immediate Action to Ensure In-Home Care Consumers Receive Required Care and Services" completed in February 2019 and numbered Report 2019-05.

Quantifying results

5. How will ODHS/OHA measure the success of this policy package?

ODHS has identified a series of goals and objectives we will perform initial baselines and final metrics collection and analysis to confirm our expected outcomes.

Goal #1:	1.1 **Objective:** Establish use of Electronic Visit Verification (EVV) compliant recording mechanism(s).

Comply with Federal requirements, including 21st Century Cures Act.	1.2 **Objective:** Establish electronic approval of time entries by individuals.
	1.3 **Objective:** Capture the six required data elements for Electronic Visit Verification (EVV).
Goal #2: Improve program integrity.	2.1 **Objective:** Decrease number of time entry/reporting errors.
	2.2 **Objective:** Decrease number of over/under payments.
	2.3 **Objective:** Decrease number of incidents of potential fraud.
	2.4 **Objective:** Decrease number of errors in reporting travel time.
	2.5 **Objective**: Improve reports and tracking of issues with time capture processes available for staff to leverage as part of program integrity operations/processes.
Goal #3: Decrease workload on identified impacted groups.	3.1 **Objective:** Decrease workload for Voucher Clerks (Field Offices) and Provider Relations Unit (PRU) (Central Office) in voucher issuance and reprint processes.
	3.2 **Objective:** Decrease workload for Travel Time Clerks (Central Office) and PRU staff in processing travel time.

	3.3 **Objective:** Decrease workload for field staff in time entry and correction processes (time entry corrections and over/under adjustments).
	3.4 **Objective:** Decrease workload for staff in the payment correction processes (adjustments, exceptions, and corrections). (PRU and BOTS)
	3.5 **Objective:** Decrease workload for providers in submitting time worked.
	3.6 **Objective:** Decrease workload for individuals in approving time entries.
	*3.7 **Objective:** Decrease workload for staff in collecting, updating, and issuing payroll related documentation (W-2, W-4, DD, etc.).
	*3.8 **Objective:** Decrease workload for staff in garnishment and recoupment processes.
Goal #4: Decrease processes within legacy systems functions and/or data.	4.1 **Objective:** Decrease number of functions performed by the existing state systems in the time entry, calculation, and payment processes.
	4.2 **Objective:** Decrease number of validations performed by the existing state systems in the time entry, calculation, and payment processes.
	4.3 **Objective:** Decrease number of business processes that require legacy systems.
Goal #5:	5.1 **Objective:** Decrease paper voucher storage costs and physical location needs.

Reduce costs associated with manual processes.	5.2 **Objective:** Decrease number of time entry claims that are paid solely out of the General Fund.
	5.3 **Objective:** Decrease printing and mailing costs for printed paper vouchers.
	5.4 **Objective:** Decrease Mainframe processing and storage costs.
Goal #6: Maximize user adoption through identified, organized, and prioritized change management, communications, and trainings.	6.1 **Objective:** Decrease stakeholder barriers to adoption.
	6.2 **Objective:** Increased accessibility for successful time entry and approval.
	6.3 **Objective:** Increase user satisfaction for all impacted groups.
Goal #7: Ensure system and processes are clear and understandable for identified impact groups (Individuals, Providers, and Staff)	7.1 **Objective:** Increase number of readily accessible training materials and online documentation.
	7.2 **Objective:** Decrease time for staff in describing/explaining the time entry and approval processes.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS or OHA performance measure? If yes, identify the performance measure(s).

Yes, this aligns with the 2015-17 approved Key Performance Measure below:

11 – LTC Recipients Living Outside Nursing Facilities
13 – People with Disabilities Living at Home
14 – Supported Employment

7. What are the long-term desired outcomes?

By removing workload from field administrative support of the Consumer Employed Provider program it will allow APD and HSD to shift other work to this body of workers freeing up Case Managers to spend more time on case management and more critical issues for vulnerable Oregonians.

8. What would be the adverse effects of not funding this policy package?

The Committee approved a portion of the agency's January 2020 position request to support the Provider Time Capture (PTC) project, which is an information technology project redesigned after it was initially started to meet federal requirements around electronic visit verification for Medicaid personal care and in-home services provided by home care workers. In order to support the implementation of automated interfaces in Phase 2 of the project, which was decoupled to avoid conflicts with IE, positions are being requested to assist in the implementation and maintenance of the data feeds and work involved with PTC for our Shared Services.

The PTC project has a mandatory January 1, 2021 start date and ODHS requested extra resources to ensure the program is implemented on time and to avoid a potential loss of federal funding due to non-compliance. Failure to support and successfully implement PTC will have two main areas of impact. The current Collective Bargaining Agreement (CBA) with SEIU that covers the HCWs and PSWs requires implementation by the end of calendar year 2020 for Phase 1 and the end of 2021 for Phase 2.

Additionally, Compliance with the standards required by the 21st Century CURES Act would allow the state to continue to receive federal funding match. Failure to comply will result in a reduction of this funding, along with potential penalties. The percentage of an individual reduction on FMAP for Consumer-based Care and In-Home Care expenditures begins with 0.50 percent on January 1, 2021. Subsequent six-month percentage reductions increase to 0.75 percent by 2022, 1.00 percent by 2023 and beyond.

EVV Penalty pricing In Home Supports

	In Home Projected Expenditures at 21-23 CSL (TF)	% FMAP Reduction Per schedule	Federal Fund Penalty Reduction Estimate (GF Cost)	
1/1/21-6/30/21	$ 275,898,626	0.50%	$1,379,493	19-21
7/1/21-12/31/21	$294,195,880	0.50%	$1,470,979	21-23
1/1/22-6/30/22	$295,127,270	0.75%	$2,213,455	21-23
7/1/22-12/31/22	$297,532,442	0.75%	$2,231,493	21-23
1/1/23-6/30/23	$298,207,326	1.00%	$2,982,073	21-23
21-23 General Fund Cost			$8,898,000	21-23

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

Options were considered for inclusion in current process or expansion of the Legacy systems to capture this information, but it is not considered sustainable nor would it be supported by current staffing levels. Staffing for the project have been sourced from numerous sources including pulling in employees from the Field on limited duration double fill positions. Given the nature of staffing in the field this creates additional strain and does not account for the long-term operations and maintenance required.

10. What alternatives were considered and what were the reasons for rejecting them?

All the PTC alternative approaches were evaluated bto determine if they have the ability to solve the business problem defined by the product requirements. The updated business case completed in July of 2019 analyzed 10 options which included a variety of in-house options, custom build, use of existing contracts or Statewide agreements, no action, or a new procurement. Ultimately, a recommendation of a Software as a Service procurement was adopted by Agency leadership based on the reasons identified below.

1. Implement a Software as a Service (SaaS) solution.
   - This option has the benefit of requiring the burden of the development and design activities and long-term operations and maintenance of code on the vendor compared to an in-house or other commercial solution. Additionally, selecting a vendor who has performed this work in other states increases Oregon's chances of capitalizing on lessons learned and efficiencies of scale based on the work already put into the system.

The recommended approach for the PTC Project is to utilize a SaaS solution for the following reasons:

- Ability for advanced configuration, integration with other applications, and possible customization

- Aligns with the direction the software industry is going
- Possibility to expand to other solutions in the future for FMAS, Case Management, Provider Management, etc.
- Fewer technical resources would be required from the State and there would be no dependency on the State Data center
- Possibility of faster implementation
- Workload reduction in the State field offices and Type A and Type B AAA offices
- Moves the Agency away from having sole responsibility for supporting an increasing number of systems
- Ability to access data for reporting
- Several vendors are now offering EVV solutions that are incorporated into their system

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

It does not require statutory changes.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Other agencies affected by this policy package include APD and HSD's Program Partners and those with a business need for payroll or service time worked data, such as:

- Area Agencies on Aging (AAAs)
- County Mental Health Programs
- The Oregon Health Authority / Health Systems Division

These agencies would experience a change in how they receive data and reports from APD/HSD. Access to data would be based on business need and enforced using a role-based security protocol.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

Oregon Home Care Commission, OHA – Office of Information Services, & Health Systems Division.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

Depending on the selected vendor the need for providers or individuals to access the solution via the internet or a personal data enabled device could present barriers to some populations. Additionally, depending on the language capacities of the vendor and solution this could pose inequities for individuals and providers whose first language is not English. The Agency is working to ensure the system, training, and support are available in multiple languages to try and mitigate these concerns.

Staffing and fiscal impact

Implementation date(s): Phase 1 09/12/2021, Phase 2 TBD, Phase 3 TBD

End date (if applicable): N/A

15. What assumptions affect the pricing of this policy package?

These are based on staffing and vendor onboarding assumptions and compliance with the planned phase deadlines.

16. Will there be new responsibilities for ODHS/OHA? Specify which programs and describe their new responsibilities.

ODHS, APD will be responsible for the creation and delivery of training for the long-term solution. OHA will have additional work to perform to establish the interfaces and make and maintain system changes to legacy systems in order to allow appropriate service, provider, and consumer information to be exchanged. See #17 below.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

There is expected to be some maintenance, support, and coordination between developers to troubleshoot and make changes to the various interfaces and systems to support long term success. Additionally, to coordinate and manage contract administration across IT initiatives and services we are requesting a position for contract administration to be housed with OIS. We have coordinated with the Office of Information Services (OIS) to request 3.00 FTE of resources for this support.

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

No changes anticipated.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

There are no staffing supports funded in the ODHS-APD side of this Policy Package.

20. What are the start-up and one-time costs?

The initial project implementation estimates for phase 1 and 2 is approximately $600,000.

21. What are the ongoing costs?

On-going costs outside of staffing are licensing and support costs for the system, which is currently estimated to be $840,000 annually.

22. What are the potential savings?

The use of a mobile app to track time and, potentially, location using location services, would reduce potential fraud in time reporting. While the current amount of fraud in time reporting is difficult to quantify, data provided by the Office of Payment Accuracy and Recovery (OPAR) report a total amount of HCW debt related to potential fraud or client error was $1 million of which $676,000 has yet to be recovered over a five-year period. By using a technology-based product the state could track specific time worked and the geolocation of services provided.

Compliance with the standards required by the 21st Century CURES Act would allow the state to continue to receive federal funding match. Failure to comply will result in a reduction of this funding, along with potential penalties.

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

ODHS: The Federal Funds are Medicaid with CMS providing 90/10 split for the project phase of this work and ODHS is seeking 50/50 match during Operations and Maintenance. The remainder is paid via General Funds.

OHA: Other Funds via direct charge to ODHS.

Oregon Department of Human Services and Oregon Health Authority
2021-23 Policy Package

ODHS Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$1,814,048	$0	$1,000,000	$ 2,814,048		
Total	**$1,814,04853**	**$0**	**$1,000,000**	**$2,814,048**	**0**	**0.00**

Fiscal impact by program

	APD	OHA Shared	OHA SAEC		Total
General Fund	$1,814,048	$0	$58,615		**$1,872,663**
Other Funds	$0	$814,048	$10,170		**$824,218**
Federal Funds	$1,000,000	$0	$18,246		**$1,018,246**
Total Funds	$2,814,048	$814,048	$87,031		**$3,715,123**
Positions	0	3	0		**3**
FTE	0.00	3.00	0.00		**3.00**

Oregon Department of Human Services
AFFIRMATIVE ACTION REPORT

This report summarizes the progress the Oregon Department of Human Services (ODHS) has made in accomplishing its affirmative action goals for the 2019 - 2021 biennium and identifies some of the strategies for 2021 - 2023.

July 1, 2019, to June 30, 2021

Accomplishments and progress toward Affirmative Action Goals

ODHS recognizes and appreciates the importance of creating an environment in which all employees feel valued, included, and empowered to do their best work and bring new ideas for improvement. We recognize that each employee's unique experiences, perspectives, and viewpoints add value to the ability to create and deliver the best possible services to our clients. Outreach, recruitment and retention efforts have resulted in incremental gains in people of color and women, and efforts continue to improve the number of veterans and people with disabilities within the workforce. Five-year trend charts include statistics for the workforce for the quarter ending June 30, for 2016 through 2020. The State of Oregon transitioned in early 2019 to a new recruitment and workforce accounting system, Workday.

Accomplishments

The agency will continue to build upon our successes to achieve a more culturally competent work force, create culturally appropriate and effective programs and service delivery systems, develop quality improvement strategies with a focus on diversity and creating welcoming environments for our diverse client base and staff. ODHS programs like RISE help build a culture where safety and well-being, supportive relationships, high expectations and accountability, equitable treatment, meaningful participation and community engagement are key. Active Employee Resource Groups (ERGs) include eight official groups including:

WAHONE (We are Here Oregon Native Employees)

BEST (Black Employee Support Team)
P.R.I.D.E (People Respecting Individual Differences Everywhere)
VERG (Veteran's ERG)
APINET (Asian/Pacific Islander Employee Network)
AbleNet (acts as a forum to provide information, resources, and other assistance to employees with disabilities);
HispNet (Hispanic Network)
AAMC (African American Management Council)

ODHS has been increasing their outreach efforts and has successfully built partnerships with over 200 diverse and non-profit organizations, Veteran organizations, organizations to assist people with disabilities with their job search, university alumni associations, and job boards and social media sites.

It is the goal of ODHS for each District to have an active Diversity Council. District 5's mission is: "to expand an understanding and acceptance of equity and inclusion in every facet of our lives. We will seek to enhance awareness of our differences and similarities through exposure and education thereby, identifying our commonalities and developing a sense of community." The activities on their calendar on the website include virtual training and events such as Queer Representation in the Media Panel, a showing of the film, "I am not Your Negro" and a showing of the film, "Love, Simon."

ODHS takes responsibility for systemic change to advance Service Equity. One way by which this goal is achieved is through engaging communities. Strengthening relationships with community partners and advocates allows us to see and access our diverse populations through their lens. True partnership with our local communities means listening to the client voice with humility and respect while integrating it into agency decisions.

Progress Made or Lost

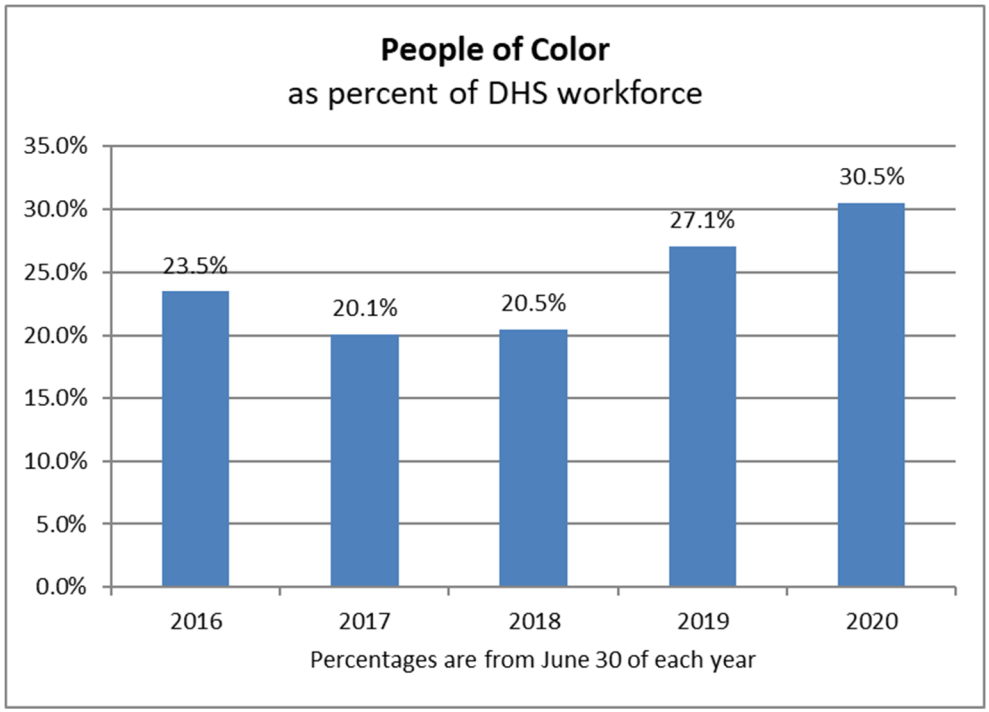
The following charts reflect the ODHS actual FTE as of June 30, 2016, 2017, 2018, 2019 and 2020 as a comparison. These numbers show the percentage of People of Color, People with Disabilities, Veterans, and

Women within the ODHS workforce. No parity information has been used. The new system, Workday, uses different job categories than the previous system, so the State of Oregon is working on updating the parity figures used in the past, in order for all agencies to compare their workforce and protected class composition to that in the relevant available labor force.

People of Color

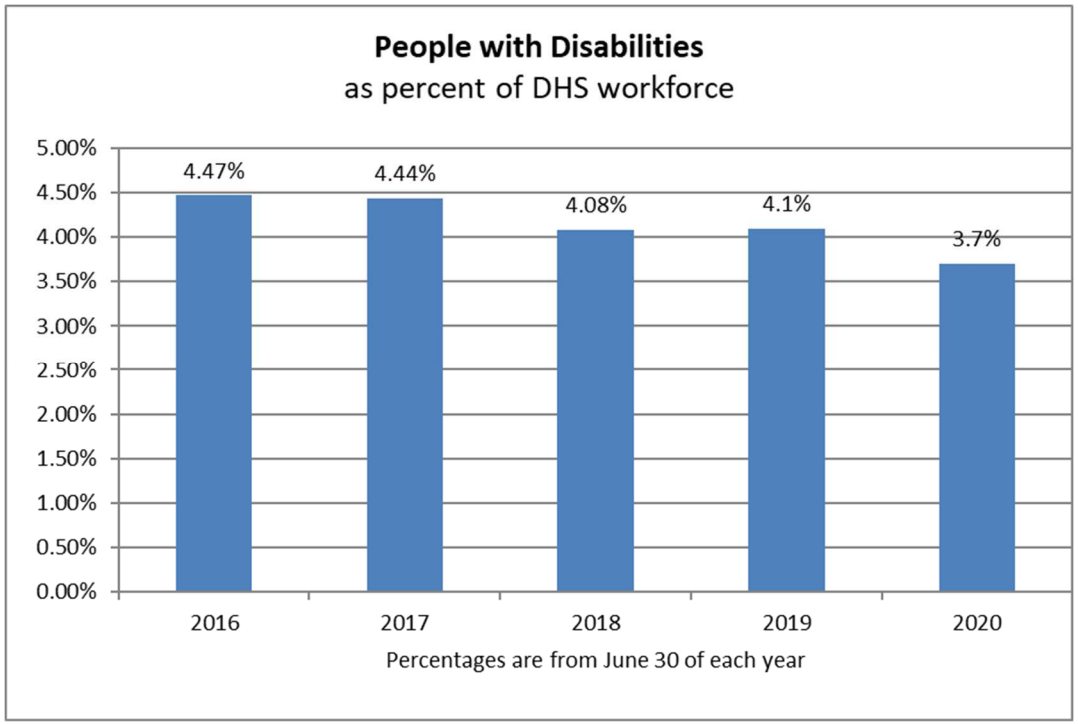
Between June 2016 and June 2020, the ODHS workforce representation of people of color was between 23.5 and 30.5 percent. ODHS continues to conduct targeted recruiting efforts, as well as outreach and training on diversity topics. The agency works with and builds relationships with many other diverse organizations. The agency's goal is to continue to move toward diversifying our workforce to be a representation of the population we serve.

ODHS is continuing to focus on increasing and retaining the representation of people of color in all salary ranges, but especially in salary range 24 and above. New employees sometimes do not disclose their race and those totals are not included in the table below. (In 2019, 2.01 percent did not report, or left the information blank; in 2020, 2.24 percent did not report or left the information blank). A plan is being developed to work with managers to ask new employees for this information so a more accurate reflection of people of color is achieved.



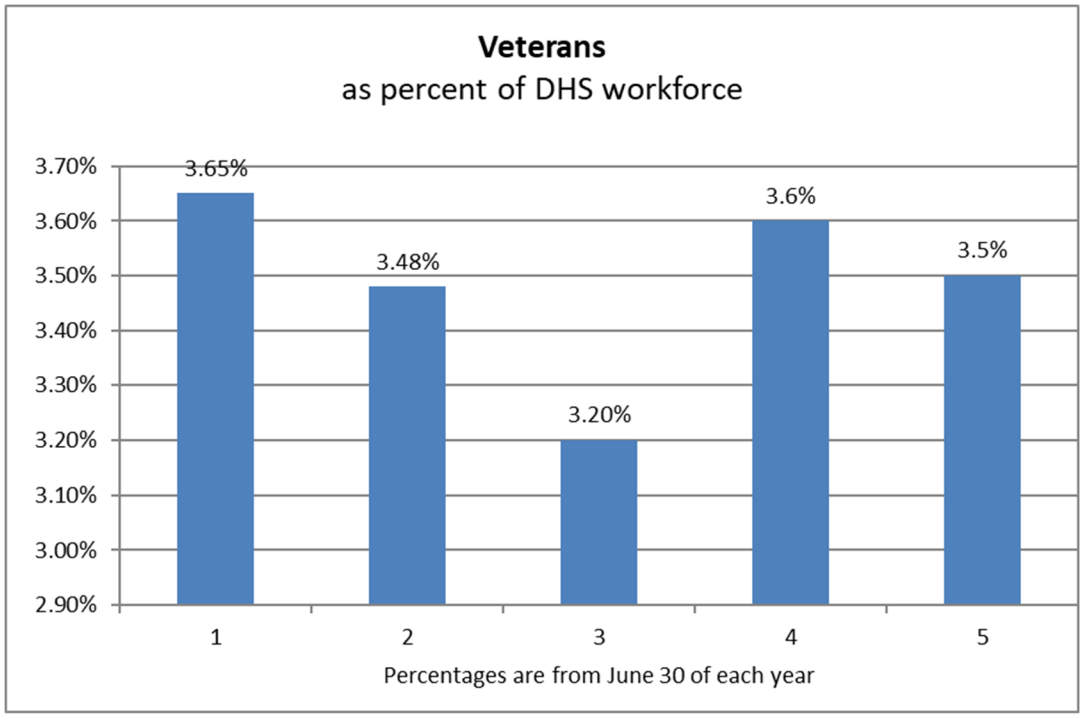
People with Disabilities

Disclosure of disabilities is voluntary for employees, so the data is historically underreported. The reported percentage is 3.7% as of June 30, 2020, and the agency will continue to strengthen its outreach efforts and asking employees to disclose disability to more accurately report this population at ODHS.



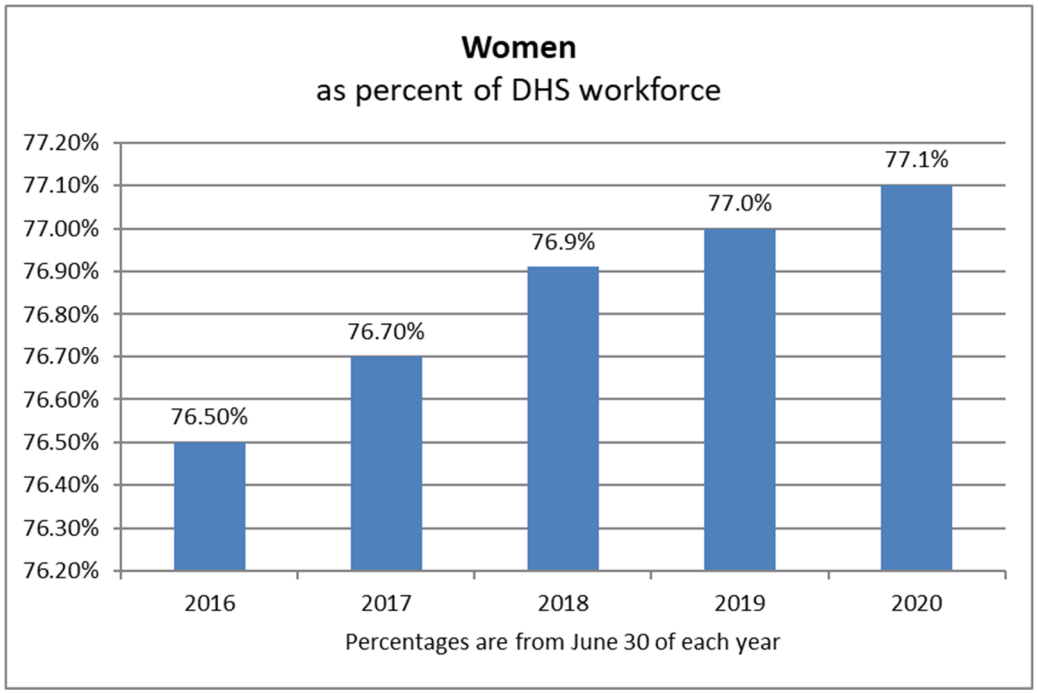
Veterans

With the implementation of Workday in mid-2019, more accurate numbers may be reported for Veteran's data. Some veterans do not wish to use Veteran's preference during the recruitment process and if they do not update their personal information in Workday when they are hired, their veteran's status is not correct.



Women

ODHS has historically had representation of women in most job categories well above 50 percent, for June 30, 2020 it is 77.1 percent.



July 1, 2021, to June 30, 2023

Strategies for the ODHS Affirmative Action Plan

The ODHS vision “safety, health and independence for all Oregonians” is why we continue to pursue goals that help us increase our representation of people of color, people with disabilities, veterans, and women within the ODHS workforce.

With constantly changing economic conditions, ODHS must develop new and creative ways to attract, retain and develop talent, and create a more inclusive environment. New goals and strategies are being developed for the

2021 – 2023 Affirmative Action Plan. Below are just some of the strategies that will be used to continue the efforts and successes made in the past.

- Focus on retaining employees and creating an environment that is inclusive, accepting, and respectful of differences, including ethnic, cultural, generational and life experience. The RISE program using the six elements, and work and activities with ERGs will be instrumental in changing the culture.
- Work with managers to ensure all employees report racial designation and veteran status. Employees will also be encouraged to self-disclose disability in order to more accurately reflect this population at ODHS.
- Strengthen on-boarding procedures at ODHS and include diversity, equity and inclusion information, RISE program information and resources and ERGs that are available to employees.
- Continue training managers on strong recruiting and interviewing practices to ensure equity and inclusion in hiring.
- Continue to introduce ODHS divisions and the important work they do to diverse organizations and provide their membership with information about employment opportunities and job search assistance, including application material review, informational and mock interviews, and information about the state's online application process in Workday.

Overall, the emphasis for the Oregon Department of Human Services is to achieve a more culturally competent workforce and welcoming environment to increase our retention of employees of color, veterans, people with disabilities and women. Achieving these things helps us achieve our mission "to help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.



State of Oregon
Oregon Department of Human Services

Affirmative Action Plan
2021–2023

Fariborz Pakseresht, Director
500 Summer Street
Salem, OR 97301
503-945-7001

Oregon
Kate Brown, Governor

Department of Human Services
Office of the Director
500 Summer St. NE, E-15
Salem, OR 97301
Voice: 503-945-5600
Fax: 503-581-6198
TTY: 503-945-5896

November 20, 2020

Steve Lee
Affirmative Action Manager
Diversity, Equity, and Inclusion
Office of the Governor
900 Court Street NE, STE 254
Salem, OR 97301

Dear Steve,

The Oregon Department of Human Services (ODHS) is committed to having a workforce that reflects the diversity of Oregonians we serve, our providers and stakeholders. Just as important as having a diverse workforce is making sure we have a workplace that is welcoming, inclusive and respectful that honors the agencies' core values of respect and professionalism. We encourage collaboration, creativity, and flexibility to enable employees to contribute to their full potential. We are committed to our employees providing the best and most equitable services possible to all Oregonians.

Our 2021-2023 Affirmative Action Plan highlights our accomplishments in diversity, equity and inclusion, and our goals for continuing the work of attracting, hiring and retaining a diverse, qualified workforce.

The ODHS accomplishments include a strong network of Employee Resource Groups that provide support and assistance to employees of all diverse backgrounds. Each district/program has active diversity committees that help attract new employees and help managers make sure the workplace is welcoming and inclusive. Initiatives such as R.I.S.E. and on-going agency-wide training are assisting with making the culture at ODHS safe, inclusive and welcoming.

In the 2021-2023 biennium, ODHS will continue to pursue goals that cultivate a welcoming, respectful and inclusive culture, prioritize employee retention, and continue a strong and creative recruitment outreach process. The goals and strategies are outlined in more detail in section V.

In addition to our commitment to having a diverse workforce and a welcoming environment, we continue to support and assist the work of the Governor's Diversity, Equity and Inclusion Office to promote diversity, equity, and inclusion statewide.

If you have any questions about the plan or want more information, please contact me at 503-945-7001, or our contact the Office of Equity and Multicultural Services at 503-507-3218.

Sincerely,

Fariborz Pakseresht
Director

"Assisting People to Become Independent, Healthy and Safe"

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I. Agency Description

The Oregon Department of Human Services (ODHS) is Oregon's principal agency for helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity, especially for those who are least able to help themselves.

ODHS provides direct services to more than one million Oregonians each year. These services provide a key safety net for those in our society who are most vulnerable or at a difficult place in their life.

Our mission

To help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

Our vision

Safety, health and independence for all Oregonians.

What we value

ODHS aspires to have a workforce that aligns its actions with these core values:

- Integrity
- Innovation
- Respect
- Service equity
- Responsibility
- Stewardship
- Professionalism

Our objective

- People are safe and living as independently as possible.
- People can 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.

Agency Director
Fariborz Pakseresht, Director
Liesl Wendt, Deputy Director
500 Summer Street, NE
Salem, OR 97301
503-945-7001

Governor's Policy Advisor
Rosa Klein
State Capitol
Salem, OR 97301
503-378-8472

ODHS Office of Human Resources
Audray Minniweather Crutch, Director
500 Summer Street, NE
Salem, OR 97301
TBD

ODHS Office of Equity and Multicultural Services
Dion Jordan, Director
500 Summer Street, NE
Salem, OR 97301
503-400-4780

Diversity and Inclusion Manager
Jason Mak
503-945-6646

Service Equity Transformation Managers
LeMont Boyd and Melissa Sampson Grier
503-945-5692

Affirmative Action/Diversity Outreach Coordinator
OEMS (designee)
503-507-3218

ODHS Office of Contracting and Procurement
Brenda Pearson
500 Summer Street, NE
Salem, OR 97301
503-385-3627
Organizational chart

OREGON DEPARTMENT OF HUMAN SERVICES
LAST UPDATED 12/10/2019
FARIBORZ PAKSERESHT
Director
Governor's Advocacy Office
LIESL WENDT
Deputy Director
Aging and People with Disabilities (APD)
Mike McCormick, Interim Director
Central Office
Field Offices
Child Welfare (CW)
Rebecca Jones Gaston, Director
Central Office
Field Offices
Office of Developmental Disabilities Services (ODDS)
Lilia Teninty, Director
Central Office
CDDPs/ Brokerages
Stabilization and Crisis Unit
Self-Sufficiency Programs (SSP)
Dan Haun, Director
Central Office
Field Offices
Vocational Rehabilitation (VR)
Keith Ozols, Director
Central Office
Field Offices
DHS DIRECTOR'S OFFICE
Reporting, Research, Analytics & Implementation
Chief of Staff
Equity & Multicultural Services
External Relations
Human Resources
Tribal Affairs
Integrated Eligibility Project
Eligibility Transformation Project
Office of Information Services
Organizational Development
CHIEF FINANCIAL OFFICER
Chief Financial Officer
Eric Moore
DHS Budget
Budget Center
Financial Services
Forecasting & Analysis
CHIEF ADMINISTRATIVE OFFICER
Chief Administrative Officer
Don Erickson
Business Information Services
DHS Information Support Services
Program Integrity
Public Records & Legal Affairs
Background Check Unit
Contracts & Procurement
Facilities
Imaging & Records Mgmt Services
Internal Audit & Consulting
Payment Accuracy & Recovery
Publications & Creative Services
Training, Investigation & Safety
Oregon Health Authority (OHA) Shared Service: OHA program also providing services to DHS.
Department of Human Services (DHS) Shared Service: DHS program also providing services to OHA.
Office with one or more units that are Shared Services.

II. Affirmative Action Plan

Equal employment opportunity/affirmative action statement

At the Oregon Department of Human Services, we are committed to providing equal opportunity in employment regardless of race, religion, color, national origin, marital status, sex, sexual orientation, gender identity, age, veteran's status or mental or physical disability. We are also committed to ensuring that any employee who requires reasonable accommodations to do his or her job will receive accommodation.

We will use our Affirmative Action Plan as the blueprint to help us meet these goals. To see the plan, go to: https://inside.dhsoha.state.or.us/images/stories/OEMS/Docs/AAPlan2015-2017Final.pfd or request it from the Office of Human Resources.

We believe that every one of us is responsible for creating and contributing to an inclusive and professional work environment that is safe for everyone. To help ensure the success of our action plan, the ODHS Director and executives will make necessary decisions, allocate resources, monitor the accomplishments of this plan on an ongoing basis, and adjust the plan as necessary.

In addition, management staff has a special responsibility to ensure the work environment is free from any form of discrimination, harassment or retaliation for filing a complaint related to workplace concerns. All management staff should be active in support of recruitment and career development programs that ensure equitable representation of minorities, women, veterans and people with disabilities in all job classifications. Management will be responsible for ensuring meaningful progress toward achieving affirmative action goals, such as diversity development as a component of staff and management performance evaluations.

We are proud of the work we have done, and much work remains. Any manager or employee who has questions about our Affirmative Action Plan can contact the office at 503-945-6000. Also, anyone who believes he or she has been discriminated against based on an individual's protected class status may file a complaint in accordance with the Department of Administrative Services (DAS) statewide Discrimination and Harassment Free Workplace policy 50.010.01 by contacting:

Oregon Department of Human Services
500 Summer Street NE
Salem, OR 97301
503-945-6000
DHS.HumanResources@dhsoha.state.or.us

Oregon Bureau of Labor and Industries
800 NE Oregon St. Suite 1045
Portland, OR 97232
971-673-0761

Diversity, equity and inclusion statement

The Oregon Department of Human Services (ODHS) acknowledges our responsibility to serve all Oregonians by interrupting systemic inequities and upholding human rights. We strive for an environment where one's race/ethnicity, class, gender, sexual orientation, ability, veteran's status, and other identities do not predict life outcomes within our programs. With great humility, we accept responsibility for our mistakes and actively work to correct them. We will include the voices of communities we serve and work to integrate diversity, equity, inclusion and accessibility into everything that we do.

Complaint process

Oregon state government and ODHS take very seriously all complaints of conduct by any state employee that violate statute, rule, procedure, policy, ethical and professional standards. This can include a variety of different kinds of behaviors, including, but not limited to, whistleblowing, discrimination, harassment, or unethical, unfair or unprofessional conduct. Click on Workplace Complaints found in the internal ODHS website for more information, including frequently asked questions, and other federal complaint processes.

If you have a complaint of any type that you cannot resolve yourself in the workplace, you have several options for how to report it.

Any type of complaint can be submitted to the Office of Human Resources on the MSC8904 Harassment, Discrimination and Workplace Issues complaint form. It can be mailed, hand delivered, or emailed to HR, contact details are on the form. Once received, the complaint will be referred to the appropriate HR staff and you will be contacted regarding additional information needed and the ongoing status.

You may also make complaints through any of the methods below:

- Contact your supervisor, or the manager over your supervisor;

- Contact the HR Analyst for your program area;
- Call the ODHS complaint hotline at 503 945-5608;
- Send an email describing your complaint to the HR email box (DHS.HumanResources@dhsoha.state.or.us);
- Send a written letter describing your complaint to HR at ODHS HR, 500 Summer Street, E22, Salem OR 97301; or
- Certain types of complaints may have additional avenues for remedy, for example to regulatory agencies. In general, it is best to begin at the lowest appropriate level

Employment

Recruitment and hiring procedure

The Oregon Department of Human Services (ODHS) believes that a well-qualified and diverse workforce is key to providing culturally effective and equitable service to all Oregonians we serve. As the policy statement below confirms, ODHS is committed to strategies that integrate strong recruiting practices into all employment selection processes.

The Recruitment and Hiring Policy and Procedure, approved by the ODHS Executive Team in 2015, is being reviewed and updated by the Office of Human Resources (OHR) Recruitment Team, OHR Senior Management Team, and Office of Equity Multicultural Services (OEMS). Once updated, it will be approved by the ODHS Executive Team and reposted on the ODHS website.

The policy statement, principles and goals of this document are still the guiding force for ODHS recruiting practices, outreach efforts, onboarding of new employees and retention of current employees and are shown below.

Policy statement

The Oregon Department of Human Services (ODHS) believes that a talented and diverse workforce is key to providing culturally effective and equitable service to all Oregonians. It is the policy of ODHS to require strategies that integrate concepts of workforce diversity, accountability, transparency, equal opportunity, efficiency, respect, collaboration, and non-discrimination into all employment selection processes. Preparation and planning prior to outreach and recruitment is the underlying principle of this policy. The goal is to recruit and retain a diverse and qualified workforce of top talent that will help Oregonians achieve safety, health and independence.

Principles

- ODHS competes for top talent.
- Recruitment is a long-term investment, not a short-term process.
- Preparation, planning and communication are essential to effective hiring and shortening time to hire.
- Collaboration between hiring managers and senior recruiters is essential.
- Integration of diversity, equity, inclusion and affirmative action into everything we do.
- Enhance/increase proactive recruiting practices.
- Treat candidates with respect.
- Transparency, accountability and relationships create applicant/candidate trust.

Goals of this procedure

- Increase our capability to hire top talent.
- Hire talent from a variety of backgrounds.
- Hire talent that reflects the population of the communities we serve.
- Improve culturally specific and responsive services through a diverse workforce.
- Ensure utilization of people of diverse backgrounds in the workforce (e.g., people of color, veterans, LBGTQ and people who identify as disabled).
- Ensuring recruiting processes free of bias.
- Ensure a positive/respectful candidate experience.

<u>Effectiveness of recruitment methods</u>

ODHS uses several tools to increase recruitment effectiveness and to help managers have equitable recruitment processes and interviews. Some of these tools include the Workday Recruitment Process Map, Vacancy Checklist, Strategic Recruitment Plan and applicant and interview evaluation forms that were updated in 2019 and posted on the internal ODHS internet.

ODHS sends appropriate job announcements to colleges and universities around Oregon to inform students and alumni about ODHS careers and increase the diversity of the candidate pool.

Reports are pulled from Workday regarding the diversity of the workforce, promotions and separations. These quarterly reports are used by HR, OEMS and the executive team to measure the effectiveness of all diversity, equity and inclusion work being done by the agency. We are also connecting with DAS on pulling reports from Workday applications on "how did you hear about this recruitment" as a way to consider the effectiveness of specific outreach efforts.

The Governor's Diversity and Inclusion Office holds monthly meetings with agency affirmative action representatives which helps build relationships with other state agency recruiters, and affirmative action representatives. These relationships mutually benefit everyone from sharing expertise and best practices in areas such as, creative recruitment strategies, diverse community resources, affirmative action plan development, and diversity and inclusion practices and policies.

Succession Plan

ODHS currently does not have a formal succession plan. In 2021, the Office of Human Resources and Executive Team will assess the resources needed to develop and sustain a succession plan.

Training and Education

An ongoing ODHS goal is to incorporate cultural responsiveness, diversity, equity, inclusion, trauma aware, racial equality and accessibility considerations into our program and staff development training. All ODHS course offerings support the ODHS value of honoring and respecting the differences inherent in a multicultural workforce. Furthermore, to be effective, ODHS will conduct all courses using adult learning theory and learning style methodology.

Diversity presentations, trainings and/or activities

ODHS is proud of its numerous diversity and equity efforts. On an ongoing basis, the Office of Equity and Multicultural Services (OEMS) provides a variety of diversity and equity training topics. Going beyond celebrating different cultures and moving toward equity outcomes for all has been a focus of the agency in recent years. We are excited about the three new training sessions implemented in 2020; they are described below.

EquiTea Time Dialogues, was kicked off in July 2020. In response to National events surrounding systemic racism and disparate impact of Covid-19 on communities of color,

virtual discussions using Zoom technology were developed to bring people together and discuss equity topics and concerns. There are beginning- and intermediate-level sessions scheduled monthly.

Another new initiative launched in May 2020, the Trauma Aware Organization Initiative, ensures that the agency is fulfilling its mission by promoting healing and resiliency for our workforce and for the children, adults and communities that we serve. Our partners at Trauma Informed Oregon have developed four, self-directed modules that take participants through the basics of trauma informed care.

A new training for executives, called Diversity, Equity, Inclusion, and Accessibility Executive Learning and Development began in 2020. It is described in more detail in the Executive Order 17-11 section of this affirmative action plan. The focus for this training is to build knowledge, skills and confidence to lead diversity, equity and inclusion change in the agency.

The following is a partial list of department diversity or cultural responsiveness-related training opportunities that ODHS employees have access to and participated in during 2019-2020.

- P.A.U.S.E. (Participation, Advocate, Understand, Strength-Based, Engage) is required for all ODHS employees.
- Micro-aggressions in the Workplace
- Decolonizing Selfcare for BIPOC
- Language Access Services
- Cultural Competency & Cultural Humility at ODHS and OHA: Valuing, Embracing and Implementing (required for all ODHS employees)
- Conflict Navigation: Bridging Perspectives
- ODHS Core Values Training
- Ethics (required for ODHS managers)
- 2020 DAS Preventing Harassment and Discrimination (required)
- Cultivating a Diverse Workforce (required for ODHS managers)

In the programs section of the Plan, the ODHS Employee Resource Groups (ERG)s are highlighted. Each of these groups support historically underrepresented ODHS employees and/or underserved client populations. ERGs are voluntary, employee-driven committees that support each other as well as the Oregon Department of Human Services' overall mission and vision.

Volunteers

January 1, 2019 – December 31, 2019

During 2019 ODHS had 357 volunteers, 76 of which were interns. There were 282 females and 75 males. The ages of volunteers ranged from 17 to 80 years old. Of those who reported their ethnicity (it is voluntary information) there were 2 Asian; 1 Black; 2 Hispanic; and 5 White.

Volunteers contributed 61,047 hours, valued at $1,611,030. (According to IndependentSector.org, volunteer time in Oregon was valued at $26.39 per hour in 2019.)

January 1, 2020 – June 30, 2020

During the first six months of 2020, ODHS had 142 volunteers, 33 of which were interns. One hundred five (105) identified as female, thirty-seven (37) identified as male. Ages of the volunteers ranged from 20 to 80. 14,522 hours have been volunteered, valued at $383,235 ($26.39 per hour in 2020). Of those who reported their ethnicity (it is voluntary information) there are 1 Asian; 1 Black; 6 Hispanic; and 11 White.

The agency will continue to collect as much information as possible on the race/ethnicity of Volunteers because we feel it is important to have not only our paid staff, but also our volunteers to be able to identify with the people we serve.

Leadership development/training

Leadership Academy

Since 2003 the ODHS Leadership Academy has been preparing the leaders of the future as well as enhancing the skills of current leaders. Investing in workforce development through programs like the Leadership Academy is a priority for ODHS. The academy is a critical component of ODHS strategy to provide our agency with current leaders as well as leaders for the future. This program is designed for those at salary range 19 and above that have demonstrated true leadership potential within the agency and are deeply committed to their own professional development in service to others.

There were 33 employees who participated in and completed the 2019-2020 academy. Projects included:

- RiSE Self-assessment Tool. The goal of this project was to produce a self-assessment tool to provide employees with a baseline “measurement” of how much

their words, behaviors and ways of thinking demonstrate RiSE and where they have room to grow.

- Training Accessibility. Training is an integral part of ODHS. This project created guidelines and resources to be used by ODHS trainers in their efforts to comply with ADA and to model inclusivity.
- CW and SSP Joint Case Planning. This project developed a statewide protocol identifying best practice and how to work collaboratively in supporting service planning and service delivery to provide a family centered approach in case planning.
- Aging and People with Disabilities: Case Management Staff Tools Redesign Project. The focus of this project was to improve efficiency while the program determines next steps regarding the overall design efforts.
- Map of ODHS Benefit Distribution. The goal of this project was to create a geographical display, by county, showing ODHS monetizing benefits and how influential that funding is to local Oregon economies.
- APD/AA/DD Hearing Request Referrals. The objective of this project was to develop a comprehensive training package for ADP/AAA staff to enhance consistency and accuracy around the in-branch hearing request process.
- Requisition & New Hire Field Protocol for the Workday Workforce Liaison. This project developed a standardized business process with outlined protocols to be approved and implemented to all ODHS program.

Leadership Academy Participant Gender, Ethnicity and Disability
2019-2020 Cohort

Race/Ethnicity/Disability	Female	Male
American Indian or Alaska Native	0	1
Asian	2	1
Black or African American	0	1
Hispanic or Latino	2	2
Native Hawaiian or Other Pacific Islander	0	0
Two or More Races	1	1
White	18	3
People with Disabilities	4	2

Leadership Academy Participant Gender, Ethnicity and Disability
2020-2021 Cohort

Race/Ethnicity/Disability	Female*	Male**
American Indian or Alaska Native	0	0
Asian	1	0
Black or African American	2	0
Hispanic or Latino	8	1
Native Hawaiian or Other Pacific Islander	0	0
Two or More Races	2	0
White	12	6
People with Disabilities	4	0

*six did not disclose race/ethnicity
**one did not disclose race/ethnicity

Aspiring Leaders Program

The Aspiring Leaders Program (ALP) is for all employees (with a focus on those in positions lower than salary range 19 to encourage employees to develop their careers. Since the inception of the program in 2010 over 600 employees have participated in the training.

The Aspiring Leaders Program focuses on the ODHS Leadership Model and the idea of leading from any chair. ALP spends a lot of time on self-understanding, reflection, personal development, and practical skills and tools that can be used at any level or role. The concepts and tools presented in ALP include, but are not limited to, the following:

- Mindsets for Performance
- Decision Making
- Equity and Inclusion
- Communication and Dialogue
- Project Management/Teamwork
- Public Speaking
- Self-reflection
- Personal Strategic Planning
- Neurolinguistic Programming
- LIFO (a behavioral assessment)
- ODHS Leadership Model
- ORID (a decision-making tool)
-

Normally there are three cohorts per year, but in 2020, there will only be one online cohort. The tables below show the gender, ethnicity and disability of the 2019 and 2020 ALP Cohorts.

Aspiring Leadership Program
Participant Gender, Ethnicity and Disability
2019 Cohorts

Race/Ethnicity/Disability	Female	Male
American Indian or Alaska Native	0	0
Asian	1	0
Black or African American	0	2
Hispanic or Latino	6	3
Native Hawaiian or Other Pacific Islander	0	0
Two or More Races	4	2
White	40	23
People with Disabilities	7	2

Aspiring Leadership Program
Participant Gender, Ethnicity and Disability
2020 Cohort

Race/Ethnicity/Disability	Female	Male
American Indian or Alaska Native	0	1
Asian	0	2
Black or African American	0	2
Hispanic or Latino	4	3
Native Hawaiian or Other Pacific Islander	0	0
Two or More Races	1	0
White	12	5
People with Disabilities	2	1

Programs

RiSE

The RiSE vision is an organization where we all feel safe, valued, supported, strengthened and engaged in our personal growth and the agency's growth. Our experience, actions and knowledge that are shared through RiSE will help ODHS to be better tomorrow than we are today.

The six elements of RiSE are rooted in human development, resiliency, equity and organizational change research.

- Safety and well-being
- Caring and supportive relationships
- High expectations and accountability
- Equitable treatment and belonging
- Meaningful participation
- Community engagement

These six elements will help ensure that ODHS has a workplace that is welcoming, inclusive and employees are engaged.

Internship Program

Each program hires interns as needed. The Child Welfare Program has had a long-standing partnership with Portland State University to train and coordinate internships for employees completing their master's degree in social work. According to the Portland State University website, The Child Welfare Partnership, founded in 1993, was one of the first in the nation to combine social work research, training, and education into one integrated program. Over the years the Partnership has worked with Oregon's public child welfare system to promote the shared goals of practice evolution, workforce recruitment, retention, diversity, and practice skill and innovation. More than 200 agency employees have earned professional BSW or MSW degrees customized to practice in child welfare and returned to serve the agency as leaders and advanced practitioners.

Aging and People with Disabilities (APD) work with interns is somewhat informal at this time. The number of students varies each year depending on the school and how many students they have interested in interning with us. We have hosted students from Portland State Graduate School of Social Work (several different campuses, programs and degrees), George Fox University, Pacific University (new for 2020) and one from Walden University is in development starting later in 2020. We also are working on one with OHSU/PSU School of Public Health (Public Health education program) and other interns, non-school affiliated.

Vocational Rehabilitation (VR)

Vocational Rehabilitation has been hosting graduate interns since at least the 1960s and 1970s, but the contemporary, centrally coordinated VR internship program was established in 2003. Vocational Rehabilitation accepts internship applications for all levels of students, however, the greatest number of interns that can be found in VR are enrolled in Masters'

level programs for Clinical Rehabilitation Counseling, Rehabilitation and Mental Health Counseling or related fields. Over the past 30 years, VR has hosted interns from Western Oregon University, Portland State University, Utah State University, Idaho State University, Northern Illinois University, Gallaudet University, University of Kentucky, University of Alabama, University of Wisconsin-Stout and Western Washington University. Generally, each year there are 10-15 students completing their internship in VR offices around the state.

Diversity awareness

Equity and Inclusion Committees

In the past, ODHS had an agency-wide Diversity Council. However, ODHS found the agency's large size challenged continued organizational change. This biennium, ODHS has focused on forming equity and inclusion committees in each district; they currently exist in all 16 districts.

What is the objective of Equity & Inclusion Committees?
The objective of the Equity & Inclusion Committee is to educate and empower Oregon Department Human Services staff to learn about diversity, equity, and disparities in our communities via presentations and events in collaboration with community partners to be able to better serve, empathize with, and provide resources for Oregonians.

In District 5 (Lane County), their committee has identified four goals to work on during 2019-2020. These goals further their mission statement and drive the business practices of equity, inclusion and service. The goals are:

- Create a welcoming environment for department staff.
- Establish an inclusive workforce reflective of the communities we serve.
- Improve the cultural competency of District 5 staff.
- Create a welcoming environment for customers and the public and provide linguistically appropriate services.

Equity & Inclusion Committees Purpose Statement:
To better assist and advocate for Oregonians, Oregon Department of Human Services staff should feel acknowledged and empowered to educate and be educated on past and present disparities occurring in our communities.

Employee resource groups (ERGs)

In ODHS, an employee resource group (ERG) is defined by policy as "an officially chartered group that is organized around shared cultural identity(ies) to support historically underrepresented ODHS employees and/or underserved client populations. ERGs are voluntary, employee-driven committees that support each other as well as the Oregon Department of Human Services' overall mission and vision.

ODHS formed ERGs as a diversity and inclusion best practice to leverage the collective experiences, skills and backgrounds that our most valuable resource — our employees — bring to work every day. We want to create a more engaged and motivated workforce that contributes to the agency's success and meaningfully connects us to the populations we serve.

ERGs organize and sponsor numerous events, workshops, discussions, outreach to communities, host lectures and other activities throughout the year. Members serve on hiring panels and help HR Recruiters with outreach in diverse communities. The lead officer in each ERG serves on the agency's ERG Leadership Council as a subject-matter expert and advises the agency on a wide range of policy issues.

Currently ODHS has ten official ERGs:

1. **African American Management Council (AAMC)**
   AAMC helps the Oregon Department of Human Services (ODHS) create a culture of inclusion, where African American management personnel feel respected, are treated fairly and have equal opportunity. (This ERG is for management employees only.)

2. **AbleNet**
   AbleNet acts as a forum to provide information, resources, discussion, networking, consultation, advocacy and other assistance for clients and employees with disabilities. Contact AbleNet.ERG@dhsoha.state.or.us

3. **Asian/Pacific Islander Employee Network (APINET)**
   The Oregon Department of Human Services' Asian and Pacific Islander Network is an employee resource group that promotes and affects the full and equitable participation of Asian and Pacific Islander employees by enhancing their career, professional and personal development. It is a resource for ensuring that all Oregonians receive equitable services with justice, integrity, dignity and respect. Contact APINet.ERG@dhsoha.state.or.us.

4. **Black Employee Support Team (B.E.S.T)**
   B.E.S.T. is committed to adding value to ODHS by promoting an environment that attracts, hires, promotes and retains Black and African American employees and collaborates and advises on improving services to our communities. Contact BESTSupportSubCom@dhsoha.state.or.us.

5. **Hispanic Network (HispNet)**
   HispNet is an employee resource group (ERG) that serves as an advisory committee to ODHS leadership, staff and community partners. HispNet promotes access to services and equity for all Hispanic Oregonians through active advocacy and support of the ODHS staff representing and serving them. Contact Hispanic.Network@dhsoha.state.or.us.

6. **P.R.I.D.E. (People Respecting Individual Differences Everywhere)**
   P.R.I.D.E. advocates for affirming, appropriate and safe services for lesbian, gay, bisexual, transgender, queer or questioning individuals and communities. It supports ODHS employees against homophobia, heterosexism and cis-genderism in the workplace. Contact PrideERG.PointsAndLeadership@dhsoha.state.or.us.

7. **Slavic ERG**
   Slavic ERG works to increase awareness about and achieve equitable service access to all Slavic Oregonians. The Slavic ERG works to enrich ODHS workforce by creating professional development opportunities for Slavic staff, supporting Slavic employees in their current roles by providing information, resources and other tools, and assisting in recruiting outreach to Slavic communities.

8. **Veteran's ERG (VERG)**
   The mission is to advance the needs of ODHS employees and clients who are veterans, partners and family members of veterans, and advocate for providing appropriate and safe services and improved outcomes for clients and equitable, welcoming working conditions and opportunities for ODHS employees.

9. **WAHONE (We Are Here Oregon Native Employees)**
   The WAHONE Employee Resource Group recruits and retains Native employees and improves human services delivery to Native clients, families and communities through tribal best practice, ongoing human and technical assistance, mentoring, community engagement, and educational opportunities.

10. **Women's Equity Leadership and Development (WELD)**
    The mission of WELD Employee Resource Group is to promote women's equity, leadership, and development through education, advocacy, and opportunity.

Community engagement

Community engagement meetings have been facilitated by OEMS since 2019 and into this year with the African American Community, COFA community (Premium Assistance Program), and Latinx community. More listening sessions and frameworks to support those and other communities are being planned.

Recruiters have a list of community organizations that they use to send out recruitment announcements. A small representation of these community organizations includes:

African American Health Coalition
Andesheh Center
Arab American Cultural Center of Oregon
Asian Pacific American Network of Oregon
Basic Rights Oregon
Black United Fund of Oregon
Cascade AIDS Project
Cultural Advocacy Coalition of Oregon
Equity Foundation
Hands on Greater Portland
Incight: Resources for Self-Empowerment
Japan-America Society of Oregon
Jewish Federation of Greater Portland
Korean Society of Oregon
Micronesian Islander Community
Native American Youth and Family Center
Native Arts and Culture Foundation
NW Gender Alliance
Oregon Native American Business and Entrepreneurial Network
Q Center
Salem Multicultural Institute
Urban League of Portland

Update: Executive Order 17-11

Executive Order 17-11 relates to affirmative action, equal employment opportunity, diversity, equity and inclusion. It was originally issued in 2005 by Governor Kulongoski, as Executive Order 05-01 and had subsequent Amendments 08-18, 16-09 and 17-11. The following information addresses the key points in Executive Order 17-11.

Diversity, Equity, Inclusion, and Accessibility Executive Learning and Development.

The focus for this training for the ODHS executive team is on building knowledge, attitude, confidence and skills to lead diversity, equity, inclusion and accessibility (DEIA) change in the agency. This program started in 2020 with assessment of executives conducted in April and May. The individual coaching plans developed were completed in June 2020. Individual coaching group learning sessions started in July 2020 and will continue through 2022.

Statewide Exit Interview Survey

It is important for the state to have consistent information about employees who voluntarily leave state service. With the introduction of Workday, exiting employees can complete the exit interview easily through Workday. The survey gathers exit information to show trends and possible areas of concern that can be addressed through changes in policy and practice. ODHS HR will pull this data quarterly to review it and share with managers and the executive team. HR will use the information to determine and strengthen strategies for retaining employees.

Performance evaluations of all management personnel

The Oregon Management Project (TOMP) was restarted by the Department of Administrative Services in 2019. One focus of TOMP is increased accountability of managers and includes quarterly check-ins in place of annual performance appraisals. Annual performance appraisals can still be completed for managers but are not part of the requirement and the use of them is up to the manager's discretion.

The agency director and HR manager will receive completion reports and address non-complete requirements. Because this program recently restarted, it is too soon to have reports on its effectiveness, but this program will continue to be used at ODHS and will be reported on in the next affirmative action plan. The Performance Accountability and Feedback Checklist is available on the DAS website.

Posting of agency affirmative action plan

The affirmative action coordinator will ensure that this affirmative action plan is posted on the ODHS internal site for all employees. Because the affirmative action plan contains the ODHS affirmative action policy statement, diversity and inclusion statement as well as accomplishments for the previous plan period and goals for the current plan, it is important to be accessible to the general public. The affirmative action coordinator will ensure the plan is also posted on the ODHS external site.

Attendance at Governor's Diversity and Inclusion (D&I) Office meetings

It is the responsibility of the affirmative action coordinator to attend the meetings held by the Governor's D&I office. The affirmative action coordinator works closely with the Governor's D&I office to promote diversity, equity and inclusion, not only at ODHS, but statewide.

These monthly statewide affirmative action meetings allow ODHS to build relationships with other state agency affirmative action representatives, human resource managers and recruiting managers. These relationships allow ODHS and other agencies to mutually benefit from sharing expertise and best practices in:

- Affirmative action plan development
- Recruitment outreach procedures
- Diversity, equity and inclusion practice

Contracts to minority business

ODHS/OHA Office of Contracts and Procurement produces annual reports for the Governor's director of Economic and Business Equity in accordance with state policy. The total value of ODHS contracts, agreements and grants for January through December 2019 was $964,839,868 with 14 contracts for certified firms with a value of $2,571,784.

For January 1 through June 30, 2020, the total number of contracts awarded is 22 with a total value of $1,495,122. Of the 22 contracts awarded, 9 were to certified firms with a value of $615,437.

ODHS-OHA has a new Agency Business Engagement Plan that supports the contracting, granting and unpaid business relationships. The contracting office actively seeks out, engages and includes a diverse array of business partnerships. They also regularly refer

businesses to small business development resources to increase their ability to compete for and succeed at fulfilling government contracts.

ODHS will continue to work with the Governor's Office of Diversity, Equity and Inclusion, and assist with updating Executive Order 18-03. As more of the Business Engagement Plan is rolled out, more information will be available during 2021.

III. Roles for implementation of the Affirmative Action Plan

Everyone at the Oregon Department of Human Services (ODHS) plays a role in implementing a diverse, equitable and inclusive workplace. We have included for every level of employee some of the duties and accountability for each.

ODHS Director

The Director of ODHS is accountable to the Governor, the ODHS Executive Team and the entire agency to make sure we do the best we can. Below are some of the responsibilities of the Director.

- Ensure program directors understand their role and responsibility to demonstrate and promote affirmative action activities, a diverse workforce, and a welcoming and respectful environment. Program directors are expected to communicate these same principles to their subordinate managers and supervisors.

- Demonstrate and promote to managers, employees, partners and stakeholders the importance of a diverse and discrimination- and harassment-free workplace by periodically sending diversity, equity and inclusion communications to the enterprise.

- Include staff or management from HR and OEMS at monthly Executive Team meetings to receive status updates on statistics, events planned, and anything else to be shared with the agency that will assist with diversity, equity and inclusion.

- Encourage subordinate managers and staff to participate in events a training supporting diversity, equity and inclusion education and celebration such as the Statewide Diversity, Equity and Inclusion Conference.

- Evaluate the performance of Program Directors in the effectiveness of their efforts to promote a welcoming and respectful workplace and help achieve the ODHS Affirmative Action Plan goals and objectives.

- Remind program directors to include evaluation of the effectiveness of promoting a welcoming and respectful workplace for subordinate managers' performance appraisals.

- Meet with ODHS Office Human Resources director at least quarterly to review workforce representation statistics and accomplishments in the affirmative action plan. Working with the affirmative action coordinator and HR director, adjust strategies as needed to achieve a positive outcome.

- Ensure the Affirmative Action Plan is effectively communicated to all employees.

Program directors, managers and supervisors

Program directors, managers and supervisors are accountable to the DHS Director. Because the directors attend the Executive Team meetings, they will be accountable for forwarding on the information they receive from the Director and others to their subordinate managers and supervisors. These managers and supervisors will in turn, share the information with their staff out in the field. Below are some of the responsibilities and duties for the program directors, managers and supervisors.

- ODHS program directors demonstrate and promote to subordinate managers and employees the importance of a diverse, respectful and discrimination- and harassment-free workplace.

- Meet monthly with Human Resources director and/or affirmative action coordinator to review workforce representation statistics, agency affirmative action strategies and assist in identifying and eliminating barriers that inhibit a welcoming work environment.

- Strive to have a diverse selection and interview panel for any recruitment process and encourage staff participation on diverse interview panels. Work with the ODHS Human Resources to use and uphold State of Oregon procedures and rules in filling vacancies.

- Consider participation in employee resource groups and equity and inclusion committees and encourage staff to do so.

- Ensure all subordinate managers receive an orientation on the department's affirmative action goals and responsibilities and understand their own responsibilities for helping attain the goals in the division/program areas.

- Evaluate subordinate managers and supervisors on how well they encourage a diverse workforce, demonstrate and encourage a welcoming and respectful workplace, and make the effort to assist the agency to achieve the goals and objectives as described in the affirmative action plan.

- Attend and encourage staff to participate in diversity-related activities and training to be informed of current issues.

- Inform employees of the availability of the ODHS Affirmative Action Plan maintained on the ODHS internal website.

- If aware of a department employee engaging in any type of harassment, follow the procedures outlined in DAS 50.010.01, Discrimination & Harassment Free Workplace and contact ODHS Human Resources.

Affirmative action representative

The affirmative action coordinator is accountable to the Executive Team for ODHS, employees and the Governor's Diversity and Inclusion Office for developing and implementing the ODHS affirmative action plan. Below are some of the responsibilities of the coordinator.

- Work with ODHS Director, HR Director, program directors, managers and supervisors and employees to ensure they understand their responsibility for promoting a respectful, diverse and inclusive workforce environment, and attaining the department's diversity, equity and inclusion goals.

- Partner with ODHS Office of Human Resources and the Office of Equity and Multicultural Services to ensure strong recruitment outreach to people of color, people with disabilities, veterans and women through diverse-specific websites, community organizations, community leaders and schools.

- Build relationships with diverse community organizations, attend meetings and assist members of the community organizations with their job search.

- Review and recommend changes in policies, procedures and programs to ensure affirmative action is enforced throughout ODHS.

- Work closely with OEMS to develop, implement and emphasize activities and programs that support the department's efforts to achieve a diverse and welcoming workforce.

- Analyze data from Workday, regarding number of applicants and number invited to interview who are people of color, people with disabilities, veterans and women. Research, develop and recommend strategies to increase the percentage of people invited for an interview.

- Analyze data from Workday regarding number exiting service who are people of color, people with disabilities, veterans and women. Research, develop and recommend strategies to increase the percentage of retention of these groups.

- Work with the Governor's D & I Office to promote diversity, equity and inclusion statewide.

- Develop the Affirmative Action Plan with input from the agency. Oversee the implementation of the goals and strategies, reporting regularly to HR Director.

- Publicize and ensure the ODHS Affirmative Action Plan is posted on the ODHS intranet for all employees and the ODHS external website for public viewing.

- Report out quarterly workforce representation data to the Human Resource director, director of OEMS and recruiters who will share with the ODHS Director and program directors. Additionally, the human resource analysts will provide this information to management during their regularly scheduled meetings.

Agency Employees

Employees are accountable to their manager and ultimately the Executive Team and agency director. They are responsible for conducting themselves according to the policies of ODHS and the State of Oregon. Below are some of the responsibilities of all employees.

- Understand their job to fulfill the mission and values of the agency.

- Recognize and respect the differences for other employees, the public and stakeholders. Exhibit an attitude of respect, courtesy, and cooperation towards all employees and the public we serve.

- Refrain from any actions that would adversely affect the performance of a co-worker with respect to their race, sex, color, creed, religion, age, national origin, sexual orientation, disability, marital status, status with regard to public assistance, familial status, gender identity, gender expression, political party affiliation, veterans status.

- Participate in agency-sponsored diversity, equity and inclusion events, Employee Resource Groups, Equity and Inclusion Committees, Advisory Councils and encourage other employees to participate also.

- Report any conduct in violation of the Department's policies against discrimination and harassment.

- Self-report. The only way for ODHS to accurately report the diversity of the whole agency is for all employees to self-report their gender, ethnicity, disability and veteran's status.

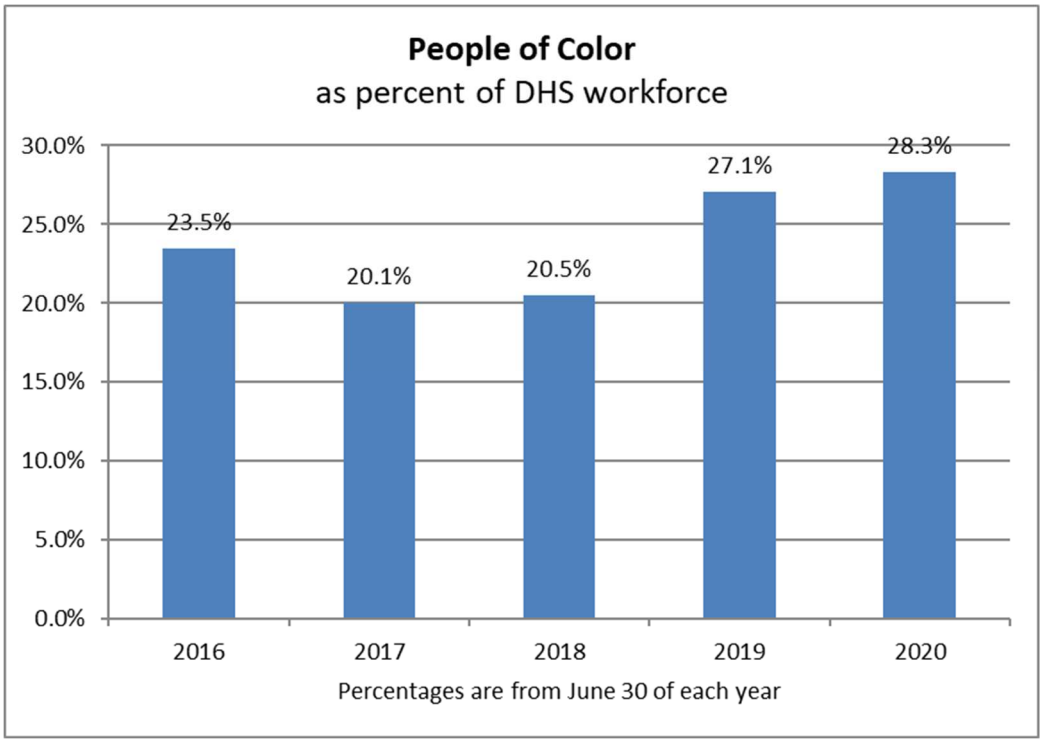
IV. July 1, 2019 – June 30, 2021

Progress toward affirmative action goals

The five-year trend charts below track the change in percentages of People of Color, People with Disabilities, Veterans and Women in the ODHS workforce from June 30, 2016 to June 30, 2020. The trend for each chart will be discussed as well as the actions that will be taken to develop stronger representation. The statistics used in the trend reports are from the Workday, DEI Dashboard for 2019 and 2020. Data for 2016, 2017 and 2018 is from the DAS Position and Personnel Data Base (PPDB).

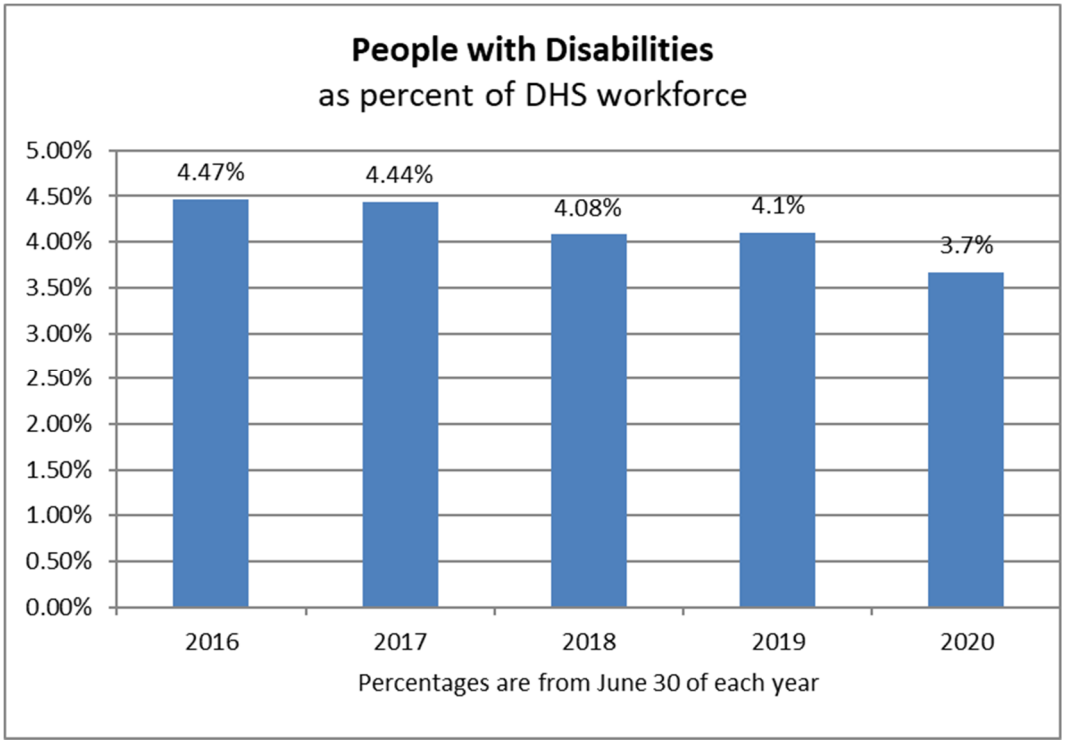
People of Color

ODHS has continued the work to improve workplace diversity. Over the past few years, increased outreach, creative recruitment strategies and training have resulted in gains in the percentage of people of color in the department's workforce (28.31% as of June 30, 2020). The agency will continue to provide outreach to communities to attract a diverse workforce. More work needs to be initiated to ensure we retain these employees. Detailed information regarding the number and percentage by racial category are in the Demographic Analysis section.



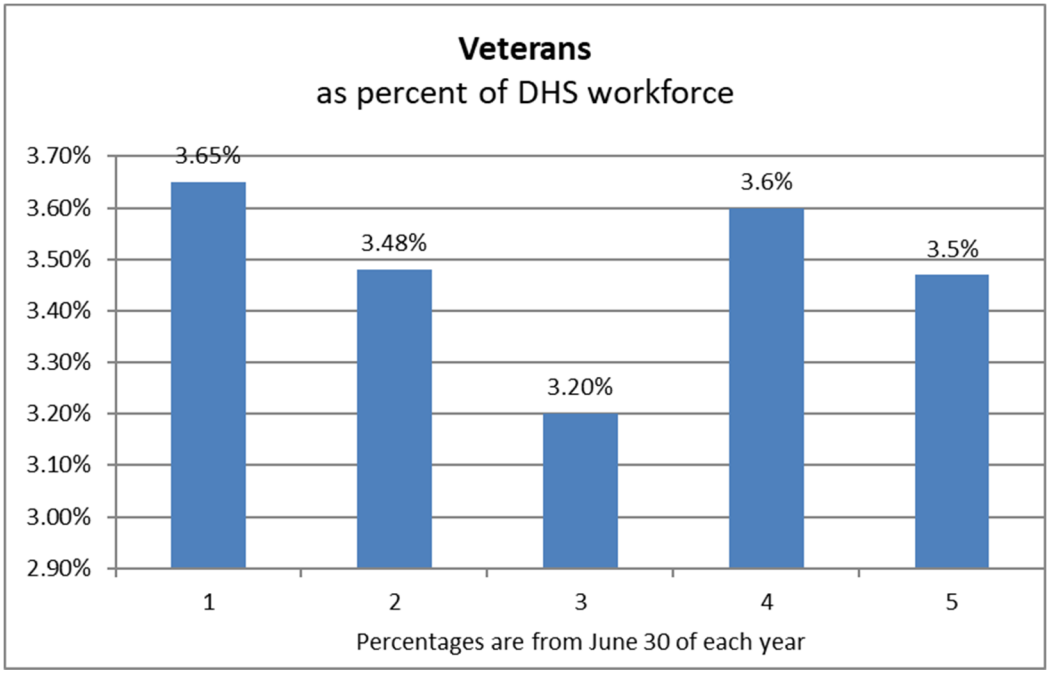
People with Disabilities

The department continues to experience a low number of employees self-disclosing disabilities. This self-disclosure is voluntary, and the agency needs to develop an explanation of why we need this information and that it is not used for any hiring or promotion decisions. Collaboration with the Employee Resource Group (ERG) AbleNet, OEMS and HR will happen in 2020 and 2021 to develop a strategy for more self-disclosure.



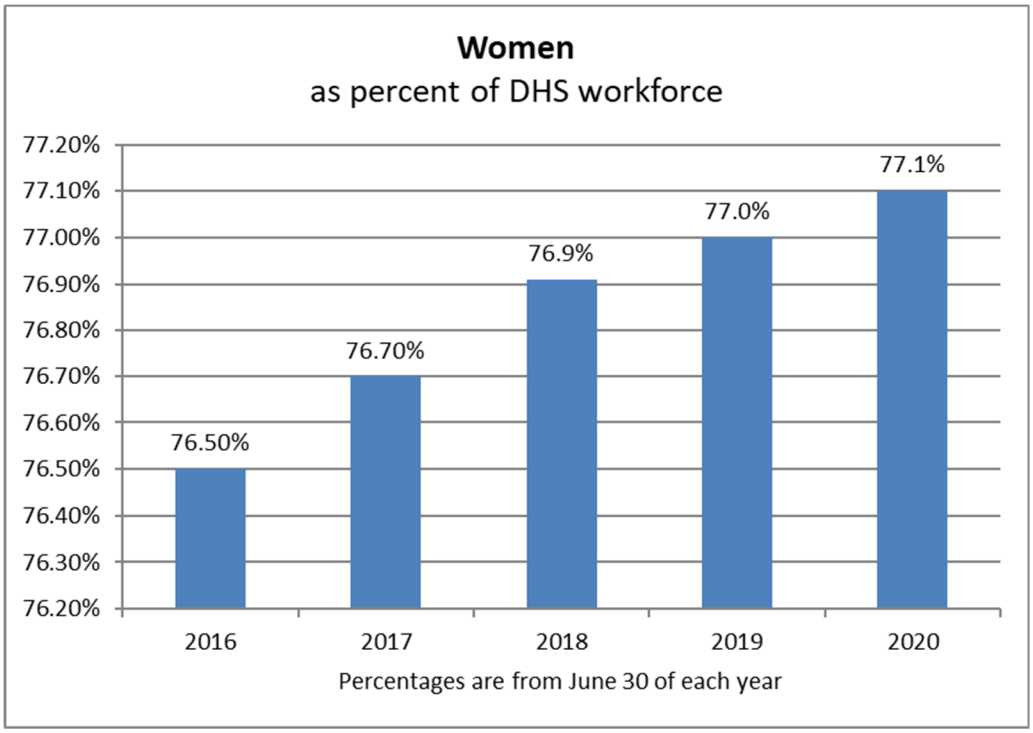
Veterans

It is important for the agency to reach out to Veterans organizations with Veterans preference information, assistance that is available to applicants, and open recruitment announcements. Currently, ODHS has 3.5% of employees who have self-disclosed they are a veteran. More detailed information on Veterans is in the Demographic Analysis section.



Women

Over the last five years, the percentage of women employed at ODHS has remained well above 75%.



Accomplishments

In the Affirmative Action Plan for 2019–2021, ODHS had three goals. These goals are shown below along with the accomplishments during 2019 and 2020.

Goal 1:

Review and improve our recruitment process to ensure: we have a fair and equitable process for everyone; we increase the diversity of our workforce, especially for people of color, people with disabilities and veterans in positions salary range 24 and above; and our workforce reflects the populations we serve.

Accomplishments:

ODHS continues to work toward increasing the recruitment, promotion and retention of people of color, people with disabilities and veterans in positions salary range 24 and above. Here are some specific actions taken during the 2019–2021 biennium:

- During the 2019-2021 biennium, the recruiting processes, specifically the applicant and interview evaluation forms were updated to provide an unscored option to evaluate applications and interviews (recommended by DOJ). Recruiters, supervisors and executives have been trained on their use.

- The desired attributes used in job announcements have been reviewed and modified to ensure they are not too restrictive, but instead allow more candidates to be reviewed by the hiring manager and moved into the first-round interviews.

- Continue to provide recruitment training to managers. *Hiring the Best*, explains the recruitment and interviewing process and new evaluation forms for interviewing and selecting candidates.

- *Interview Panelist Training* is encouraged for any employee who will be on an interview panel to better understand the process. It also educates the employee about their unintentional personal biases and how to interrupt them.

- ODHS is publicizing the DAS recruitment training on Workday for managers. This training is important to the manager's understanding of the new recruitment process.

- Recruiters are working in designated programs, as a team, to speed up the process for creating, drafting and posting job announcements, and reviewing and sending the completed applications to managers for review and selection.

- The recruiters have been working more with the managers and participating as interview panel members. These actions are building stronger relationships and a better understanding of the needs of the program, which helps recruiters develop more effective recruiting announcements.
- Video interviewing for the first-round has been implemented at ODHS during 2020 to help speed up the process for managers to select candidates for additional interviews.

- ODHS Human Resources started reporting quarterly to the executive team on several equity-focused outcome measures. The first reports for 2019 were completed in June 2020 and include: workforce diversity, diversity advancement and diversity retention (turnover). In progress is another report on employee engagement/satisfaction. Targets have been set by the executive team and the quarterly reports will drive correction action plans on issues that are not satisfactorily improving.

Goal 2:

ODHS will foster a culture that encourages collaboration, creativity and flexibility to enable individuals to contribute to their full potential and further the efforts of attracting new employees and retaining current employees.

Accomplishments:

- Service Equity Managers within OEMS have been conducting a series of virtual table talks regarding service equity framework to ODHS field staff. The first service equity framework element explored Race and Place.

- In 2019, the RiSE project team visited ODHS offices all around the state to share the RiSE model with employees. The 46 building sessions were met with great interest and excitement. During 2019 and 2020, the RiSE program has initiated the RiSE Champion network, which are volunteers who promote RiSE in their offices and environments; conversations on diversity, equity and inclusion; Monday morning email tips; and leadership and management engagement to develop the understanding and skills to lead to a RiSE culture within the agency.

- Diversity, Equity, Inclusion, and Accessibility Executive Learning and Development training for executives began in 2020. It is described in more detail in the Executive Order 17-11 section of this affirmative action plan. The focus for this training is to build knowledge, skills and confidence to lead diversity, equity and inclusion change in the agency.

- Community engagement meetings have been taking place with communities beginning in 2019 and into this year with the African American Community, COFA community, and Latinx community. More listening sessions and frameworks to support those and other communities are being planned.

- OEMS has been conducting agency-wide diversity, equity and inclusion training. Some of the titles are listed in the Training and Education section of this Plan. A new activity by OEMS is EquiTea Time Dialogues, launched in July 2020. It was developed to bring people together to discuss equity topics and concerns.

- Employee Resource Groups are active. See the Program section for descriptions of the ten ERGs and their activities.

- Each program has a Service Equity Manager from OEMS to support each program with establishing and leading service equity initiatives that include development and programmatic equity assessments, equity action plans and the development of equity dashboards to track disparities found in program service delivery.

Goal 3:

ODHS will develop strategies to expand recruiting outreach efforts with diverse community-based organizations to increase the diversity of our workforce, especially for people of color, people with disabilities and veterans.

Accomplishments:

- Additional diverse organizations have been added during 2019 and 2020 to the list of organizations for recruiters to use to publicize the ODHS job openings.

- Employee resource groups (ERGs) have been sharing job announcements to attract more people of color, veterans, people with disabilities, LGBTQ and women to the ODHS workforce.

- An executive recruiter was hired early in 2020 to help recruiters with outreach efforts. The contact list that was developed is shared by all the recruiters.

- Sixteen (16) career fairs were attended by recruiters in 2019. Eight of the career fairs included diversity fairs: City Career Fair; JobsNow/Incight; Portland Veterans Job Fair; and Veteran Benefit Expo. Another eight career fairs were for Universities: PSU Career + Internship Fair; Western Oregon University; Nursing Expo – George Fox University; University of Oregon; Southern Oregon University; and Oregon State University.

- For difficult-to-fill-positions, recruiters developed a brochure in addition to the typical state-format recruitment announcement. This allowed more creativity and the ability to send a document easily through email to a large number of contacts.

Demographic Analysis

The attached workforce representation reports are pulled from the Workday DEI Dashboard, the new tracking program used by the State of Oregon. Because the parity data for the State of Oregon is out-of-date, these reports do not use parity analysis as in the past. Parity is defined as the ultimate goal of affirmative action programming; to achieve "parity" in a work force, i.e., women and minorities to be represented in every job category of a work force in the same proportion they are available in the total work force. The Governor's D & I Office and State agencies will update the parity analysis for the next Affirmative Action plan period of 2023-2025. For this 2021-2023 Plan, the actual numbers of employees within each job category, race, disability, veteran status and gender will be reviewed and a plan made to continue to increase the representation.

ODHS is including report tables for the following information as requested by the Governor's Diversity, Equity and Inclusion Office:

- summary of data
- workforce representation by race and gender
- agency executives by race, gender, disability and veteran status
- agency supervisors by race, gender, disability and veteran status
- promotions for supervisors by race and gender
- promotions for non-supervisors by race and gender

ODHS is also utilizing the data from the previous system, Position and Personnel Database (PPDB) to show five-year trends as part of the analysis of the data. The trend reports are in the Accomplishment section above.

Summary Reports

This summary report shows how many employees who are People of Color, White, with a Disability or a Veteran within each job category as of June 30, 2020. The agency currently has 28.31% People of Color and 69.23% White. It is important to note that 2.46% of the employees did not wish to answer the race/ethnicity question.

Oregon Department of Human Services						
Summary of Workforce Representation						
Workday Statistics as of June 30, 2020						
Job Categories	**Total Employees**	**POC**	**White**	**Do Not Wish to Answer**	**People with Disabilities**	**Veterans**
Administrative Support	1271	342	897	32	60	33
Officials and Administrators	857	177	675	5	30	42
Paraprofessionals	2510	904	1520	86	90	75
Professionals	4271	1053	3115	103	158	162
Service	14	4	10	0	1	3
Skilled Craft Workers	8	1	7	0	1	1
Technicians	578	211	359	8	9	14
Agency Totals	9509	2692	6583	234	349	330
Percentage		28.31%	69.23%	2.46%	3.67%	3.47%

The summary report below is in more detail, showing the number of employees by race/ethnicity within each job category.

Oregon Department of Human Services											
Summary of Workforce Representation											
Workday Statistics as of June 30, 2020											
Job Categories	**Total Employees**	**American Indian or Alaska Native**	**Asian**	**Black or African American**	**Hispanic or Latino**	**Native Hawaiian or Other Pacific Islander**	**Two or more Races**	**White**	**Do not wish to answer**	**Females**	**Males**
Administrative Support	1271	23	60	36	145	10	68	897	32	1098	173
Officials and Administrators	857	16	24	31	68	3	35	675	5	593	264
Paraprofessionals	2510	49	97	87	510	13	148	1520	86	2053	457
Professionals	4271	70	138	137	456	16	236	3115	103	3280	991
Service	14	0	0	1	1	0	2	10	0	0	14
Skilled Craft Workers	8	0	0	1	0	0	0	7	0	2	6
Technicians	578	7	31	74	39	24	36	359	8	310	268
Agency Totals	**9509**	**165**	**350**	**367**	**1219**	**66**	**525**	**6583**	**234**	**7336**	**2173**

Workforce Representation by Job Classification, Race/Ethnicity and Gender

The two charts below show the number and percentage of males and females within each race/ethnic group, sorted by job classifications. In some of the job classifications there are no employees within the race/ethnic groups. Do not wish to answer is 2.46%.

According to the State of Oregon Employment Department's website: https://www.qualityinfo.org/-/race-and-ethnic-diversity-in-oregon-s-workforce in an article on January 9, 2020, it reported:

"Though it is still predominantly white, Oregon's population has started to diversify in recent years. In 2018, the share of people of color in Oregon grew to 25 percent." Even though the agency will do more to attract a diverse candidate pool, and retain this diverse workforce, ODHS is doing well with 28.31% people of color as of June 30, 2020. There is good representation of People of Color in all job categories, especially above salary range 24. Areas where we can do more is explained in the two charts below.

In this first chart it shows that American Indian or Alaska Native is only 1.72% (males and females) of the workforce. More outreach to this group should be done to increase the representation. This will be listed specifically in the strategies for 2021-2023.

Oregon Department of Human Services

Workforce Representation by Race Categories (American Indian or Alaska Native; Asian; Black or African American; Hispanic or Latino) and Gender

Workday Statistics as of June 30, 2020

		American Indian or Alaska Native				Asian				Black or African American				Hispanic or Latino			
Job Categories		Female		Male		Female		Male		Female		Male		Female		Male	
	Total Emp	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%
Administrative Support	1271	21	1.65%	2	0.16%	44	3.46%	16	1.26%	30	2.36%	6	0.47%	133	10.46%	12	0.94%
Officials and Administrators	857	12	1.40%	4	0.47%	12	1.40%	12	1.40%	22	2.57%	9	1.05%	43	5.02%	25	2.92%
Paraprofessionals	2510	45	1.79%	4	0.16%	72	2.87%	25	1.00%	60	2.39%	27	1.08%	420	16.73%	90	3.59%
Professionals	4271	57	1.33%	12	0.28%	93	2.18%	45	1.05%	73	1.71%	64	1.50%	337	7.89%	119	2.79%
Service	14	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	7.14%	0	0.00%	1	7.14%
Skilled Craft Workers	8	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	12.50%	0	0.00%	0	0.00%	0	0.00%
Technicians	578	5	0.87%	2	0.35%	12	2.08%	19	3.29%	26	4.50%	48	8.30%	20	3.46%	19	3.29%
Totals	9509	140		24		233		117		212		155		953		266	
		1.47%		0.25%		2.45%		1.23%		2.23%		1.63%		10.02%		2.80%	
Combined Female & Male Percentage			1.72%				3.68%				3.86%				12.82%		

In the chart below, Native Hawaiian or Other Pacific Islander is only .69% (males and females) of the workforce. More outreach to this group should be done to increase the representation. There are several organizations that work directly with the Pacific Islander population, these will be targeted in the future on job announcements. Also, more effort will be made to build a relationship with these organizations, including offering job search assistance to their membership.

Do not wish to answer is 2.46%. A plan needs to be determined on how to ensure every new employee fills out this section on Workday, not only for the race ethnicity, but for self-disclosing a disability and Veteran's status.

Agency Executives

This first chart shows the race/ethnicity and gender of the agency director.

Oregon Department of Human Services
Agency Director by Racial Category and Gender
Workday Statistics as of June 30, 2020

Racial Categories	Female	Male
American Indian/Alaska Native		
Asian		
Black/African American		
Hispanic		
Native Hawaiian/Other Pacific Islander		
Two Or More Races		
White		1
Totals	**0**	**1**

This summary shows the race/ethnicity (people of color or white) and gender of the ODHS executives. It is 50/50 for the total number of females to males. The percentage of executives in People of Color is 29.41% compared to 70.59% White.

Oregon Department of Human Services				
Agency Executives by Racial Categories & Gender				
Workday Statistics as of June 30, 2020				
Race	**Female**	**Male**	**All**	**Pct.**
POC	6	4	10	29.41%
White	11	13	24	70.59%
Totals	**17**	**17**	**34**	

This chart shows in more detail the race/ethnicity and gender of the ODHS executives. The racial categories not represented at all include Asian and Native Hawaiian/Other Pacific Islander.

Oregon Department of Human Services				
Agency Executives by Racial Categories & Gender				
Workday Statistics as of June 30, 2020				
Racial Category	**Female**	**Male**	**All**	**Pct.**
American Indian/Alaska Native	0	1	1	2.94%
Asian	0	0	0	0.00%
Black/African American	3	1	4	11.76%
Hispanic	2	1	3	8.82%
Native Hawaiian/Other Pacific Islander	0	0	0	0.00%
Two Or More Races	1	1	2	5.88%
White	11	13	24	70.59%
Totals	**17**	**17**	**34**	

This summary shows the reported disability and veteran status by gender of the ODHS executives.

Oregon Department of Human Services

Agency Executives by Reported Disability & Veteran's Status, & Gender

Workday Statistics as of June 30, 2020

Gender	Reported Disability	Percent	Veteran	Percent
Female	1	33.33%	0	0.00%
Male	2	66.67%	3	100.00%
Totals	**3**		**3**	

The chart below shows in more detail how many executives at ODHS have reported a disability or are a veteran. It is sorted by racial category and gender.

Agency Supervisors

This chart shows the race/ethnicity and gender of the supervisors at ODHS. The representation for Native Hawaiian/Other Pacific Islander is below 1% and American Indian/Alaska Native is at 1.81%. There were 4 females and 1 male who did not answer the question about race/ethnicity.

Oregon Department of Human Services				
Agency Supervisors by Racial Categories & Gender				
Workday Statistics as of June 30, 2020				
Racial Category	**Female**	**Male**	**All**	**Pct.**
American Indian/Alaska Native	12	3	15	1.82%
Asian	12	12	24	2.92%
Black/African American	19	8	27	3.28%
Hispanic	41	24	65	7.90%
Native Hawaiian/Other Pacific Islander	2	1	3	0.36%
Two Or More Races	24	9	33	4.01%
White	462	189	651	79.10%
Did not answer	4	1	5	0.61%
Totals	**576**	**247**	**823**	

This chart shows by gender, the reported disability and veteran status of the supervisors at ODHS.

Oregon Department of Human Services						
Agency Supervisors by Reported Disability & Veteran's Status, and Racial Categories						
Workday Statistics as of June 30, 2020						
	Female			**Male**		
Racial Category	**Disability Reported**	**Veteran**	**Total Females**	**Disability Reported**	**Veteran**	**Total Males**
American Indian/Alaska Native	2	0	2	0	0	0
Asian	0	0	0	0	1	1
Black/African American	0	1	1	0	0	0
Hispanic	0	0	0	1	3	4
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0
Two Or More Races	4	0	4	4	5	9
White	13	5	18	9	28	37
Did not answer	1	0	1	0	0	0
Totals	**20**	**6**	**26**	**14**	**37**	**51**

Promotions – Supervisory Positions

For promotions into supervisory positions, this chart shows the race and gender for promotions occurring between July 1, 2019 through June 30, 2020.

Oregon Department of Human Services

Agency Supervisor Promotions by Racial Categories and Gender

Workday Statistics as of July 1, 2019 through June 30, 2020

Racial Category	Female	Male	All	Pct.
American Indian/Alaska Native	4	0	4	2.37%
Asian	2	2	4	2.37%
Black/African American	4	3	7	4.14%
Hispanic	7	4	11	6.51%
Native Hawaiian/Other Pacific Islander	0	0	0	0.00%
Two Or More Races	5	5	10	5.92%
White	85	48	133	78.70%
Totals	**107**	**62**	**169**	

The table below shows the supervisory promotions by disability and veterans' status.

Oregon Department of Human Services Agency Supervisor Promotions by Disability and Veteran Status Workday Statistics as of July 1, 2019 through June 30, 2020							
	Female			Male			All
Racial Category	Disability Reported	Veteran	Total Females	Disability Reported	Veteran	Total Males	Total
American Indian/Alaska Native	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0
Hispanic	0	0	0	1	1	2	2
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0
Two Or More Races	0	0	0	1	2	3	3
White	2	0	2	3	8	11	13
Totals	**2**	**0**	**2**	**5**	**11**	**16**	**18**

Promotions – Non-Supervisory Positions

For promotions into non-supervisory positions, this chart shows the race and gender for promotions occurring between July 1, 2019 through June 30, 2020.

Oregon Department of Human Services Agency Non-Supervisor Promotions by Racial Categories and Gender Workday Statistics as of July 1, 2019 through June 30, 2020				
Racial Category	Female	Male	All	Pct.
American Indian/Alaska Native	12	0	12	1.81%
Asian	20	9	29	4.37%
Black/African American	14	9	23	3.46%
Hispanic	62	24	86	12.95%
Native Hawaiian/Other Pacific Islander	2	1	3	0.45%
Two Or More Races	45	8	53	7.98%
White	364	76	440	66.27%
Did not answer	6	12	18	2.71%
Totals	**525**	**139**	**664**	

The table below shows the non-supervisory promotions by disability and veterans' status.

Oregon Department of Human Services							
Agency Non-Supervisor Promotions by Disability and Veteran Status							
Workday Statistics as of July 1, 2019 through June 30, 2020							
	Female			**Male**			**All**
Racial Category	**Disability Reported**	**Veteran**	**Total Females**	**Disability Reported**	**Veteran**	**Total Males**	**Total**
American Indian/Alaska Native	0	1	1	0	0	0	1
Asian	0	0	0	0	0	0	0
Black/African American	0	0	0	0	1	1	1
Hispanic	0	1	1	0	1	1	2
Native Hawaiian/Other Pacific Islander	0	0	0	0	1	1	1
Two Or More Races	4	0	4	2	0	2	6
White	6	6	12	4	3	7	19
Did not answer	0	0	0	0	1	1	1
Totals	**10**	**8**	**18**	**6**	**7**	**13**	**31**

V. July 1, 2021 – June 30, 2023
Goals and strategies

"If you see something that is not right, not fair, not just, you have a moral obligation to do something about it."
John Lewis

Goals for ODHS Affirmative Action Plan

The ODHS vision of "safety, health and independence for all Oregonians" is why we continue to pursue goals that help us increase and retain our representation of people of color, people with disabilities, veterans, LGBTQ and women within the ODHS workforce.

How do we do that in today's complex world? ODHS feels the most important focus for our goals needs to be on the workplace environment. We must have a culture that is inclusive and respectful. In order to retain our workforce, a stronger orientation process needs to take place. We will continue to work hard to develop new outreach efforts to attract qualified candidates to our workforce. The goals and strategies described below will continue the successful efforts made in the past and focus on some areas that need to be strengthened to be most effective.

In the 2021–2023 biennium, ODHS will pursue the following goals:

1. ODHS will continue to foster an inclusive and respectful culture that encourages collaboration, creativity and flexibility to enable individuals to contribute to their full potential.

2. The ODHS employee orientation/onboarding process will be reviewed, and a more comprehensive new employee orientation will be developed and implemented during the 2021-2023 biennium to address stronger retention of people of color, veterans, people with disabilities, LGBTQ and women within the agency.

3. ODHS will continue to expand its recruiting outreach efforts with diverse community-based organizations to increase the diversity of our workforce, especially for people of color, people with disabilities, LGBTQ, women and veterans in positions in salary range 24 and above.

Strategies and timelines for achieving ODHS goals

Goal 1: ODHS will continue to foster an inclusive and respectful culture that encourages collaboration, creativity and flexibility to enable individuals to contribute to their full potential.
Strategies:

- Discuss diversity and inclusion regularly at the leadership level. Once a month a diversity and inclusion topic will be discussed at the executive team meeting. Guest presenters will be from OEMS, HR or possibly from outside the agency. Once a quarter, updated workforce representation reports will be presented to the executive team.

- In 2019, the RiSE project team visited offices around the state to share the RiSE model. Continue and strengthen RISE, to increase cultural awareness.

- Strengthen the onboarding of new employees to increase awareness of diversity, equity and inclusion trainings, policies and resources such as RiSE, and the ERGs.

- Use a diversity and equity-perspective to examine turnover rates quarterly for voluntary and involuntary separations' adverse effect on women, people of color, LGBTQ and people with disabilities. Develop strategies to eliminate any disproportionate turnover for a protected class. Determine if there is more turnover in diverse populations. HR and OEMS will work together to develop strategies to eliminate excessive turnover.

- Develop a procedure to ensure exiting employees are invited to complete the exit interview on Workday that includes diversity and inclusion-related questions. These exit interviews will be used when examining turnover rates. Quarterly, a summary of these exit interviews will be provided to the executive team.

- Review annually and revise, if necessary, the ODHS Equal Employment Opportunity/Affirmative Action Statement and any recruiting materials related to affirmative action or diversity and inclusion.

- The agency will continue to develop programs where employees can discuss diversity, equity and inclusion in a welcoming and respectful environment so that everyone can have a chance to understand and help address and rectify their biases and learn how to be antiracist.

Goal 2: The ODHS employee orientation process will be reviewed, and a more comprehensive new employee orientation will be developed and implemented during the 2021-2023 biennium to address stronger retention of people of color, veterans, people with disabilities, LGBTQ and women within the agency.

Strategies:

- HR and OEMS will coordinate the review and make improvements to the current new employee orientation/onboarding process. Develop and implement a new on-line agency-wide orientation that every new employee their first week. This will cover all agency or State-wide policies employees need to understand. It will also cover all diversity, equity and inclusion efforts, trauma informed and resources available to employees.

- Program offices will also review and improve their own on-boarding which will explain specific offices procedures and practices, in addition to reinforcing the diversity, equity and inclusion efforts to strengthen the culture at ODHS.

- It will be discussed during onboarding and by the employee's new supervisor why ODHS needs the information regarding race/ethnicity. New employees will be encouraged to disclose this important information in Workday.

- It will be discussed during onboard and by the employee's new supervisor why ODHS needs the information regarding disability and Veteran's status in Workday.

- A plan will be developed to work with the employees who have not filled out the information regarding race/ethnicity to meet the agency goal of having this information 100% reported.

Goal 3: ODHS will continue to expand its recruiting outreach efforts with diverse community-based organizations to increase the diversity of our workforce, especially for people of color, people with disabilities, LGBTQ, women and veterans in positions in salary range 24 and above.

Strategies:

- ODHS will review the recruitment process annually to make sure all the elements are included:
    - Strong, accurate job announcement;
    - Diverse organization outreach strategy;
    - Selection process;
    - Veterans' preference;
    - The interview process, including diversity/inclusion questions;
    - Reference checking, including diversity/equity/inclusion questions;
    - Onboarding;
    - Unit orientation; and
    - Retention.

- Develop outreach strategies to include outreach beyond Oregon when applicable.

- On a quarterly basis, recruiters will review workforce representation report for people of color, people with disabilities, women and veterans in all positions, with a focus on positions salary range 24 and above.

- Reports will be pulled from Workday regarding the diversity of the candidate pool, analyzing where candidates dropped out of the process and shared with the recruiters. This information will assist the recruiters in helping managers to improve the effectiveness of the future recruitment process.

- Efforts will be made to build stronger relationships with organizations representing the American Indian and Alaska Native and the Native Hawaiian and Other Pacific Islander groups. These groups will receive job vacancy announcements and offers of job search assistance to their members.

- Build and sustain relationships with diverse organizations and send them job announcements. The list below is a sampling of organizations, there are many more:
    - NAACP
    - APANO
    - Hispanic Services Roundtable
    - Oregon Association for Minority Entrepreneurs
    - IRCO
    - Cultural Advocacy Coalition of Oregon
    - Coalition of Communities of Color
    - Incight
    - US DOL Vet
    - Exceed Enterprises
    - Micronesian Islander Community
    - Basic Rights
    - Latino Business Alliance
    - Oregon State Hispanic Employees Network
    - Oregon Native American Chamber
    - Asian Pacific American Chamber and Partners in Diversity.

- ODHS HR Recruiting will partner with OEMS to coordinate networking with groups and send out new job announcements. Recruiters will ask ERGs to share job announcements with their networks.

- Work with other ODHS programs such as Vocational Rehabilitation, Aging and People with Disabilities, and Intellectual and Developmental Disabilities to develop stronger strategies for hiring people with disabilities. In addition, ABLENet will also be consulted.

- Offer career services to members of diverse organizations, including informational interviews, application material review and mock interviews.

- Attend career fairs and targeted outreach events (i.e. diversity, veterans, people who identify as disabled, LGBTQ, etc.) and accept resumes from job seekers that will be shared with the appropriate programs/section managers. Help job seekers set up informational interviews as needed.

- Develop and maintain recruitment and career services partnership with veterans' organizations, such as Oregon Department of Veterans Affairs, USDOL-Vets, United States Guards and Reserves, E3 Federal Solutions, and local Disabled Veterans Outreach program.

- Develop partnerships with college and university strategy/working groups, career centers and alumni organizations, trade schools, and apprentice programs around Oregon and across the country.

- Continue reporting quarterly to the executive team on several equity-focused outcome measures to include workforce diversity; diversity advancement; diversity retention (turnover); and employee engagement/satisfaction. The quarterly reports will drive correction action plans on issues that are not satisfactorily improving, based on targets established by the executive team in 2020.

VI. Appendices

Appendix A – State Policy Documentation

The following links lead to a pdf with all of the state documents:

- ADA and Reasonable Accommodation Policy *(Statewide Policy 50.020.10)*
- Discrimination and Harassment Free Workplace - *(Statewide Policy No. 50.010.01)*
- Employee Development and Implementation of Oregon Benchmarks for Workforce Development *(Statewide Policy 50.045.01)*
- Veterans Preference in Employment (*40-055-03*)
- Equal Opportunity and Affirmative Action Rule *(105-040-0001)*
- Executive Order 17-11: Relating to Affirmative Action and Diversity and Inclusion

Appendix B - Federal Documentation

Link to federal documentation:

http://www.oregon.gov/gov/policy/Documents/Federal_Affirmative_Action_Title VII.pdf

Includes:

- Age Discrimination in Employment Act of 1967 (ADEA)
- Disability Discrimination Title I of the Americans with Disability Act of 1990
- Equal Pay and Compensation Discrimination Equal Pay Act of 1963, and Title VII of the Civil Rights Act of 1964
- Genetic Information Discrimination Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA)
- Title VII of the Civil Rights Act of 1964
- National Origin Discrimination Title VII of the Civil Rights Act of 1964
- Pregnancy Discrimination Title VII of the Civil Rights Act of 1964
- Race/Color Discrimination Title VII of the Civil Rights Act of 1964
- Religious Discrimination Title VII of the Civil Rights Act of 1964
- Retaliation Title VII of the Civil Agency Affirmative Action Policy
- Sex-Based Discrimination Title VII of the Civil Rights Act of 1964
- Sexual Harassment Title VII of the Civil Rights Act of 1964

Executive Order 11246 (OFCCP regulations)

Oregon Department of Human Services
AUDIT RESPONSE REPORT

1. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2017, audit #2018-11 (dated April 2018)

- Recommend management ensure the transaction review process includes examination of proper coding and accounting periods.

  The procedures that affected the fiscal year 2018 audit were updated and no additional errors were present in the fiscal year 2019 audit.

- Recommend department management continue to pursue system changes to OR-Kids to prevent transactions from reimbursing outside the period of performance. In the meantime, the department should develop a process to better identify transactions that are appropriate to net and transactions that should not be netted to ensure adjustments are reported appropriately.

  A report has been developed that allows ODHS to analyze increasing and decreasing adjustments, isolating increasing adjustments that fall outside the period of performance. ODHS is no longer netting increases and decreases beginning with the filing of the June 30, 2018 CB-496 report.

  The analysis of reviewing all activity back to September 30, 2011, to evaluate if any federal funds were improperly claimed beyond the two-year limit has been completed. Repayment from this analysis was reported on the March 31, 2019 CB-496 report in the amount of $6,477,561.66. Additional information is attached detailing the repayment by program and correlating the CB-496 decreasing reporting lines with each repayment quarter.

- Recommend department management ensure adequate contract monitoring processes are in place to provide assurance that the department is receiving the services provided for in these waiver-based contracts. We also recommend department management seek clarification regarding allocation of equal monthly payments among clients served and verify that startup costs, camp services, and pre-paid flexible funds are appropriate waiver expenditures.

  These findings are connected to the use of Title IV-E federal funds. For these specific services and contracts, the IV-E funds were only allowed under the Title IV-E waiver, which ended September 30, 2019. Therefore, there are no longer concerns about inappropriate federal fund claiming because these contracts are only using the General fund. No new contracts were entered into during State fiscal year 2019 that would use Title IV-E funds.

- Recommend department management ensure all required documentation is completed timely, reviewed, and maintained, and that eligibility is determined appropriately. We also recommend department management reimburse the federal agency for costs paid related to ineligible providers.

  The error cases identified, leading to this finding, have been corrected. Both of these errors happened prior to OR-Kids enhancements that prevent full certificates of approval unless all required pieces of work have been completed and entered into the record. We see improved documentation and accuracy since the implementation of those enhancements.

  Because the Department has had other findings related to IV-E claiming during a temporary certificate of approval, a report was designed and implemented. The EL-3026-D Foster Care IV-E Eligibility & Certification Status Detail allows the user to identify cases in which children are placed with temporarily certified providers and are IV-E eligible/reimbursable. The EL-3026 was implemented in June 2019.

- Recommend department management review OR-Kids transaction processing and make system modifications as appropriate to ensure proper financial reporting of program expenditures. We also recommend department management review prior year and current year transactions and reimburse the federal agency for grant expenditures claimed inappropriately.

This audit finding was partially mitigated by OR-Kids JIRA# 25911. The system is not allowing placement corrections on service types with age bracketed services. This system correction will now calculate the Placement Begin Date against the participant's DOB, allowing retroactive placement corrections for all age bracketed service types. This change was put into production on January 23, 2019.

A report has been developed to identify adjustments that impact a state grant rather than the federal grant and is the validation stage. Once the report is completed, the report will be used to accurately report federal expenditures. The new anticipated date for this report is June 30, 2021.

- Recommend management strengthen controls to verify applications exist during client eligibility redeterminations, perform timely eligibility redeterminations and verification of client resources, close benefits for clients no longer eligible, and ensure eligible clients are enrolled in both Medicare and Medicaid. We also recommend management correct all identified issues and reimburse the federal agency for unallowable costs.

  The department is committed to providing timely benefits to only those individuals who are appropriately determined eligible. The department has taken positive steps since the fall of 2016 to improve its business reporting capabilities for tracking and remediating untimely Medicaid redeterminations. The department expects that the technological advancements and improved functionality of the new Integrated Eligibility (IE) system will provide greater operational opportunities to strengthen its client eligibility controls specifically related to the timeliness of determinations, correct enrollment and the electronic retention of required eligibility data elements such as signed applications. In addition, the department is engaged in efforts to restructure existing caseworker training to support and align with the new Integrated Eligibility system, which will reduce the risk of administrative errors. Similarly, the department expects that the statewide implementation of the Centers for Medicare & Medicaid Services (CMS) approved electronic Asset Verification System (AVS) will provide client resource information in a more timely, robust and comprehensive manner. All unallowed costs have been repaid.

- Recommend management strengthen controls to ensure documentation supporting a provider's eligibility determination is retained. For current providers with missing documentation, we recommend the department verify they are eligible to provide services and obtain the necessary documentation.

  The Provider Enrollment unit has implemented the quarterly data pull for missed checks. Initially how the data was pulled from MMIS and the content of the data caused delays due to the volume and sorting through the provider file. Those issues are being worked through and as additional reports are pulled the process will become more streamlined. The next data pull is on track and scheduled for July 2019.

  Our Fiscal Intermediary (FI) Public Partnerships LLC (PPL) is now validating I9's for Personal Support Workers (PSW) prior to payment. Additionally, our enrollment unit has begun performing quality assurance checks as a preventative measure. In addition, questioned cost of $5,573 have been reimbursed as of September 30, 2018.

  The management of the Oregon Health Authority (OHA) Provider Support Services conducted specific database check training for enrollment staff between December 2017 and February 2018. The state will provide additional database check training beginning July 2018 as part of a second enrollment quality improvement plan and continues to pull quarterly, a missing database check report, to ensure all missing database checks are completed.

  For the one provider that was the responsibility of the Aging and People with Disabilities program (APD), the Department obtained a current completed I-9 form and confirmed the provider's eligibility; therefore, there are no questionable costs remaining for the APD program.

- Recommend department management ensure a client's monthly copay is correctly calculated and applications are retained. We also recommend department management reimburse the federal agency for unallowable costs.

  ODHS completed the reimbursement to the federal agency for the known questioned costs of $1,939 on June 21, 2018.

ODHS agency transmittal was issued to inform field staff of the error reasons resulting in incorrect copay calculations and policy reminders to prevent these errors. The ODHS training unit was also included to re-enforce during staff trainings the importance of calculating income, ensuring bonus pay is included and child support payments.

In regard to ensuring application retention, ODHS implemented the EMDS standardized data capture elements that assist in locating additional application documents. In addition the total unallowable costs have been reimbursed to the federal CCDF.

- Recommend department management strengthen its controls to ensure appropriate expenditures are charged to the federal program and that timely reviews of client payments, monthly employee timesheets, and cell phone invoices are performed.

  Client expenditures are being reviewed by the Business Integrity Coordinators with all office completing the first in a series of audits by September 2019. Additionally, VR field staff have been trained on and instructed in the OC&P Buy Decision process and are required to follow this process for all administrative purchases. Client purchases are in the process of implementing the Buy Decision process. Employee timesheets are now done thru the new Workday system. This system requires the manager to approve time off when the employee requests it. At the end of the pay period the manager is required to audit the Workday approvals against the payroll system before locking time. Payroll then reviews it early the next month and contacts anyone who is out of compliance. Cell phone reports are being audited on a monthly basis by the Business Integrity Coordinators and one of the administrative staff in central office. Each of those employees forward their review to a coordinator once they have completed it. We have had a couple of issues where phones were moved and not put on the correct auditor's list. Once identified, they were corrected, and we went back and reviewed all of the months this occurred.

  Known questioned costs in the amount of $60 were included in warrant 125356450 with VP757147 that was issued and reimbursed to the awarding agency on March 6, 2019.

- Recommend department management submit accurate RSA-2 reports and strengthen its controls over RSA-2 reports to ensure the reports are properly prepared, adequately supported, and properly reviewed.

  The Grant Accounting unit in the Office of Financial Services has adopted a new methodology for reporting hours and dollars based on payroll actuals. This was approved by the federal oversite agency, Rehabilitation Services Administration (RSA, in July 2017. Additionally, the query used for the report has been adjusted to exclude the second payroll run for the prior fiscal year and include the second payroll run for the current fiscal year (October 16, 2015 – October 15, 2016). Grant Accounting will retain the data queries used to construct the report and review these with the Business Operations Manager for Vocational Rehabilitation prior to submission.

  The Grant Unit revised the FFY2016 RSA 2 report in June 2017. The RSA 2 report was corrected June 2017, and new payroll reporting methodology implemented in July 2017.

- Recommend department management strengthen controls to ensure all procurement procedures are followed, including the verification of suspension and debarment for all contracts, and maintain supporting evidence for procedures performed. We further recommend department management create and implement review procedures over its new CSTAT system to ensure controls over procurement procedures are operating effectively.

  The Office of Contracts and Procurement (OC&P) began with the month of December 2018, pulling a query of all executed contracts from each month as recorded in the CSTAT database. A formula is used to perform a random selection process of 25% of all contracts or amendments executed within that month that meet the criteria of any dollar value not to exceed (NTE) amount, inclusive of increases to NTE on amendments. In May 2019, OCP made an executive decision to reduce the random monthly pull from 25% to 10% based on industry standards and workload. The entire electronic contract file is reviewed for completeness, including CSTAT entries related to the contract. If an error or omission is discovered in the documentation, the compliance manager informs the contract specialist's manager by email of the nature of the error. Errors are recorded with the review of the contract file, as well as documentation from the contract

specialist once the correction has been made. Managers review the contract errors and corrections with staff during employee development meetings. All documentation is maintained in an excel spreadsheet by month for each month audited.

2. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2018, audit #2019-14 (dated March 2019)

- Recommend management ensure year-end reporting methodologies reflect a complete understanding of transaction relationships as well as proper application of amounts provided by other entities.

  The year-end task list shows the annual meetings with each unit, including the Management Reporting Unit (MRU), to provide information and inquire of changes. The FY19 year-end list OFS MRU is the actual agenda for items discussed with each unit. The MRU specific items include inquiring of new program revenues and expenditures.

- Recommend department management implement processes and procedures to ensure data reports accurately reflect case status and activity of the reporting period.

  The department is aware that the data reports out of the Legacy system are incorrect. With IE ONE rolling out this year a decision was made to not put resources into fixing the business requirements in the current Legacy system, it is anticipated ONE will provide more accurate data reports. ONE implementation across the state is scheduled to be completed by the end of calendar year 2020. Any system changes within ONE will require a change request. Prioritization and work on change requests would begin in calendar year 2021.

- Recommend department management implement monitoring of eligibility re-determinations to ensure they are completed timely. We also recommend department management correct the identified cases and reimburse the federal agency for amounts claimed for ineligible cases.

In February 2020 it was discovered that two cases, that did not previously incur any charges, did not accurately end eligibility as expected when the corrections were entered in June 2019. This was because the corrections were made to the pre-adopt cases. In coordination with OR-Kids, the eligibility was appropriately ended on the bio-cases on February 11, 2020. One of the cases incurred charges after the original finding was made, so this correction in February resulted in an additional reimbursement of $9,836.13.

- Recommend department management ensure timely and consistent monitoring of OR-Kids reports, including adequate communication, to ensure the cases exceeding the benefit threshold of $25,350 are corrected timely. We also recommend department management reimburse the federal agency for costs exceeding the limit.

  Report EL-3008 was designed to identify any children's TANF claiming exceeds $20,000. This finding occurred due to staffing changes, we have provided training and updated procedures to support business integrity and this addresses the audit finding. The Policy Analyst reviews this report each month and it has resulted in a resolution to this finding. The request to OR-Kids for a system enhancement will remain on the list of future OR-Kids changes.

- Recommend department management ensure adequate processes are in place to ensure federal TANF payments are not made beyond the 60-month time limit. We also recommend department management correct the identified case and reimburse the federal agency for amounts claimed.

  Effective May 1, 2019, SSP TANF has designated a point person to review the over 60-month Time Limit data report. This report is generated monthly and the TANF point will review every month for accuracy. If the point determines a case needs updating. The TANF point will email the local branch office lead with instructions on how to update the case Time Limit issue.

  Adjusting entry BT178490 in the amount of $953.10 was completed on February 22, 2019 to reclass these costs from FF to GF as they were outside the federal time limit.

- Recommend department management continue to work with DHHS to obtain approval of the department's plan for "Indian country" time limit exemptions. We also recommend department management correct cases that had been improperly exempted prior to January 1, 2017, and review and reimburse the federal agency as appropriate for payments made beyond the allowable time limit.

  The departments plan for 'Indian Country' is outlined in the state plan which has been accepted. The cases were reviewed, and it was determined that they were not improperly exempted and therefore no reimbursement needed. The system is functioning correctly, the business requirements in the fed report were incorrectly reporting. With IE ONE rolling out this year a decision was made to not put resources into fixing the business requirements within the current Legacy system, it has been confirmed reporting out of ONE is correct for "Indian Country" time limit exemptions. ONE implementation across the state is scheduled to be completed by the end of calendar year 2020.

- Recommend department management investigate and identify the extent to which client income was not verified. We also recommend department management provide appropriate notification and training to staff to ensure that data is entered in a manner that would ensure the ONE system appropriately accesses the hub to verify income eligibility.

  The department has provided additional guidance by way of an all-staff transmittal issued in March of 2019, has updated the staff eligibility manual in April 2019, and made an update to the ONE eligibility system on April 11, 2019 to default the question about verification to trigger the Federal Data Services Hub. This update was done to ensure the Hub is pinged, regardless of the avenue in which the application is entered, when no one on the case has income. After the system update, guidance regarding the update was put in an agency-wide newsletter in May of 2019 and an all-staff transmittal was sent in August 2019.

- Recommend management strengthen controls to perform timely eligibility redeterminations and verification of client income, and ensure eligible clients are appropriately enrolled in both Medicare and Medicaid. Additionally, we recommend management provide periodic training to caseworkers to reduce the risk of

administrative errors. We also recommend management correct all identified issues and reimburse the federal agency for unallowable costs.

Approximately 90% of APD rule changes required for the implementation of the integrated ONE system on July 6, 2020 are complete and training materials have been updated to reflect these changes. The remaining 10% of rule changes will be effective on July 6, 2020. Cross program training, which covers, MAGI, OSIPM and Medicare Savings Programs, is in process and will be delivered prior to the new system's rollout in each area. This will ensure that staff across Aging and People with Disabilities and Self-Sufficiency programs are knowledgeable in all Medicaid programs, and that eligibility is determined timely, accurately, and with the required verifications.

- Recommend department and authority management strengthen controls to ensure documentation supporting a provider's eligibility determination is retained. We also recommend department management reimburse the federal agency for cost paid related to the ineligible provider.

  Questioned costs of $8,518 were adjusted through the JH system with document BTJHCQAP. The effective date of the adjustment was January 19, 2020.

  A missed data base verification has been added to the enrollment staff self-reporting spreadsheets. The state is reviewing a report to complete any missed required validations every three months.

  The automated solution is still a work in progress and will not begin to replace staff database checks until March 2020. We are also reviewing an automated missed check tool or a daily query to ensure missed checks are fixed within one business day.

- Recommend department management ensure all required documentation is completed timely, reviewed, and maintained. We also recommend department management reimburse the federal agency for costs paid related to the exceptions identified above.

A new OR-Kids report, EL-3026-D Foster Care IV-E Eligibility and Certification Status Detail was implemented on June 20, 2019. This report allows the user to pull a list of all children who are eligible for Title IV-E while placed with a provider who has a temporary certificate of approval, so that claiming corrections can be made in a timely manner.

CW eligibility staff were provided training regarding the IV-E age requirements for young adults 18 years or older during the March 2019 Statewide Eligibility Summit. This information was recently reiterated through email correspondence and the August 2019 Eligibility Newsletter.

An adjustment of $24,565 was entered into ORKIDS and reported on the 2019 third quarter CB-496 (04/01/2019 – 06/30/2019) report.

- Recommend department management review OR-Kids transaction processing and complete system modifications as appropriate to ensure proper financial reporting of program expenditures. We also recommend department management review prior year and current year transactions and reimburse the federal agency for grant expenditures claimed inappropriately.

  The known costs for IV-E were adjusted on document BT183513, and $277,004 was repaid and reported on the September 30, 2019 CB-496. The known costs for Medicaid, were adjusted on document BT186519 on February 10, 2020, and the $5,949 was repaid and entered into the CMS for FFY20 Q2. A report has been developed to identify adjustments that impact a state grant rather than the federal grant and is in the final validation stage. Once the report is validated, it will be used to accurately report federal expenditures. The new anticipated date for this report is June 30, 2021.

- Recommend department management ensure payments are adequately reviewed to verify payments are for the correct federal financial participation rate and calculated correctly. We also recommend department management reimburse the federal agency for unallowable costs.

The OR-Kids team continues to work on changes to the database to resolve this finding. The most recent update from the OR-Kids team was in June 2020, in which they said that automatic rate calculation is on the list for a future maintenance release. The current estimated implementation date is December 31, 2020. While waiting for this change to go into effect, Child Welfare continues to use a workaround process by sending out a transmittal at the beginning of each calendar year with the newest mileage rate information and by conducting spot checks for accuracy. The current mileage transmittal, CW-IM-20-001, went out to all of Child Welfare in January 2020.

- Recommend department management ensure adequate contract monitoring processes are in place to provide assurance that the department is receiving the services provided for in these waiver-based contracts.

  These findings are connected to the use of Title IV-E federal funds. For these specific services and contracts the IV-E funds were only allowed under the Title IV-E waiver, which ended September 30, 2019. Therefore, there is no longer concerns about inappropriate federal fund claiming because these contracts are only using general fund. Due to that change no further action is warranted.

- Recommend management ensure changes to the cost allocation process are included in its change log to ensure all changes are incorporated in subsequent plan submissions. Further, the department should ensure the discrepancies identified are corrected in the next plan submission.

  Going forward, we are documenting all of our correspondence in a log with a number, brief description and which plan year it applies to. Additionally, with each update requested, the plans are being produced in their entirety where each version builds on the prior so that the most recent plan or update is always the most current and inclusive of all changes and or updates. Regarding the Random Moment Sampling, the majority of those activity codes required narrative updates only to ensure the description of the calculation was accurate.

  There were two activity codes that resulted in claiming differences:

Activity Code 4.A.8 – Pre-Finalized Adoption Assistance Case Management – The penetration rate used in activity code 4.A.8 is based on IV-E Foster Care. This rate should have instead been based on IV-Adoptions. The funding source charged for this activity, however, was in fact "Title IV-E Adoption Assistance". Because the Federal Funding source is correct, there is no adverse impact to reporting. Because the Foster Care penetration rate is lower (57.07%) than the Adoptions rate (86.24%), the resulting impact on claiming is that Oregon under-claimed to IV-E. Since the amount that is not funded by IV-E is charged to State Funds (GF), as such no correcting entry is necessary.

Activity Code 4.A.2 Transportation for Medical, Dental, And Mental Health Services – The penetration rate used in this activity is XIX Foster Care (XIX FC) eligible children. The rate should have instead been XIX weighted / blended (based on Foster Care and In-Home). The approximate difference in rates is 2.5% less when using a blended rate. As a result, the agency over-claimed to title XIX. Activity code 4.A.2 accounts for approximately 1.77% of Child Welfare Survey results. The overall impact to Child Welfare RMSS results is 0.043% (or a 2.5% XIX reduction in the 1.77% of survey responses in activity code 4.A.2), the Federal Fund impact and correcting entry is estimated at approximately $63,000.

The entry for 4.A.2 was made with document numbers BTCC2130 through BTCC2136. Total Federal Fund impact was $36,204. The initial estimate was based on averages versus a month by month calculation. This will be reported on the CMS-64 FFY19Q4.

- Recommend management strengthen internal controls to ensure all costs entering the cost pools are allowed and for the correct amount. Further, the department should identify any additional mileage rate errors and correct all known issues.

  The agency has a regular process to review for duplicate payments; however, the questioned payment was missed. It was corrected on October 30, 2018 with document AR075480 for $2,201.

  Also, the agency will be working with program staff to ensure they understand that submissions for court

witness mileage reimbursements are paid a different IRS per diem rate. The agency reviewed court witness mileage reimbursements and found an additional 27 transactions paid at the inappropriate rate, resulting in $535 in overpayments. This amount was adjusted on March 15, 2019 with BTCL1177. The questioned cost of $18 was also adjusted on March 13, 2019, with BTCL1176.

- Recommend department management implement a consistent process to verify branch offices are conducting required inventory and accurately completing stock control logs.

  A plan has been developed and implemented to conduct quarterly inventory reviews for EBT stock control logs in Self Sufficiency offices and this will be expanded to include APD/AAA offices by October 1, 2019. The reviews are conducted by local business experts and the information is then tracked in a Central office database. The information will be reviewed during the quarterly business review to identify strategies to improve accuracy.

3. ODHS and OHA: Integrated Eligibility Project Has Generally Followed Industry Standards to Help Ensure Data is Converted Completely and Accurately, Fiscal Year 2019, audit #2019-37 (dated October 2019)

- Recommend compare data extracts to legacy systems to ensure completeness and accuracy and document the results.

  After the audit, the Integrated Eligibility, Data Conversion team reached out to the Legacy extract team to better understand steps taken to ensure the mainframe extracts correctly represented the data from the online systems.

  Each Legacy team providing an extract (FSMIS, CM, CI, OA and AJ) was interviewed and design/test artifacts were reviewed.

In summary, the team determined the following:

- *The Legacy teams have varying processes to manage and track extract requests - some using ticketing systems that track and manage requests, while other teams manage requests via email*
- *In all cases, the Legacy teams were working from defined specifications, either uploaded to the ticketing system or managed via email*
- *In all cases, the Legacy teams confirmed the accuracy of the extract with the Legacy BA's, who confirmed against the online system.*
- *Test evidence/confirmation was exchanged via email, and either uploaded to the ticketing system or preserved in email.*

Based on this follow up review of the process, there is now sufficient evidence that the mainframe data extracts have been adequately tested against a defined design, and accurately represent that data in the mainframe.

- Recommend management develop a staffing plan that reflects the potential volume of work that will need to be completed after data conversion along with existing eligibility processing workloads and staff availability.

  The state has developed a plan to minimize the amount of impacts created for eligibility workers by data conversion. This plan includes creation of a team to perform duties necessary to align the data within the multiple systems and automating some of the functions necessary to align the data within the multiple systems. These two strategies will decrease the impact to eligibility workers and allow for better service to Oregonians. There is a workplan that has been developed for the cases that will continue in conversion mode after go-live. This plan includes appropriate necessary time for every point of contact. This time correlates to our current recertification timelines.

- Recommend management eliminate the use of shared accounts to transmit PII and PHI.

The Audit Team observed server administrators using a shared account to manage file transfer of sensitive data. This practice was stopped upon notification to Project leadership and did not expose sensitive data outside of the system boundaries. Additionally, the server in question is being replaced and decommissioned.

- Recommend management improve monitoring of the transmission of PII and PHI.

  While the Audit Team did not assess specific security risks for the IE system, there was recognition by the Project Team that controls were needed to address Project-identified risks related to the protection of PII and PHI during UAT. A team called the Security Controls Workgroup was formed to identify and put into place controls necessary to protect this data. This workgroup was made up of security professionals from the Project Team, SI, Enterprise Security Office (ESO), Enterprise Technology Services (ETS), Office of Information Services (OIS), Public Knowledge, and oversight agency representatives. These controls included:

  - *Ensuring there was no mechanism to allow offshore resources to access the UAT environment.*
  - *Ensuring processes were in place to validate no PII or PHI was copied into Team Foundation Server or other environments in which offshore personnel had access.*
  - *Requiring all testers to use test ID's during testing.*
  - *In the mainframe environment, specifically placing "deniers" into access scripts to ensure testers could not access production environments and, conversely, production users could not access the test environment.*
  - *User profiles for testers were created to change the background color of screens such that it was easy for users to differentiate between production and test environments.*
  - *Ensuring processes were in place to quickly provide testing credentials (authentication and access) to new testers.*

In addition to the above controls, security-related plans are followed and are regularly updated and reviewed by the ESO and federal partners. These plans include:

- *System Security Plan (SSP)*
- *Information Security Risk Assessment (ISRA)*
- *Privacy Impact Assessment (PIA)*
- *Plan of Action and Milestones (POAM)*
-

- Recommend management update existing Business Associate Agreements to include clauses required under HIPAA.

  According to a message from DOJ dated November 14, 2019, the BAA template used by OIS was found legally sufficient and is not out of compliance with federal requirements. No further action will be taken on this finding by the IE Project Team leadership.

4. ODHS and OHA: Using the U.S. Treasury's Do Not Pay System for Health and Human Services Program Will Save Taxpayers Money, audit #2020-05, (dated February 2020)

- Work with U.S. Treasury to gain access to Do Not Pay's worker portal to perform on-demand searches.

  The implementation date for ODHS/OHA to gain access to the DNP portal is contingent upon the execution of a data use agreement (DUA) and other data security measures needed per data source. The data sources cross both the ODHS and OHA, and data sources contain protected health information, personally identifiable information, and other protected information. The protection and security strategies for sharing each data source will need to be clarified, and separate DUA's for ODHS and OHA may need to be executed.

  Communications with U.S. Treasury are ongoing, and the initial questionnaire has been submitted to U.S. Treasury.

- Work with U.S. Treasury to develop annual death matching that covers all clients and all providers in the SNAP, TANF, ERDC, and Medicaid programs. Based on research of those matches, terminate ineligible clients and provides, and correct erroneous data in information systems.

  ODHS and OHA request this recommendation incorporate the rationale of other recommendations, rather than having two separate timeframes for matching purposes. Monthly matches would be the most efficient and provide ODHS and OHA the opportunity to correct records in a timely manner.

- Develop internal policies and procedures for using Do Not Pay and taking the appropriate actions to close cases.

  Policies and procedures already exist for the current Date of Death work being conducted by OHA and ODHS. Once the DUA and other data security measures are executed, and portal access is approved, ODHS and OHA will know the specific aspects of the portal and data matching needing to be addressed in policy and procedures and will finalize prior to full utilization of DNP.

- Send letters to all clients and providers who are identified as potentially deceased, but whose records could not be independently verified by ODHS or OHA staff.

  ODHS and OHA staff will check all internal databases and perform internal research to verify the data that has been received by DNP. If DNP identifies someone as deceased, we are concerned that it would not be an effective approach to submit letters to clients and providers who, through the use of DNP, have been identified as deceased. We would clearly take the DNP data seriously and would do all necessary validation, but sending letters to potential surviving family members does not seem the most effective approach.

- Work with appropriate authorities to correct erroneous death reports found as a result of Do Not Pay data matching.

Policies and procedures will be developed to address methods and strategies for communicating with the data source of any potentially erroneous record.

- Work with U.S. Treasury to develop annual data analytics to identify potential data quality issues in information systems serving SNAP, TANF, ERDC, and Medicaid clients and providers.

  ODHS and OHA will use the matching process to identify the source, structure and prevalence of the data issue. ODHS and OHA will use the findings to identify corrective actions within data sets ODHS and OHA have control over.

- Work with U.S. Treasury's Do Not Pay services to develop monthly matches against required datasets for all providers. Based on research of those matches, terminate ineligible providers, and correct erroneous data in information systems.

  ODHS and OHA recommend incorporating this recommendation with other recommendations, thereby streamlining the operational aspects of the two recommendations.

- After the Integrated Eligibility system is implemented, research cases that lack Social Security numbers and valid exemptions. Based on research of those cases, address any eligibility, compliance, and/or system issues.

  This recommendation will be addressed post implementation of the Integrated Eligibility System. It will be addressed per applicable federal regulation for each program utilizing the Integrated Eligibility system.

5. ODHS: Oregon's Child Welfare Information System is Adequate for Case Management, but Enhancements are Needed to Improve Usability, audit #2020-01 (dated February 2020)

- Recommend ODHS continue to engage with program staff and end users to identify and document key usability issues and the potential risks associated with those issues. Based on this assessment, prioritize fixes to address high risk usability issues.

  In October 2019, ODHS established an OR-Kids User Group that brings together technical staff, program staff and end users. Requested enhancements and feedback on OR-Kids usability issues and potential risks are discussed at this forum. Input from the User Group feeds into decisions on priorities for OR-Kids fixes and enhancements which are currently discussed and determined by the Child Welfare Leadership Team in their monthly meeting. To ensure sustained, appropriate governance of OR Kids, discussions are underway between Child Welfare and the Office of Information Services on ways to improve governance. Consideration will be given to adopting the Information Systems Management Committee (ISMC) governance model and associated processes used by other ODHS program areas.

- Implement a data governance function that is responsible for creating a data quality strategy that aligns with the Child Welfare business strategy.

  In response to the Comprehensive Child Welfare Information System (CCWIS) requirements, ODHS has included in the 2020 Annual Planning Document Update (APDU) a plan for a data quality plan that includes data governance. The APDU was submitted on January 9, 2020 to the Administration for Children and Families (ACF) and is pending approval. Assuming approval by ACF, the Department anticipates full implementation no later than December 31, 2020.

- In conjunction with fully defining critical data and planning for data quality, fully identify and document associated automated and manual application controls and analyze whether additional controls are necessary to ensure data are complete, accurate, and reliable.

  The OR-Kids business and technical teams will review the control gaps identified as a part of this audit and will present recommendations to the OR-Kids governance body for additional automated and manual controls to ensure data are complete, accurate and reliable.

- Define the skills users are expected to possess in order to enter and retrieve information in OR-Kids based on their duties, develop procedures to evaluate user knowledge, and design training approaches to ensure users possess these skills.

  Currently, users are assigned a user-role that provides access to system functionality based on job classification. ODHS will use these existing roles as a basis for identifying and categorizing training materials to support respective user-roles and will assess the options available for assessing user knowledge and comprehension.

- Develop procedures to adjust training content and materials as needed to reflect changes to OR-Kids functionality or changes to Child Welfare practices that require changes to the use of OR-Kids.

  ODHS is planning to hire an analyst/technical writer to coordinate changes to training content to reflect OR-Kids and Child Welfare practice changes.

- Acquire a qualified project manager and maintain ongoing engagement with the Administration of Children and Families and Enterprise Information Services to ensure the CCWIS project remains in compliance with federal requirements and the state's IT investment oversight process.

  ODHS/OIS is working to assign a Project Manager. The Project Manager will be a member of the Office of Information Service's Project Solutions team and will be required to follow the standard OIS project management methodology and to stay in compliance with the state's IT investment oversight process.

6. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2019, audit #2020-14 (dated March 2020)

- Recommend management ensure year-end accrual methodologies are complete and include consideration of all relevant expenditures.

The Office of Financial Services has updated its accrual methodology instructions to review all estimates to ensure they are calculated correctly and include consideration of all relevant expenditures. OFS will engage more closely with budget staff on projections of biennium-end expenditures to ensure alignment of expenditures and accrual estimates.

- Recommend department management provide additional coding elements related to expenditure data to allow for identification of federal expenditures within the dataset, and implement processes and procedures to ensure data reports accurately reflect case status and activity of the reporting period.

  A business change request was submitted March 11, 2020 for Legacy. Policy and business analysts continue to meet and review ONE business requirements for accuracy as well as continuing technical assistance with ACF. Once review of all business requirements are complete a change request will be submitted requesting to correct identified business requirements.

- Recommend department management strengthen controls to ensure adherence to the department's work verification plan documentation of participation and projection of hours of participation, and to ensure data entered into the automated data processing system is accurate and complete.

  TANF Policy in partnership with the training unit created materials and conducted training for field staff on July 21st, 2020. TANF Policy in partnership with Employment and Training conducted technical assistance with contractors on July 28th and 29th, 2020.

  Targeted communication with field staff who are responsible for retention of attendance documentation is scheduled for September 2020. Targeted reviews are scheduled to begin in August 2020.

- Recommend department management strengthen controls to ensure clients benefit payments are appropriately determined.

TANF Policy in partnership with the training unit created materials and conducted training for field staff on September 15, 2020. TANF policy has created protocols for both JOBS Disqualifications (DQ) and Child Support sanctions (CS), they have been uploaded to the TANF staff tools page and available for field staff.

- Recommend department management coordinate resources to better maintain and more readily provide sufficient eligibility documentation.

  TANF Policy in partnership with the training unit created materials and conducted training for field staff on August 18, 2020. Communication with the Business Operations Specialists team is scheduled for November 2020. Quality Assurance began targeted reviews in September 2020 and scheduled to run through November 2020.

  Oregon will be piloting a new eligibility system, ONE, beginning May 2020 with full rollout scheduled by end of calendar year 2020. It is anticipated ONE will resolve some of the errors based on system functionality.

- Recommend management ensure the cost allocations are processed according to the federally approved cost allocation plans.

  The Medicaid impact of $36,234 was corrected with document numbers BTCC2130 through BTCC2136 with an effective date of July 14, 2019. The refund was reported to CMS on the CMS-64 FFY19 Q4. The TANF impact of $1,824,260 was corrected with document numbers BTCC3054 through BTCC3137 with an effective date of September 8, 2019. The refund was reported to ACF on the ACF-196R Part 1 report, line 22B FFY19 Q4.

  Internal controls have been strengthened and the Public Assistance Cost Allocation Plan Change Log for both ODHS and OHA are reviewed on a monthly basis notating any change, the reason for the change, and the plan part and section reference. The changes accumulated over the year are reviewed prior to the annual

state fiscal year submission to the Federal Department of Health and Human Services Cost Allocation Services unit to ensure alignment between the Cost Allocation System and the federally approved plans.

- Recommend department and authority management strengthen controls to perform timely eligibility redeterminations and verification of client income and ensure eligible clients are appropriately enrolled in both Medicare and Medicaid. Additionally, we recommend management provide periodic training to caseworkers to reduce the risk of administrative errors. We also recommend management correct all identified issues and reimburse the federal agency for unallowable costs.

  The department is committed to providing timely benefits to only those individuals who are appropriately determined eligible.

  One of the five individuals identified who did not have their eligibility verified within 12 months was receiving MAGI Medicaid benefits. The MAGI redetermination was initiated timely, but the information returned to the agency, by the individual, was not processed timely. Since the time of this individual's redetermination, the department has taken the following steps:

  - *Implemented a more thorough process for workload management with increased reporting and data analysis to better resource ongoing work*
  - *Hired staff to monitor workload*
  - *Expanded capacity and locations of the SSP/OHP Processing Center, hiring additional eligibility staff in the process*
  - *Continuously analyzing resource allocation, making adjustments when needed.*

  For the remaining findings, the department expects that with the implementation of the new Integrated Eligibility (IE) System statewide during 2020, there will be greater operational opportunities to strengthen our client eligibility controls, specifically related to the timeliness and accuracy of eligibility initial

determinations and redeterminations along with improved electronic retention of required data elements such as signed applications. Additionally, the IE system implementation includes cross policy, system and advanced policy training to support staff, eligibility workers and case managers statewide. We believe this training will also assist in ensuring we are building and developing an informed workforce with consistent knowledge of federal and state eligibility policies.

The $342 in questioned Medicaid costs for homecare services was reimbursed (calculated at $375 when adding K plan 6%) on December 10, 2020. The reimbursement was reported to CMS on line 10a in Q1 FFY21, CIN A-10-20-60714.

The department will correct the remaining identified issues and recoup the funds by February 2021, from the provider who was overpaid and will reimburse the federal agency for unallowable costs.

- Recommend department management review OR-Kids transaction processing and complete system modifications as appropriate to ensure proper financial reporting of program expenditures. We also recommend department management review prior year and current year transactions and reimburse the federal agency for grant expenditures claimed inappropriately.

  A report has been developed to identify adjustments that impacted a state grant rather than the federal grant and remains in the validation stage. Once the report is completed and accurate, the agency will use it to report accurately and will begin to make appropriate adjustments to all incorrect claims. Known costs in this finding will be reimbursed on the 6/30/2021 CB-496.

  Foster Care Title IV-E questioned costs of $50,810 was corrected with document BT189872, effective August 11, 2020. These adjustments will be reflected on the 9/30/20 IV-E report. The Medicaid adjustment of $10,577 was made on August 30, 2020 and reported on line 10a in Q1 for FFY21.

- Recommend department management continue to correct known applicable child eligibility data issues in OR-Kids to ensure data used to estimate the savings in state expenditures is complete and accurate.

Federal Policy and Resources identified the issues related to the first finding due to a question from Office of Financial Services (OFS). The Department has already updated procedure/process to ensure testing and monitoring occurs when changes to OR-Kids are implemented into production until assured the system and reports are working appropriately. OR-Kids Business analysts and Office of Information Services will analyze and fix the bugs identified from the implementation of this change. Once all fixes are completed Federal Policy and Resources will work with Office of Financial Services to ensure all adoptions assistance title IV-E eligibility is being reported accurately.

The second finding where the three cases were incorrect, will be corrected and removed from the applicable child savings calculation. Federal Policy and Resource will submit a change request to require OR-Kids to improve the batch process for the final adoption assistance case. In the interim the Department will create an exception.

The three Adoption Assistance (AA) determinations with the incorrect answer selection were corrected on February 14, 2020 to reflect the appropriate answer and were removed from the applicable child savings calculation. As a follow up, Federal Policy and Resource provided 'Applicable Child Only' guidance to IV-E specialists via email on March 19, 2020 to ensure that they understand how to complete an AA determination accurately. The AA Determination batch process from case 2 to case 3 was corrected on JIRA 32928 and was released to production on April 1, 2020. The affected AA determinations were corrected and refinanced on JIRA 32926, 32934, and 33412. These all went into production on April 1, 2020. The ADP Adoption Report 3012 was fixed to correctly identify all eligible statuses for IV-E Adoption Assistance to include: applicable child, not applicable child and applicable/not applicable child. The new report went into production on June 29, 2020.

- Recommend department management review adequate support for administrative charges and revise the monitoring checklist to demonstrate that on-site monitoring of invoices is done.

  TEFAP – The Department is currently working with Food and Nutrition Services (FNS) partners to update three required monitoring tools for TEFAP and CSFP. Per federal requirements the monitoring schedule for

TEFAP is one annual storage facility review and one quadrennial comprehensive review of the sub-recipient agency, OFB. The Department will make corrections and updates to the current annual storage facility review tool per FNS and SOS guidance to meet the recommendation for documenting specific records reviewed during on site monitoring. The department will create and implement a quadrennial comprehensive review tool with FNS guidance and partnership. The Department will receive FNS approval on the finalized monitoring tools.

TEFAP – The Department plans to have these monitoring tools completed by April 2020 for implementation this FFY2020. The Department plans to conduct its on-site annual storage facility review by the end of June 2020.

CSFP – Per federal requirements the monitoring schedule for CSFP is to complete a biennial inventory and compliance review of the sub-recipient agency, OFB. The department will continue to work with FNS to update and correct the biennial monitoring tool to reflect FNS and SOS guidance to meet recommendations for documenting specific records reviewed during on site monitoring. The Department will receive FNS approval on the finalized monitoring tools.

7. ODHS: Oregon Should Improve Child Safety by Strengthening Child Care Background Checks and the State's Sex Offender Registry, audit #2020-21 (dated June 2020)

- To ensure consistency and standardization, OCC and BCU propose legislation to have all childcare background checks performed by a single agency that conducts childcare provider background checks.

  Implementation will require submission of a Policy Option Package (POP) for the 2021 Legislative Session. As OCC is the lead agency for Child Care in Oregon, OCC will be responsible for submitting the POP.

  The target date assumes that the POP is passed in the 2021 Session. If the POP was not approved, the target date would need to be extended as needed until legislative authority to centralize background checks was provided.

- In consultation with the Oregon Department of Justice, OCC and BCU should create a consistent list of automatic disqualifying crimes to use in background check determinations for state licensed and regulated childcare providers, and periodically evaluate that list as criminal laws change. Agencies should seek clarification from the U.S. Department of Health and Human Services Office of Child Care, as needed, for act requirements.

  Implementation will require collaboration between the ODHS Background Check Unit (BCU), ODHS Child Care Unit (CCU) and the Oregon Office of Child Care (OCC), and Oregon Department of Justice (DOJ) before proceeding to a Rules Advisory Committee (RAC) to publish permanent rules. Crime lists will be reviewed annually thereafter.

- OCC and BCU should work together to set the same background check requirements for all childcare providers that are at a high enough standard to protect the welfare of children. At a minimum, this should happen on a regular basis due to law changes and include determining other concerning crimes to consider, looking at trends or patterns of concerning behavior, timing of renewal and interim background checks, setting minimum age requirements, and reporting requirements.

  Implementation will require collaboration between BCU, CCU and OCC, and DOJ before proceeding to RCA to publish permanent rules. Thereafter procedural and other documents will need to be updated and training on new processes provided to all pertinent BCU and OCC staff. Synchronization of practice and requirements will be reviewed annually thereafter to maintain quality control.

- Recommend OCC and BCU advocate to the U.S. Dept. of Health and Human Services Office of Child Care the need for interstate sharing of information critical in assessing childcare providers.

  Conversations and advocacy for interstate data-sharing tools and processes between BCU, OCC, and the US Office of Child Care have been ongoing since early 2017. Oregon has participated in a variety of Region X teleconferences with US Office of Child Care and other states' licensing and background check agencies,

as well as state police departments working toward acquiring Federal statutory data-sharing authority, as well as Federally provided tools and applications.

- Recommend OCC and BCU establish policies and procedures to share updated, pertinent information resulting from background checks on related individuals.

  BCU and OCC will collaborate with DOJ and Oregon State Police (OSP) to identify what information can be shared, and what processes for that sharing are legally sufficient. BCU and OCC will enact those recommendations for data-sharing as applicable.

- Recommend OCC and BCU check the provider's address with Oregon's sex offender registry when conducting background check procedures on a provider whose home is where childcare is provided.

  BCU and OCC will collaborate with OSP's Sex Offender Unit to identify and implement the specific procedures necessary to request address-based checks of the Oregon Sex Offender Registry. BCU, CCU and OCC will thereafter jointly formulate procedures for how to apply such checks when a positive hit on a provider address occurs.

- Recommend ODHS work with OCC to regularly provide OCC with adult protective services reports.

  The Office of Child Care (OCC) received statutory authority per (HB4054/2018 session) ORS 329A.030(4)(a)(A) to access state adult abuse history when individuals apply to be listed on OCC's Central Background Registry. Upon receipt of this information, Aging & People with Disabilities (APD) coordinated with OCC in October of 2018 to create the following initial process for sharing adult protective services reports for investigations in both licensed (referred to as Facility APS investigations) and unlicensed settings (referred to as Community APS investigations):

  1. *OCC will request abuse history from APD whenever an applicant self-discloses abuse history on their application.*

2. APD established a central APD-APS Unit email address to send requests and created a specific contact person/gatekeeper, so OCC can send the request to one APD entity. Part of the contact person/gatekeeper's role is obtaining information from the Office of Safety, Oversight and Quality (SOQ) for information related to Facility APS investigations and combining it with any information contained in Community APS investigations for a consolidated APD response.

3. The request from OCC is sent via a secure e-mail from the Oregon Department of Education (ODE) helpdesk to the APD-APS Unit mailbox with a subject line identifier "OCC Request for Adult Abuse History." The OCC request includes a cover letter requesting "Adult Abuse History" and provides an APS case number, type of abuse, date the record was closed. APD is asked to return confirmation of all substantiated cases and any details. The applicant's name, DOB and SSN are included in the cover letter as verification points.

It is important to note that APD (in coordination with other ODHS/OHA programs) implemented a new Centralized Abuse Management (CAM) System. All APD or Area Agency on Aging (AAA) offices were operational in CAM as of Jan. 1, 2019. Our gatekeeper coordinates with respective contacts in SOQ and APD to ensure all relevant systems (legacy, CAM) are queried for pertinent information to ensure a comprehensive review is completed.

ODHS (including APD-APS, SOQ and the OTIS) will continue working with OCC to develop a process for sharing information necessary for OCC to perform their background checks.

- Recommend ODHS have common identifiers within its abuse and neglect registries that are reliable and can be used to readily identify a person involved in a protective service allegation. ODHS should collect and work with OCC to also collect those identifiers for all childcare providers. This will allow a more complete check of abuse and neglect registries.

  ODHS Aging and People with Disabilities (APD), in coordination with other ODHS/OHA programs, implemented a new Centralized Abuse Management (CAM) System for Adult Protective Services (APS). All

APD or Area Agency on Aging (AAA) offices were operational in CAM as of January 1, 2019. In addition, the Safety Oversight and Quality Office (SOQ) implemented a new Corrective Action and Licensing Management System (CALMS) as of February 18, 2020. CALMS imports information/records from CAM to SOQ that enables them to perform Licensing and Corrective Action tasks. In each system, several common identifiers exist to identify a person involved in an APS investigations and SOQ corrective action.

Examples include:

1. *Each intake or investigation is assigned a CAM/CALMS identification number as a unique identifier.*
2. *CAM has a global search feature that allows a user to search for an individual and any role they had in an APS intake or investigation. The roles include alleged victim, alleged perpetrator, reporter, witness, collateral contact, etc. This is another identification source that can be utilized.*
3. *Each individual involved in an APS intake or investigation has a unique person record created in CAM that contains identifiers such as name, alias, date of birth (DOB), address, Social Security Number (SSN), as available. A person record must be created before an intake or investigation can be assigned or closed.*

APD and OTIS recognize that DOB or SSN information is not always available. It is important to note, APS is not an eligibility-based program that requires this type of identification. Investigation parties have the right to decline APS interventions and asking for this type of identification during a case of familial type abuse could create a safety risk for a vulnerable adult.

Whenever possible, this information is included in the CAM/CALMS system or provided via other sources such as through SOQ for licensed providers. Currently, a data analysis query is being conducted by the APS Unit, QA/QI Coordinator to determine data trends for SSN and DOB numbers for both Community and Facility APS settings. The data analysis will be shared with Field Administration and respective offices for a quality improvement plan. Early results from the data query show a modest improvement in this area of data collection.

OTIS investigations similarly are using CAM and will review data capture for these common identifiers.

Child Welfare (CW) consistently requests identifying information, such as: name, DOB, address and SSN numbers. Like APS, child protective services (CPS) is not an eligibility-based program that requires this type of identification. Case participants have the right to decline providing this type of information during the investigation phase and even when a case is opened for services. When the information is available, it is added to the CW case record and is searchable.

CW and OTIS have developed business processes that facilitate the entry of OTIS investigations into the OR-Kids system for enhanced tracking of perpetrators and individuals involved in investigations.
In terms of working with OCC to collect common identifiers, there are notable privacy and security issues with gathering and storing sensitive information such as SSNs. Establishing data-sharing with ODHS protective services for OCC-collected Employment Identification Numbers (EINs) or Social Security Numbers (SSNs), and other common identifiers would require review by DOJ to establish what could be requested and shared between parties while remaining legally sufficient.
Secure methods of sharing the information would need to be implemented. Data-sharing would also need to include data integrity procedures to ensure that fraudulent or incorrect information (ex., incorrect SSNs) was not being added to protective service records. Likewise, even correct information would need to be cross matched accurately to the correct APS or CPS files. Erroneous or incorrectly matched information could create false negatives or false positives that would erode the integrity of the background check process as well as protective service records.

- Recommend ODHS regularly check department employees for criminal convictions and involvement in founded abuse and neglect allegations.

  Currently OAR 407-007-0020 (3) requires ODHS employees to report to ODHS Human Resources (HR) any new arrest, charge or conviction of any crime within 5 days of occurrence. HR is immediately notified by Child Welfare or Adult Protective Services if protective service investigations involve a ODHS employee.

When an employee is determined to have new criminal or abuse history, progressive discipline may be applied in such situations, or HR may request that a new background check is completed.

BCU and CW are both CJIS programs, consequently BCU and CW employees are all subject to the CJIS background check requirements. If an employee commits a crime that does not meet CJIS clearance thresholds, ODHS will currently be notified by OSP, and are required to take action to remove CJIS-related duties. These requirements may circumvent progressive discipline and could make a new background check superfluous.

ODHS has previously advocated unsuccessfully (HB 2228 in 2015) for statutory language that would have provided Oregon access to the FBI's Rap Back Program. This program provides employers with immediate updates when enrolled employees acquire new criminal history anywhere within the United States. Such a program could bring efficiencies to both provider and state employee background checks, especially for larger organizations like ODHS. Without such an efficiency, ongoing rechecks of employees may lead to increased workload and fiscal impacts without proportional increases to safety.

Per BCU and HR records during the audit, a total of eight employees were found to have not complied explicitly with OAR 407-007-0020 (3); two of the eight reported the history to their supervisor.

ODHS currently has 10,084 employees resulting in 0.0008% non-compliance. Due to the extremely low rate of non-compliance, ODHS HR will continue to recheck employees under current procedures.

It should be noted that ODHS adheres in its employment practices to EEOC guidelines, including those requirements delineated at the beginning of this response. In addition, due to the variety of populations that ODHS serves, in most circumstances it is best practice to have staff with lived experience who have successfully overcome issues such as addiction disorders, mental health issues, domestic violence, and other crisis to work with families with similar challenges. Experience has shown that a person-centered approach that takes into consideration individual circumnutates always works better than a one size fits all approach.

ODHS has implemented a process whereby the agency conducts criminal background checks for employees new to the agency; upon employee transfers, promotions and re-employments. In addition, the ODHS Background Check Unit receives Notification from law enforcement and the Courts when an ODHS employee is arrested or charged upon which time the employee is required to complete a criminal background check.

8. ODHS: Oregon Can More Effectively Use Family Services to Limit Foster Care and Keep Children Safely at Home, audit #2020-26 (dated July 2020)

- Establish collaboration protocols with partner divisions and agencies that set common goals, procedures, and timelines for action on Child Welfare referrals and at the front end of open cases.

  ODHS Child Welfare has already begun this work with the Office of Developmental Disabilities Services, working with the young people in foster care who experience temporary lodging.

  ODHS Child Welfare will continue the work of identifying additional opportunities to develop collaboration protocols to set common goals, procedures and timelines for action on Child Welfare referrals.

- Use data analysis and input from staff, parents, and other stakeholders to identify the types of services and providers that are most successful and cost-efficient, including alternatives for improving front-end family engagement, service coordination, and safety services.

  a. Provide ORRAI with enough capacity to credibly evaluate service outcomes and staffing needs, identify the most effective services, and conduct outreach to help districts improve performance management.

  The Office of Reporting, Research, Analytics and Implementation (ORRAI) will first need to determine if there is enough data for an evaluation, then complete program evaluation/service effectiveness for each program/service. The second step will be to automate the evaluation and determine the population best served by the program. The final step is running the models by individual/family, to determine the most

appropriate program/service for optimal outcome. Partners will be included to provide information about program, data, focused services, etc.

This is a multi-phased effort that begins with service effectiveness through program evaluation and service matching and will require automation to be effective. The entire process would take 2-3 years if started immediately.

It is also important to note that this recommendation is dependent on fiscal and staffing resources that are currently not available. Budget restrictions in the wake of Covid-19 may require the target date for this recommendation to be adjusted.

- Identify and implement alternatives to reduce caseworker workload. Potential alternatives include reducing time spent on data entry and other administrative activities and making case procedures more accessible and user friendly.

  In collaboration with partners, youth and parent mentors, Child Welfare has developed a new Family Report that significantly reduces workload to caseworkers. The new Family Report combines the case plan and reports to the juvenile court and legal parties, two very lengthy documents.

  The Child Welfare Policy Unit is currently analyzing the structure, accessibility and usefulness of the Child Welfare Procedure Manual. Since March 2020, Child Welfare has convened several workgroups that include field staff and central office policy staff, to document the business process flow for a journey through child welfare involvement. This information is being used to identify and inform procedural updates that create more efficiency in practice to then be reflected in the Procedure Manual. Revisions to the Child Welfare Procedure Manual are on track for implementation within the next year.

  Additionally, ODHS Child Welfare will analyze work assignments to caseworkers to determine whether there is opportunity for using case aides in a consistent manner.

- Develop contract measures at the district and central office level that set goals for provider timeliness, access, quality, and reporting of overall performance. Set clear performance management guidelines for contract administrators.

  The Child Welfare Contracts Team, in collaboration with district level contract administrators, will develop a charter or work agreement that establishes goals for consistent quality, performance management and overall performance.

- Work with contracted providers to develop diverse delivery options that address service gaps in rural areas and other underserved areas, such as delivering services online or virtually when appropriate.

  ODHS Child Welfare recognizes the benefits in delivering some services online and virtually especially in the wake of the COVID-19 global pandemic. Ongoing, the Child Welfare Contracts Team will request contracted providers to consider enhancing service delivery options that include implementing online or virtual options to address service gaps.

  It should also be noted *that not all services are effective through online or virtual settings. Contracted providers and the clients they serve have varying degrees of access, skill, and infrastructure to support consistent and effective service provision and participation through online or virtual services.*

- Work with OHA, CCOs, and other stakeholders to quantify needs for mental health and addiction treatment services in underserved areas, ensure adequate coverage, and establish data sharing for CCO-provided services in Child Welfare cases. Also work with OHA to develop publicly reported CCO performance metrics that tie to Family First goals.

  The Oregon Health Authority policy advisor to the Child Welfare Executive Leadership is convening a Medicaid/Child Welfare work group. That work group will be taking on implementing each component of this recommendation.

- Ensure that ORRAI's efforts to account for racial bias receive an independent review, either through peer-reviewed studies or commissioned experts.

  Work with OHA, CCOs, and other stakeholders to quantify needs for mental health and addiction treatment services in underserved areas, ensure adequate coverage, and establish data sharing for CCO-provided services in Child Welfare cases. Also work with OHA to develop publicly reported CCO performance metrics that tie to Family First goals.

- Incorporate detailed information on services for CIRT team evaluation of CIRT cases, including whether key services within or outside Child Welfare were effective or available.

  The Child Fatality Prevention and Review Program will take immediate steps to incorporate changes to the case file summary template to prompt the gathering of detailed information about services provided by or outside the agency, and whether they were available and effective. In addition, service discussion will be added to the CIRT meeting agenda to ensure detailed information on services will be provided and discussed during the CIRT meeting. These changes can be implemented within the next few months.

  While availability of service is fairly simple to determine, determining effectiveness of services is nearly impossible to do without a robust program evaluation criterion. In Recommendation 2, ORRAI is identifying nearly 3 years needed to develop and implement a process that determines effective and cost-efficient services.

- Provide biennial reports to state leadership and policymakers on service access, availability, and effectiveness throughout the state, drawing on improved performance information.

  Child Welfare submits an Annual Progress and Services Report (APSR) to the Children's Bureau. The APSR is a narrative report on progress made towards meeting each goal and objective approved in the 5-Year Plan/Child and Family Services Plan (CFSP). It documents changes in goals and objectives and narrates a description of the services to be provided in the coming year, as well as other program information required by the federal Program Instruction. These reports are submitted to the Governor's office for approval prior to submission to Children's Bureau. Upon

approval from the Children's Bureau, the report will be shared with key legislators on House and Senate Human services committees and posted to the ODHS website.

- Incorporate the previous recommendations into development of the new five-year Family First prevention plan for ongoing inclusion in periodic Child and Family Services plans.

  While many of the recommendations will naturally contribute to the Family First prevention plan, the previous three recommendations are outside of the scope of the Federal Program Instructions for the Family First State Plan. The charter guiding the Family First Prevention Plan work addresses the remaining recommendations as part of implementation.

Secretary of State Audits Current Status of ODHS Audits November 30, 2020

Ongoing Audits	Scope
SOS 2020 Single Statewide Audit - Financial	Audit of the State of Oregon's financial statements and related note disclosures included in the Comprehensive Annual Financial Report (CAFR) including report on internal control over financial reporting and compliance with laws, regulations and provisions of contract or grant agreements.
SOS 2020 Single Statewide Audit -Child Care Development Fund	Federal compliance audit for the Statewide Single Audit Report to determine if the federal program complied with the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Fieldwork in process.
SOS 2020 Single Statewide Audit -Temporary Assistance for Needy Families	Federal compliance audit for the Statewide Single Audit Report to determine if the federal program complied with the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Fieldwork in process.
SOS 2020 Single Statewide Audit - Vocational Rehabilitation	Federal compliance audit for the Statewide Single Audit Report to determine if the federal program complied with the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Fieldwork in process.
SOS 2020 Single Statewide Audit -Medicaid	Federal compliance audit for the Statewide Single Audit Report to determine if the federal program complied with the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Fieldwork in process. Entrance Conference held October 26, 2020.
SOS Performance Audit: Office of Developmental Disabilities	This audit will look at how ODDS can improve upon its existing efforts to meet its mission and goals of empowering individuals to live full lives in their communities. Audit scope has not been determined.

ODHS Program Eligibility Requirements 2020

	Child Welfare (CW)	Intellectual and/or Developmental Disabilities (I/DD)*	Aging and People with Disabilities - Medicare Savings Programs (APD)	Long-Term Care (LTC - within APD)	Adult Protective Services (APS)	Vocational Rehab Services (VR)	Employment Related Day Care (ERDC)	Temporary Assistance for Needy Families (TANF)	Supplemental Nutrition Assistance Program (SNAP)
Age	0-18, 18 - 21st birthday if in Foster Care prior to age 18.	All Ages	Any age with Medicare	65 or older or disabled N/A- (ACA Expansion Population)	65 or older or disabled	16 and older (can be down to age 14 if appropriate)	Children 0 - 12 years. Children with documented special needs are served through the age of 17.	Serves families with children up to age 17 and through age 18 if the child is in secondary school or an equivalent program full time.	All ages. Certain groups must apply together if in same household including: those who purchase and prepare together, spouses, adults who have children in common, children under the age of 22 living with parents, and children under 18 who are under parental control within household.
Disability	N/A	Age 0-7: 1) standardized testing verifying significant impairment; or 2) medical stmt w/diagnosis of neurological condition that will likely cause significant impairment in two or more areas of adaptive behavior. School-age children and adults: Significant impairment in adaptive behavior caused by: 1) intellectual disability present prior to age 18 (IQ 75 or below); or a neurological condition, prior to age 22 and expected to last indefinitely, that originates in and directly affects the brain. All age groups: impairment cannot be primarily related to an excluded condition, including, but not limited to, a mental or emotional disorder, sensory impairment, substance abuse, personality disorder, learning disability or attention deficit hyperactivity disorder.	N/A	SSA determination of blindness or disability	SSA determination of blindness or disability	Must have a physical or mental impairment that constitutes a substantial impediment to work that requires vocational rehabilitation services to obtain, maintain, regain and advance in employment. The presumption is that employment is the applicants objective.	Higher child care reimbursement rates may be available for children with documented special needs.	N/A	SSA determination of blindness or disability. Disability exempts ABAWDs from having to meet work requirements, makes students of higher education SNAP eligible, qualifies household for medical deductions and removes shelter cap on cases.
Citizenship	N/A	Must be a citizen or meet non-citizen requirements.	Must be a citizen or meet non-citizen status requirements.	Must be a citizen or meet non-citizen status requirements.	N/A	Must meet I-9 Federal Requirements to work in the United States.	Must be a citizen or meet non-citizen requirements.	Must be a citizen, qualified non-citizen, or other specific unqualified non-citizen.	Must be a citizen or meet non-citizen requirements.
Residency	N/A	Must be a resident of Oregon. For applicants under 18, legal guardian must be resident of Oregon.	Must be resident of Oregon	Must be a resident of Oregon	N/A	Must meet I-9 Federal Requirements to work in the United States.	Must be a resident of Oregon.	Must be a resident of Oregon	Must be resident of Oregon
Income	N/A	In-home waiver services: Oregon Supplemental Income Program – Medical (OSIPM) income limits; generally, the countable income limit is 300% of the full SSI standard for a single individual. In-home k-plan services: OHP MAGI-based income methodologies are used; up to 133% FPL. Case mgmt only: N/A.	$1005-$1357	$735-$2205	N/A	N/A	Current income must be no more than185% of the federal poverty level	Income must meet income and payment standards. Income limits vary by family size, but in general current income must be no more than 37% of the federal poverty level for initial certifications for a family of three. To meet ongoing, the same family must be no more than 60% of the federal poverty level.	Most households must have gross income below 185% of the federal poverty level to be eligible for SNAP. Services are based upon income received in past 30 days.
Asset/Resource Limits	N/A	OSIPM: $2000 (1-person need group) - $3,000 (2-person need group).	N/A	$2,000 - $3,000 (categorical) N/A- (ACA Expansion Population)	N/A	N/A	Cannot exceed $1,000,000.	Applicant resource limit $2,500. Recipient's resource limit $10,000. Allows a motor vehicle exclusion up to $10,000.	There is a $25,000 liquid asset test for households to meet categorical eligibility. All households that do not meet categorical eligibility must meet a $2250 resource limit unless an elderly or disabled member is in the household—then the resource limit is $3250.

	Child Welfare (CW)	Intellectual and/or Developmental Disabilities (I/DD)*	Aging and People with Disabilities - Medicare Savings Programs (APD)	Long-Term Care (LTC - within APD)	Adult Protective Services (APS)	Vocational Rehab Services (VR)	Employment Related Day Care (ERDC)	Temporary Assistance for Needy Families (TANF)	Supplemental Nutrition Assistance Program (SNAP)
Other	N/A	Needs assessment and authorized individual support plan.	N/A	Must meet service priority levels from 1 - 13: Individuals with the most impairments are assessed at a higher priority level. For example, individuals at level 1 have a higher level of need than an individual at level 13.	N/A	Youth age 14 can be eligible for VR services while participating in Transition activities coordinated by school districts.	N/A	Family must include one child or pregnant individual. Child only case must be under the age of 18 or under the age of 19 and in secondary school or equivalent program full time.	Able-Bodied Adults Without Dependents (ABAWDs) are adults ages 18-49 who don't have children in the home and must meet work requirements to be eligible for SNAP in non-waived counties, unless they meet an exemption. Qualified non-citizens are only eligible when additional criteria is met or when a special status such as Refugee or Trafficking is applicable.

***Intellectual/Developmental Disabilities**

In order to access DHS I/DD Services, individuals must meet one of the assessment/diagnosis requirements. For all other programs, all requirements must be met.

Office of Facilities Management

Facilities Proposal Impact on Workspace for 2021 - 2023

Department of Human Services Major Projects Summary

		2021 – 2023 BIENNIUM	
Priority	**Project (Programs)**	**Estimate**	**Closing/Comments**
	Lane County – Multi-Service Building (CW, SSP, VR)	$1,500,000	Close 3 current Eugene office locations at: • 1899 Willamette St • 2101 W 11th Ave • 2885 Chad Dr Consolidate into a single multi-service building.
	Gresham Multi-Service Building (CW, SSP)	$1,700,000	Closing building at 355 NW Division, purchase of systems furniture and moving costs.
	Klamath Falls Multi-Service Building (CW, SSP, APD	$1,800,000	Closing 4 buildings at: • 509 Commercial St. • 710 Klamath Ave. • 714 Main St. • 801 Oak St. Purchase of systems furniture and moving costs.
	North Clackamas Expansion (CW, SSP)	$500,000	Close 1 current building at 16440 SE 82nd and relocate to larger facility. Purchase of systems furniture and moving costs.
	Field Offices Carpet Replacement	$750,000	Includes furniture lifts, moving costs, carpet costs.
	Total:	**$ 6,250,000**	

Note: Lane County (Eugene) Business Case approved by the ODHS Facilities Committee prior to Dept. of Administrative Services proposal to consolidate into a multi-agency, state property.
Clackamas County expansion Business Case approved by the ODHS Facilities Committee.
Klamath Falls and Gresham Build-to-Suit locations are currently *estimated* to be ready for agency move in/commencement: *February 2022*.

Oregon Department of Human Services
Gender Equity Report

The Oregon Department of Human Services (ODHS) submits this report as required by ORS 417.270 (Equal Access to Appropriate Services for Girls and Boys) to report on our progress and plans in achieving equal access to appropriate services for males and females under age 18.

The Department of Human Services supports equal access to appropriate services for females and males under 18 years of age.

Budgetary information supporting this program is provided below:

Gender Equity Report
19-21 Child Welfare Budget

	2019 CW Databook		19-21 LAB Budget		
	Male	Female	Total Fund	Male	Female
Foster Care	48.5%	51.5%	$45,971,704	$22,276,474	$23,695,230
Adoptions Finalized	50.7%	49.3%	$395,604,078	$200,618,179	$194,985,899
Child Abuse/Neglect Safety	49.8%	50.2%	$182,093,401	$90,667,655	$91,425,746
Child Welfare Average	**49.5%**	**50.5%**	**$623,669,183**	**$308,542,184**	**$315,126,999**

During the last biennium, Programs worked to implement the policy by taking the following steps:

- Office of Contracts and Procurement (OC&P) gender equity within ODHS contracts, including, when applicable, ODHS requests for proposals:
- Nondiscrimination.
- a. The Contractor must provide services to ODHS clients without regard to race, religion, national origin, sex, age, marital status, sexual orientation or disability (as defined under the Americans with Disabilities Act). Contracted services must reasonably accommodate the cultural, language, and other special needs of clients.

  b. Contractor certifies that Contractor has a written policy and practice that meets the requirements described in ORS 279A.112 for preventing sexual harassment, sexual assault, and discrimination against employees who are members of a protected class. Contractor agrees, as a material term of this Contract, to maintain such policy and practice in force during the entire Contract term.

  c. As required by ORS 279B.235, Contractor must comply with ORS 652.220 and shall not unlawfully discriminate against any of Contractor's employees in the payment of wages or other compensation for work of comparable character based on an employee's membership in a protected class. "Protected class" means a group of persons distinguished by race, color, religion, sex, sexual orientation, national origin, marital status, veteran status, disability, or age. Contractor's compliance with this Section constitutes a material element of this Contract and a failure to comply constitutes a breach that entitles ODHS to terminate this Contract for cause.

  d. Contractor may not prohibit any of Contractor's employees from discussing the employee's rate of wage, salary, benefits, or other compensation with another employee or another person. Contractor may not retaliate against an employee who discusses the employee's rate of wage, salary, benefits, or other compensation with another employee or another person.

- The standard language in ODHS personal services contracts has been updated to read: “Contractor shall provide equal access to covered services for both males and females under18 years of age, including access to appropriate facilities, services and treatment to achieve the policy in ORS 417.270.”
- Providing training to new contracts’ staff and updating the rest of the staff on contracts and solicitations into which gender-specific services provisions were incorporated.
- Continuing to review and provide feedback to contracted Behavioral Rehabilitation Services (BRS) shelter or residential treatment programs regarding their ability to provide services that are gender specific.
- Continuing to raise awareness with staff and providers through meetings to discuss and understand what gender-specific services mean.
- Tracking current male/female ratios in all licensed child facilities and encouraging providers to participate in the Licensed Child Placing Agencies program review for assessment and monitoring.
- Program participation in the National Youth in Transition Database tracking program.

- Child Welfare continues to be engaged with the Coalition of Advocates for Equal Access for Girls by:
    - Refer staff, community programs and inquiries to explore the website for Coalition of Advocates for Equal Access for Girls http://equalaccessforgirls.org.

Child Permanency Program

In compliance with ORS 417.270, the Child Permanency Program in the Office of Child Welfare Programs includes in all service contracts the requirement that the contractor shall provide equal access to covered services for both males and females under18 years of age, including access to appropriate facilities, services and treatment. In addition, all contracts include a nondiscrimination clause that states the Contractor must provide services to ODHS clients without regard to race, religion, national origin, sex, age, marital status, sexual orientation, or

disability. The Child Permanency Program has, on occasion, denied a contract based on the inability of the contractor to agree to these terms.

In addition, program staff is committed to providing gender-equal services on how to support LGBTQ youth in foster care or who is entering into adoption or guardianship by identifying and addressing their specific needs with a prospective family. Furthermore, the Child Permanency Program embraces placement of children with prospective adoptive parents regardless of sexual orientation.

Post Adoption Services

In compliance with ORS 417.270, the Post Adoption Services Program provides equal access to services and supports for both male and female children and youth. Monthly subsidies and medical coverage are provided on behalf of the children to their adoptive parents and guardians. The purpose is to promote the achievement of permanency for special needs children and the ongoing stability of the children in their adoptive and guardian homes.

By contract, Oregon Post Adoptive Resource Center OPARC is required to provide equal access to serve both males and females under age 18, including access to appropriate facilities, services, and treatment. OPARC is also required to abide by a non-discrimination clause regarding race, religion, national origin, sex, age, marital status, sexual orientation, or disability, and must provide reasonable accommodations to meet the cultural, language, and other special needs of clients.

ORPARC also operates a lending library which offers a wealth of literature and resource packets, free of charge, to adoptive parents, guardians, and other professionals serving special needs adopted and guardian children. The materials cover a breadth of topics and include books specific to gender-specific development and identity formation of children and youth. The goal being to ensure children of all genders have informed adults parenting and providing them support to meet their unique needs.

Child Welfare Training Opportunities

During the 2015-17 biennium, the following trainings were offered to child welfare staff:

- Classroom Training: Positively Impacting Child and Youth Well-Being: Sexual Orientation, Gender Identity and Expression
- Netlink Training: Working with Sexual and Gender Minority Youth in the Child Welfare System
- Netlink Training: Caring for Sexual and Gender Minority Youth
- Classroom Training: Ask Diversity: An Introduction to P.A.U.S.E

During the 2019-21 biennium, the following trainings were offered to child welfare staff:

- Just In Time Trainings: some of these were open in single districts only and others were offered statewide; Safe Zone Training Pilot, D3 Understanding Gender Identity, D3 Bridge 13 LGBTQIA+ Equity & Inclusion Training, D4 Diversity Conference with Guest Speaker Panel, D6 LGBTQIA+ Training, D8 Transforming Organizations: Gender and Sexuality Affirming Spaces, D8 Queer 101: An Overview of Sexuality and Gender, D15 Community Conversations, D15 Learning Session LGBTQIA+ Issues in Foster Care, D15LGBTQIA+ CYPM Workgroup, ORCAH Guest Speaker Panel, Gender Identity and Pronouns training and discussion
- Statewide Supervisor Quarterlies: LGBTQ+ Inclusive Practices
- Partnered with the Coalition of Advocates for Equal Access for Girls to coordinate a training for Supporting Youth Across the Gender Spectrum

Child Well-Being Program

The services provided to children who are in Child Welfare programs remains fairly consistent over time in terms of gender equity. The population of children in out-of-home care during the past five federal fiscal years remains consistent.

FFY 2012-2018 Gender of Children Served in Foster Care					
Gender	**2015**	**2016**	**2017**	**2018**	**2019**
Girls	48.3%	47.8%	48.3%	48.3%	49.3%
Boys	51.7%	51.7%	51.7%	51.7%	50.7%
Total	**11,238**	**11,191**	**11,645**	**11,445**	**10,887**

Value Based Practice:

- Gender-responsive approach integrates those things that intentionally allow gender identity and development to affect and guide services and service delivery, create an environment (physical, social, emotional) that reflects and understands the reality of youth lives, and is responsive to the issues and needs of the youth being served.

- Gender-responsive approach integrates those things that intentionally allow gender identity and development to affect and guide services and service delivery, create an environment (physical, social, emotional) that reflects and understand the reality youth lives, and is responsive to the issues and needs of the youth being served. It values the individual gender identity perspective, celebrates and honors their experiences, respects and takes into account gender development and empowers youth to reach their full potential. A gender-responsive approach also clearly recognizes that there are unique differences between genders and includes an understanding and knowledge of these differences including sociological, biological and brain differences

that are specifically reflected in how services are provided, how staff interact with the individual youth, in staff training, programming, service planning and behavioral management.

Strategies in place to continue a focus on gender equity:

- ODHS - Office of Child Welfare Program has and will continue to encourage the Residential Services Programs in Oregon to utilize the Gender-Responsive Standards and Assessment Tool for Girls Programs and Services (G-SAT). The G-SAT is a great resource for enhancing a program's gender-responsive approach and by integrating these empirically based standards. This should improve the outcomes for girls.
- The department ensures staff access to the training conference in Oregon, which is sponsored by the Coalition of Advocates for Equal Access for Girls http://equalaccessforgirls.org.
- The department will continue to recruit private agencies to develop programs for higher levels of care for girls in Oregon.
- ODHS Equity and Inclusion Statewide Collaboration Team: The team engages in advocacy, not only for clients, but for workers in order to ensure a safe, supportive and respectful workplace for all. This group focuses on gender equity with a special emphasis on LGBTQ individuals.
- The Champions Academy is a six-week summer program designed to support the year-long investments of teachers, coaches and mentors by holistically preparing student athletes for academic promotion and post-high school transitions. Because this program was a big attraction to male student/athletes the department provided additional scholarships for 15 female and 5 male children in foster care to ensure female access.

2021-23 Intellectual & Developmental Disabilities (I/DD)
Community Housing
Fund Report

The I/DD Community Housing Program assists persons with developmental disabilities to live successfully in community housing that is affordable and safe and contributes to their independence and quality of life. I/DD Community Housing supports services to persons with developmental disabilities in the following ways:

- Oversees the property management of homes developed for the former Fairview State Training Center residents.
- Develops and manages and funds eligible home modification projects for In-Home and Crisis Services for children and adults with developmental disabilities.
- Per SB 491 passed in the 2019 Legislative session, remaining funds from the Fairview Community Housing Trust (two of those accounts contain the proceeds from the sale of the Fairview State Training Center) were transferred to Oregon Community Foundation for management and distribution to support housing grants and projects for Oregonians with developmental disabilities.
- Provides technical assistance to individuals, families, brokerages, and counties regarding housing issues faced by persons with developmental disabilities and best practices to implement solutions.

Funding for the program is maintained through the operating fund for maintenance, development, technical assistance, etc.

Fairview Community Housing Trust Accounts

Effective January 2, 2020, per SB 491 passed in the 2019 Legislative session, remaining funds from the Fairview Community Housing Trust (two of those accounts contain the proceeds from the sale of the Fairview State Training Center) were transferred to Oregon Community Foundation.
Background:
The two accounts containing proceeds from the sale of the Fairview State Training Center were designated in statute as follows:

> *** Per ORS 427.340 "The Department of Human Services may expend, for the purposes of ORS 427.330 to 427.345, any earnings credited to the account, including any income from the lease of surplus property and any interest earned on monies deposited in the account, and up to five percent of any sale or transfer proceeds initially credited to the account by the Oregon Department of Administrative Services. At least 95 percent of all sale or transfer proceeds shall remain in the account in perpetuity."*

Historically the funding from the five percent of sale proceeds account as well as the accrued interest on both accounts has been used to provide grant funding to children and adults with developmental disabilities to allow for them to continue living in their own home or family home. There is a Fairview Trust Advisory Committee which oversees the grant awards and other policies governing the operation of the Trust. The committee membership includes former Fairview clients, family member of former Fairview clients, client advocates and others. Clients submit grant applications which are reviewed for eligibility and funding.

As part of the budget development process for 2011-2013 a reduction action was put forward to expend the balances out of the two Fairview Community Housing Trust Accounts. The action that was taken was to leave $6,000,000 in the corpus or 95% sale proceeds account and to use $5,970,375 from that account combined with the projected remaining balance in the 5% Fairview Grant account of $979,759 for a total of $6,950,134. This action was taken in year two of the biennium and the grant fund program suspended.

A Policy Option Package for 2013-15 would have restored the corpus account to pre 2011-2013 balance, adding back $6,950,134 GF; however, the Policy Option package was not selected as part of the Legislatively Adopted Budget.

In 2015-17, a legislative action added $92,500, EOTC sale proceeds, to the Trust. This action resulted in a combined account balance of $6,079,941 as of April 30, 2016.

After 2016 Legislative Session, a Fairview Housing Trust Workgroup was formed to develop and propose strategies for the use of the Fairview Housing Trust funds. Per recommendation of the group, 95% of the funds ($5,112,741) were invested in the state's intermediate term fund on September 1, 2016.

With recommendation of the Fairview Housing Trust Workgroup and advocacy from member of the I/DD stakeholder community, SB 491 transferred remaining balance of the Fairview Trust, both 95% and 5%, to Oregon Community Foundation. Total remaining balance transferred was: $6,590,595

Fairview Community Housing Trust Account (95% Restricted Account)			
	GF	**OF**	**TF**
Deposit, September 2016	$0	$5,112,741	$5,112,741
Interest Gain/Loss Treasury Account	$0	$415,416	$415,416
Total Revenue, January 31, 2020	$0	$5,528,157	$5,528,157
Total Transfers, January 31, 2020		-$5,528,157	-$5,528,157
Total Expenditures	$0	$0	$0
Balance	$0	$0	$0

Account information from Oregon State Treasury Bank Statement ending January 31, 2020

Fairview Community Housing Trust Account (5% Unrestricted Account)			
	GF	**OF**	**TF**
Deposit	$0	$0	$0
OF Limitation *(expend against existing Treasury Account)*	$0	$1,062,438	$1,062,438
Total Revenue	$0	$1,062,438	$1,062,438
Total Transfers	$0	-$1,062,438	-$1,062,438
Total Expenditures *(grant application & award process)*	$0	$0	$0
Balance	$0	$0	$0

Account information from Oregon State Treasury Bank Statement ending January 31, 2020

I/DD Community Housing Operating Account

When Fairview was downsized and eventually closed, the I/DD Community Housing Section in partnership with private non-profit housing developers constructed or remodeled 200 homes to provide housing for those residents and persons misplaced in nursing homes. It was called the Community Integration Project (CIP). The homes were funded by general obligation bonds sold by Oregon Housing and Community Service Department (OHCDSD) and incorporate many specialized features. Per an agreement with OHCDSD a reserve amount of $500,000 is required for this account to assure maintenance of an asset purchased with GO bonds.

The I/DD Community Housing Section allocates funds and provides oversight and technical assistance in order to develop, adapt and maintain safe and appropriate housing for children and adults with developmental disabilities that receive services funded and/or licensed by the Department of Human Services. The persons receiving services in Oregon live in a variety of settings. These include, among others, services to children living in family homes, adults and children in 24-hour licensed out of home services, foster care, and adults in apartments or private homes. Often, providing these services requires that housing be constructed, modified or adapted in order to meet the needs of persons and to assure that homes are safe and adapted to the unique needs of the persons who live there. In carrying out its responsibilities, the I/DD Community Housing Section:

- Manages the maintenance and repair program for 200 bond funded homes that provide housing for persons with developmental disabilities receiving 24 hour support;
- ;
- Manages and allocates funding for CIP homes in need of housing adaptations for adults and children with developmental disabilities receiving funded services;
    - Provides fiscal oversight of expenditures from the Housing Fund.,

I/DD Community Housing Operating Fund			
	GF	**OF**	**TF**
Deposit (September 2019)	$3,002,251	$0	$3,002,251
Reserve	$0	$500,000	$500,000
Accrued & Projected Interest	$0	$613,647	$613,647
OF Limitation (19-21 Operations Budget)	$0	$3,002,251	$3,002,251
2020 August Special Session Reduction	-$421,573	-$421,573	-$843,146
Total Revenue	$2,580,678	$3,694,325	$6,275,003
Total Expenditures	$2,580,678	$2,580,678	$5,161,356

ODHS|OHA 2021-2023 Budget Prioritization Matrix

		Enterprise - Active Projects			Enterprise - POP Projects			ODHS - Active Projects		OHA - Active Projects			OHA - POP Projects	
		Enterprise Collection Mgmt System (ECMS)	Integrated Eligibility (IE)	MMIS Modularity	Critical Systems Modernization	Financial Systems Modernization	Improving Data Integrity and Compliance	Provider Time Capture (PTC)	CCWIS Modernization	BH Data Warehouse (Compass)	MOTS Replacement (Compass)	OEBB-PEBB Benefits Mgmt System (BMS)	Community Information Exchange (CIE)	OSH Tech Modernization
TOTAL PROJECT SCORE (0-100)		**64**	**100**	**93**	**75**	**66**	**93**	**97**	**93**	**97**	**97**	**82**	**84**	**91**
CRITERIA (Weight)	SCORING GUIDE	PROJECT SCORES												
Technology & Strategic Alignment (35%)	**WEIGHTED SUBTOTAL & % OF TOTAL SCORE**	17 27%	35 35%	35 38%	23 31%	23 35%	35 38%	35 36%	35 38%	35 36%	35 36%	23 28%	35 42%	29 32%
Alignment to Strategic Plans Does the Agency adhere to the Governor's Strategic Plan (*Action Plan: User Friendly, Reliable and Secure: Modernizing State Information Technology Systems and Oversight*) and the Enterprise Information Services Strategic Plan? Does the investment align with IT best practices (e.g. transparency by design, easily retrievable data, early value delivery, modular implementation, security principles, modern hosting technologies such as cloud, configuration over customization, etc.) How does this investment integrate into the agency's strategic plan?	**3 - Mastery (High)** Investment incorporates multiple elements of state technical vision, is strategically consistent with agency strategic vision and IT best practices. Proposed solution is technically consistent with State vision for User-friendly, Reliable and Secure systems. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment is inconsistent with elements of the Enterprise and/or Agency state technical vision and does not incorporate the state's technical values or consider IT best practices.	2	3	3	3	3	3	3	3	3	3	3	3	3
Diversity, Equity, Inclusion, and Accessibility Does the Agency adhere to the Governor's Office of Diversity, Equity, Inclusion/Affirmative Action mission and objectives? Does the Agency have processes in place ensuring Oregon's government develops, maintains, and embeds a diverse and inclusive culture throughout state systems, institutions, and deliverables and plan to incorporate them into this investment? Does the Agency address how the solution will meet or exceed Oregon Accessibility Standards?	**3 - Mastery (High)** Agency intentionality makes equity, inclusion and accessibility a priority in change management, customer service, leadership development, and community engagement. Investment demonstrates and incorporates diligence in employment, from hiring to retention, promotion, and succession planning. Agency plans to work with Procurement on COBID certified firms. Project substantially benefits underserved communities-including rural communities, low income communities or communities of color. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Agency does not have adequate existing processes to intentionally promote diversity, equity, inclusion or accessibility and has only nominally considered incorporating them in to this investment.	1	3	3	1	1	3	3	3	3	3	1	3	2
Business & Customer Driven Technology (25%)	**WEIGHTED SUBTOTAL & % OF TOTAL SCORE**	17 26%	25 25%	25 27%	22 29%	19 29%	25 27%	25 26%	25 27%	25 26%	25 26%	22 27%	22 26%	25 27%
Customer Centered Approach How does this technology investment take into consideration the number of users and place an emphasis on providing customer value? If the investment addresses public facing technology, is it customer-focused? If the investment is for agency use, does it improve the agency users' experience? Does the implementation plan focus on user experience/feedback?	**3 - Mastery (High)** Investment is focused on providing customer value. For public services, the customer experience is primary. Potential for use by all Oregonians. For agency investments, provides tangible benefits to agency users. Investment plan includes customer stakeholders and addresses methods to incorporate user experience/feedback. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment is being implemented in isolation from customers and end users or will not be used by many users.	2	3	3	3	2	3	3	3	3	3	3	3	3
Business Process Transformation Does this technology investment contribute to business process improvement/transformation? How does this technology investment intersect with measurable business outcomes including the return on investment, if applicable?	**3 - Mastery (High)** Business outcomes will be improved as a result of this investment. Investment implementation is being driven by business process transformation to improve service delivery. If public facing, customer interaction with business process is improved as a result of this investment. Solution will modernize processes. Specific examples of measurable business improvements are provided in the business case (i.e. cost savings, streamlined processes, improved controls, access to information). Investment is consistent with the agency's internal strategic plan and direction. **2 - Competent (Medium)** Mostly aligned with Mastery, includes measurable outcomes **1 - Adequate (Low)** Partially aligned with Mastery, does not include measurable outcomes. **0 - Insufficient (None)** Investment implementation is nominally considering business processes and their integration with technology. Investment has no relationship with an agency's business processes. Agency is thinking 'tool first' to solve business problems. Investment does not cohere with agency strategy.	3	3	3	2	3	3	3	3	3	3	2	2	3
Investment Risk Does this investment need to be implemented during this budget cycle? What is the impact of not doing this investment during this cycle? Would the agency, state, or its customer be exposed to a risk or impact if the service/product is not offered (e.g., security, safety, legal, funding source, or any other related risk)? Is an existing service at risk? Do other current services/products depend on it?	**3 - Mastery (High)** Investment addresses a currently unmet, time sensitive mandate (legislative, federal, state) or risk, and/or addresses audit findings requiring urgent action or not implementing this solution puts existing services at risk. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment provides an opportunity to improve services, but does not introduce new capability or address imminent risks.	1	3	3	3	2	3	3	3	3	3	3	3	3

ODHS|OHA 2021-2023 Budget Prioritization Matrix		Enterprise - Active Projects			Enterprise - POP Projects			ODHS - Active Projects		OHA - Active Projects			OHA - POP Projects	
		Enterprise Collection Mgmt System (ECMS)	Integrated Eligibility (IE)	MMIS Modularity	Critical Systems Modernization	Financial Systems Modernization	Improving Data Integrity and Compliance	Provider Time Capture (PTC)	CCWIS Modernization	BH Data Warehouse (Compass)	MOTS Replacement (Compass)	OEBB-PEBB Benefits Mgmt System (BMS)	Community Information Exchange (CIE)	OSH Tech Modernization
TOTAL PROJECT SCORE (0-100)		**64**	**100**	**93**	**75**	**66**	**93**	**97**	**93**	**97**	**97**	**82**	**84**	**91**
CRITERIA (Weight)	SCORING GUIDE	PROJECT SCORES												
Agency Readiness & Solution Appropriateness (40%)	**WEIGHTED SUBTOTAL & % OF TOTAL SCORE**	30 47%	40 40%	33 36%	30 40%	23 35%	33 36%	37 38%	33 36%	37 38%	37 38%	37 45%	27 32%	37 40%
Organizational Change Management How does this technology investment impact operations throughout the organization? What are the agency plans to address and mitigate risk through formal Organizational Change Management? (Organizational Change Management (OCM) is a framework for managing the effect of new business processes or systems.)	**3 - Mastery (High)** Investment demonstrates complete consideration and resources for OCM. Efforts are proportional to the size of the change taking place. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment dramatically underestimates OCM requirements for this effort, or OCM efforts inadequate to address the impact of the change in the organization.	2	3	2	2	1	2	3	2	2	2	3	1	2
Solution Scale What is the scope and size of the agency's proposed technology investment? Is this the right-sized appropriate scaled type of solution to address this problem?	**3 - Mastery (High)** Investment is appropriate size and scale for the agency's business needs. The investment addresses the agency's needs sufficiently and holistically. Criteria evaluation focuses on how this specific solution is right sized for the agency's need. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment is inappropriately sized to address agency need. Investment narrowly targets agency needs and the proposed solution does not serve all areas that would be impacted by the investment.	2	3	3	3	2	3	3	3	3	3	2	3	3
Capacity Has the Agency given consideration for adequate staffing inclusive of project resources, subject matter experts (SMEs), leadership availability and capability to effectively support this technology investment? Will this technology investment detract from the Agency's ability to deliver on its core business functions? Has the Agency addressed capacity requirements needed to effectively resource this initiative to cover core business functions?	**3 - Mastery (High)** Investment has completely considered SME availability and resource backfilling. Investment and agency normal business is adequately staffed for duration of project. Availability of resources include: project team, SMEs, other technical resources, and backfilled resources. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment has only nominally considered resource availability. Investment is not adequately staffed for duration of project.	2	3	2	2	2	2	2	2	3	3	3	2	3
Governance Processes What elements do the Agency's project governance process consist of? Project Governance standards are inclusive of executive sponsorship and steering, vendor/contract management, change control, Quality Assurance, Independent Verification & Validation (IV&V), stakeholder feedback for decision making.	**3 - Mastery (High)** Agency has existing governance processes in place or is introducing new ones to adequately oversee this investment. Processes include multiple of the following elements: engaged executive sponsorship, steering committees, vendor and contract management, change control, QA, IV&V, and stakeholder representation processes. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Agency does not have adequate existing governance processes and has only nominally considered incorporating them in to this investment.	3	3	3	2	2	3	3	3	3	3	3	2	3

Business Case for

CCWIS Modernization Program

Child Welfare,
Division, OR-Kids

Date: May 11, 2020
Version: 1.1

Authorizing Signatures

The person signing this section is attesting to reviewing and approving the business case as proposed.

This table to be completed by the submitting agency Agency Head or Designee	
(Name)	(Date)
Signature	
Agency Executive Sponsor	
Rebecca Jones-Gaston	(Date)
Signature	
Agency Chief Information Officer (CIO) or Agency Technology Manager	
(Name)	(Date)
Signature	
Business Analyst or Business Case Author	
(Name)	(Date)
Signature	

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To ensure that all headings appear automatically in the Table of Contents, headings in the document itself must receive the style designation Heading 1, Heading 2, etc." (To see the table of pre-set styles, choose "Format," (menu above), then "Styles and Formatting…"]

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Executive Summary

The mission of the DHS Child Welfare Department is to improve family capacity to provide safe and permanent living environments for children. It is a goal to reduce the number of children who experience foster care and to promote children's safety in their homes or other family environments. Some of the other goals of the department are:

- Help children who are unable to live safely in their homes live in settings that provide safety, stability and continuity with their families and begin the healing process.
- Secure safe, nurturing and legally permanent families for children who cannot be raised by their families.
- Expand program partnerships and increase the cultural competency of DHS staff and partners to better serve Oregon's diverse communities

The DHS Child Welfare Department has been under scrutiny in recent years for being disorganized, inconsistent, and representing a high risk for children in the system's care. An audit released by the Secretary of State's office in 2018 found that DHS and Child Welfare struggled with chronic and systemic management shortcomings, lacked sufficient placement options to meet the needs of at-risk children, and faced staffing challenges that compromised the program's ability to perform essential Child Welfare functions. In April 2019, the Governor issued Executive Order 19-03, *ESTABLISHING AN OVERSIGHT BOARD TO ADDRESS THE CRISIS IN OREGON'S CHILD WELFARE SYSTEM.* This Executive Order established a Governor's Oversight Board and crisis team to make and implement recommendations at DHS Child Welfare Department related to:

- Out-of-state foster child placements;
- Compliance with the Oregon Public Records Law;
- Implementation of laws prescribing the Critical Incident Response Team ("CIRT");
- Hiring and human resources practices generally;
- Building capacity for therapeutic and general foster care, as well as for a continuum of care in behavioral health services for foster children and youth that is accessible, trauma-informed and family and child-focused;
- Development of adequate in-home capacity for children and youth of color, youth with intellectual and developmental disabilities, and LGBTQ+ youth;
- Development of recommendations to address workforce challenges in provision of services to foster youth;
- Ensuring that accurate and timely data is available to improve operations and processes; and
- Other operational challenges.

OR-Kids is the State of Oregon's legacy child welfare information system, which was originally implemented to comply with the SACWIS (State Automated Child Welfare Information System) Federal framework. SACWIS systems were single centralized systems designed to help case workers manage their caseloads through automation and to comply with federal reporting requirements. Oregon will be transitioning OR-Kids into a new Federal framework known as CCWIS (Comprehensive Child Welfare Information System) that considers new child welfare practices and technologies. The CCWIS framework has been adopted by the Administration of Children and Families (ACF). ACF is the major federal partner of Child Welfare Services and provides a 60% funding match for all software development following the CCWIS guidelines. The gradual modernization and replacement of specific modules will not be a rapid process, likely requiring 4-5 years being completed in June 2023, based on the current and expected resource commitments and the scope of the work.

In addition to the change in recommended software design framework from our Federal partner, the Secretary of State's office completed an audit of the Child Welfare Information Systems (OR-Kids) and the enhancements needed to improve usability. Some of the findings from the audit to improve OR-Kids usability and data quality for Case Mangers and other Child Welfare staff include:

- continue to engage with program staff and other users to address usability concerns;
- implement a data governance function;
- fully identify critical data;
- improve the OR-Kids training programs; and
- to ensure processes and controls are in place to successfully transition OR-Kids to a Comprehensive Child Welfare Information System, the department should acquire a qualified program manager and maintain engagement with project oversight entities.

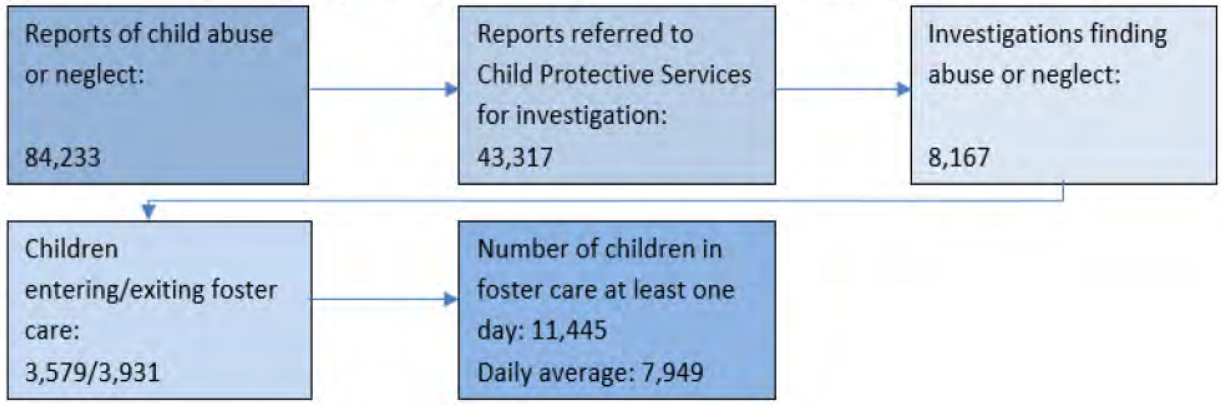
CCWIS transition and modernization will provide Oregon the opportunity to redesign the life cycle of child welfare and ultimately improve outcomes for children and families through better data interoperability, modularity, and data quality. The transition to the CCWIS framework will make OR-Kids in compliance with the guidelines of the Administration of Children and Families (ACF). ACF is a division of the Department of Health and Human Services and promotes the economic and social well-being of children, families, and communities with leadership and resources for effective delivery of human services. ACF is our federal partner and provides funding to build software that meets the CCWIS framework.

The Child Welfare Department did consider other options before embarking on this course of action. Child Welfare looked at purchasing a new OR-Kids system, but availability of commercial products was limited, the funding options available were limited, and the perceived desire for another large system implementation by the department was very low. Retaining the OR-Kids system as it was also considered. The issues identified were that it would not be CCWIS compliant, federal funds would only be available at a lower matching rate for new development and O&M, and we would not be able to meet business and reporting needs on an older technology platform. Due to these reasons it was decided that transitioning the existing OR-Kids information systems to the newer CCWIS framework provided the best option and greatest chance for success.

Current State

In the federal fiscal year ending September 30, 2018, Child Welfare served 11,445 children who spent at least one day in foster care. During that same time period, DHS received and reviewed 84,233 reports of abuse and neglect and referred 43,317 reports to Child Protective Services (CPS) workers for investigation.

Figure 1: Of the 84,233 reports, investigators in Oregon found over 8,100 instances of abuse or neglect



Source: 2018 Child Welfare Data Book

When investigators determine abuse or neglect occurred, a CPS caseworker may decide to close the investigation because the child is safe, open the case and implement an in-home safety plan, or remove the child from the home. If removed, the child enters state custody and is assigned a permanency caseworker to manage and monitor their case. After removal, the caseworker may return the child to the home with a period of monitoring, though most are placed with foster families or relatives. High-needs children and teens may be placed in more restrictive institutional settings or behavior rehabilitative programs.

A local court decides whether and for how long the child stays in state custody. Upon leaving state custody, the child may be returned to their home, become available for adoption through foster care, or enter long-term foster care or guardianship.

In addition to ensuring children are in safe and positive environments, caseworkers must also maintain voluminous documentation to satisfy state and federal requirements. The agency must comply with federal program standards, including those governing Child and Family Services; Child Support; Foster Care, Adoption Assistance and Guardian Assistance; Medicaid; Social Services Block Grant; and Emergency Assistance programs. The DHS Child Welfare program also must adhere to state laws and regulations, such as the Strengthening, Preserving and Reunifying Families law and the Interstate Compact on the Placement of Children. These laws and standards are ever-changing; for example, the Governor's recent Executive Order 19-03 established a Child Welfare Oversight Board to make and implement recommendations related to out-of-state foster child placements, building capacity for foster care, and availability of data.

DHS Child Welfare has been under scrutiny in recent years for being disorganized, inconsistent, and representing a high risk for children in the system's care. DHS and Child Welfare has struggled with chronic and systemic management shortcomings, lacked sufficient placement options to meet the needs of at-risk children, and faced staffing challenges that compromised the program's ability to perform essential Child Welfare functions. In 2018, an audit by the Secretary of State Office found that poorly planned and implemented initiatives, including the 2011 implementation of OR-Kids, undermined caseworkers' and managers' efforts to improve child safety. In addition, the ability by Child Welfare Managers to extract data for status reports and performance metrics was hampered by the convoluted software design of OR-Kids as well as the aging technology. For example, the screen size of the OR-Kids application is only two-thirds the normal size of a modern software application and the application does not have responsive design for various screen sizes and devices. Status reporting is extremely difficult because there was no data validation tools available in the older software design and critical data elements were never defined by the Program Managers. Due to the audit findings, the Governor issued Executive Order 19-03, *ESTABLISHING AN OVERSIGHT BOARD TO ADDRESS THE CRISIS IN OREGON'S CHILD WELFARE SYSTEM.*

In short, the OR-Kids information system is functional for basic case management, in that it facilitates the storage and retrieval of case information. However, it is difficult to use, which decreases caseworker efficiency and puts Child Welfare data quality at risk.

Overview and Background

Program Scope

DHS needs a robust computer system to track and manage thousands of Child Welfare cases, reports of abuse and neglect, and subsequent investigations; the agency's computer system, OR-Kids, serves this purpose. Some of the dozens of Child Welfare program functions supported by the system include provider certification, adoption work, eligibility determinations, case planning and tracking, payment processing, and federal reporting. The system's database currently contains over 400 tables containing more than 10,000 fields, which collectively contain over 600 million records, including approximately 1.8 million people associated with over 448,000 closed and 31,000 open cases.

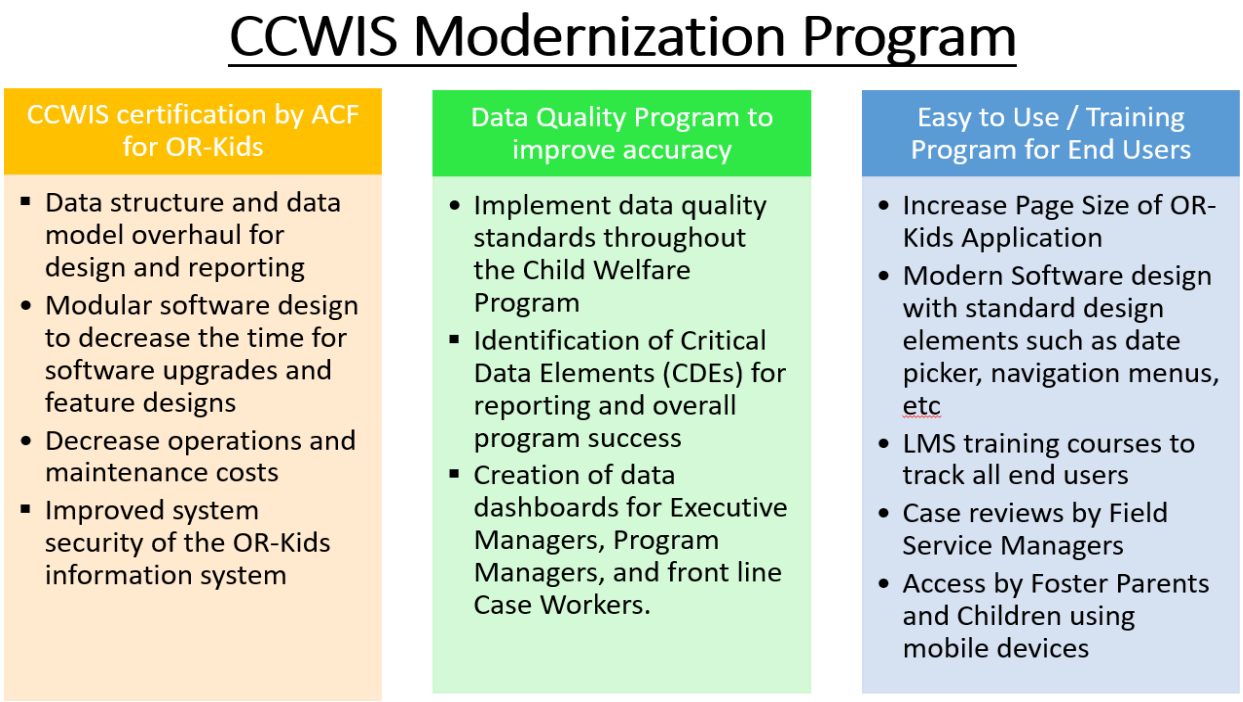
OR-Kids is the primary application for all case workers and other staff working for the Child Welfare program. With the transition to the newly recommended software design framework, OR-Kids needs to transition to a CCWIS design architecture to still be eligible for funding from ACF. This will be a multi-year effort to design OR-Kids in a more modular architecture than the current system. While there will be an opportunity to implement new features in the software, the primary concern is to transition existing features and capabilities into a CCWIS certified architecture.

The Federal Administration for Children and Families (ACF) has recently recommended a new software architecture. The new CCWIS model recommends software applications be more modular in design to allow for more flexibility of new technologies and updates/modifications to existing systems. By using the new CCWIS architecture model improvements to the OR-Kids system should lead to:

- Improved Data Quality
- Data Driven Decisions
- Reduced system overhead
- Improved User Interfaces
- Modular Components
- Public interfaces
- Reduction of Data Fixes
- Higher usability by field staff

All of these goals can be categorized into three basic areas of emphasis – data governance, user training and usability, and modern software design. OR-Kids software application should be built in such a way that the operation and maintenance cost of supporting the software is reduced, that the software use public interfaces and data standards to exchange with other information systems, and to provide high quality data trusted by all stakeholders to make data driven decisions. While these efforts may be independent efforts, they must work together to achieve a successful transition to a CCWIS compliant system.

The scope of the program is shown in the diagram below and includes the following activities:



- Data Quality Plan and implement data quality standards throughout the Child Welfare Program
- Data structure and data model overhaul for design and reporting
- Implementing a modular software design to decrease the time necessary for software upgrades and feature designs, as well as decrease operations and maintenance costs of the software application.
- Improved system security of the OR-Kids information system
- Phased replacement of OR-Kids functions with newer functionality and modular design
- Identification of Critical Data Elements (CDEs) for reporting and overall program success
- Creation of data dashboards for Executive Managers, Program Managers, and front-line Case Workers.

The program will oversee projects and work efforts to complete the transition of OR-Kids to an easy to use, fully CCWIS compliant information system. These projects will have little cross over and may not relate to each other directly, but they should work to improve the OR-Kids application. For example, one of these projects is for the Data Quality team and Executive Steering to define the Critical Data Elements (CDEs) that are used to measure success of the Child Welfare Program. Once these CDEs have been identified, then data dashboards will be built so executives and managers can review overall performance areas. A Workforce Development and Training Program Manager position were recently added to standardize business processes and to create a user training program to ensure data is entered accurately. This position will also create a standard process to implement new technology throughout the Child Welfare Department. As end users report problems where the application is too complex or difficult to record the CDEs, then the Business Analysts team can work with the end user to improve software function and design. At the same time, the software development projects such as "Family Reports" and “Foster Family Recruitment" are new modules built within OR-Kids and incorporate these features and functionality to make the new OR-Kids systems CCWIS compliant and easier for all people to use – Case Workers, Field Service Managers, Providers, Foster Families, etc.

All these projects will be approved by the Executive Steering Committee at the Program level and be coordinated throughout the Child Welfare division instead of independent data silos. The Program will provide the oversight and implementation of each of these projects coordinating each team so the new OR-Kids application is a seamless information system that captures data to be used to evaluate performance and drive policy and operational decisions.

The scope of the program does not include:

- Software maintenance releases
- System enhancements that do not support CCWIS accreditation

The following areas of scope are uncertain or have not been fully defined. More details for these projects are included in the Appendix

- Mobile solution for staff to work out of field offices while meeting clients
- Data exchange standards to facilitate sharing of structured data across multiple State systems outside of Child Welfare.
- Other projects not yet defined, that are required to achieve CCWIS accreditation.

Measurable Benefits

The CCWIS Modernization program plans will focus in the near-term on achieving CCWIS compliance, improving data structure and quality issues, and making continued enhancements for end users. Longer term, OR-Kids begins to transform into a more modern application that can meet program requirements. The team envisions a 3-year period to achieve CCWIS transition and compliance, followed by a slow process to upgrade in a modular fashion over a period of 3-4 years. Some of the benefits the program will measure are:

- Transform OR-Kids into an application about which end users consistently feel confident in completing their daily work.
- OR-Kids data is viewed as a reliable and valid basis for decision making around child safety and strategic planning for involved stakeholders.
- Business and program needs are met in weeks and months, not months and years, as OR-Kids is developed in a more modular fashion.
- Receive CCWIS accreditation and therefore still be eligible for federal matching funds for ongoing support of the OR-Kids Systems.

Identify Critical Data Elements

The Data Quality Team will work with the Child Welfare Program managers and the CCWIS Executive Steering Committee to identify a set of critical data elements to measure the success of the Child welfare program. Once these data elements are identified, a Data Dashboard showing business managers the current status of the Child Welfare system will be developed as part of the CCWIS Program. These data elements will be reviewed on an annual basis and may change as the Child Welfare requirements change over time and area of emphasis.

Training and Usability of OR-Kids Software

The Child welfare department and CCWIS program will contain training records of all Child Welfare staff and Child Welfare providers. These records will ensure that training requirements of staff members are tracked and kept current. It will also provide a training resource for new providers and provide reminders to providers when annual or new types of training are required.

Future State

The OR-Kids Business and Technical teams ("The Team") have begun to coalesce around a vision to move the application forward. Over the past 11 months, the OR-Kids Team, along with support from Oregon DHS leadership and central management, have sought to plan for the future of the application while simultaneously sharpening focus on the day to day needs of the application's 2500+ daily users. The OR-Kids staff have been successful in more deeply aligning and integrating system enhancement and planning efforts into weekly division-wide executive meetings. Going forward, a goal will be to continue to work to align improvement efforts with agency-wide goals, both internal and external, including the CFSR, APSR, and AFCARS 2.0 enhancements.

As part of a nascent agency-wide effort to focus on becoming more data-informed, and in keeping with CCWIS requirements, the Child Welfare Division has created our initial Data Quality Plan, which will inform efforts over the next biennium to address issues of validity, consistency, and timeliness with regard to critical data elements and measures important to the operation of Child Welfare and the agency's efforts to plan for the future.

Assumptions & Constraints

The project assumptions identified for this program would include the following:

- More than 60% of the program funding will be provided by ACF
- Match funding will be secured
- Establishment of a Program-level Executive Steering Committee including all Child welfare program Managers
- Establishment of a “Data Steward” program with key persons identified in each Field Service office
- Identifying and hiring the right technical resources to transition OR-Kids to modularity
- Add 9 additional positions to the Business Analyst Team
- Add 6 additional positions to the Technical Development Team

Alternatives Analysis

Options Considered:

Option	Pros	Cons
Replace OR-Kids with new CCWIS system	Not Applicable	- Commercial availability of product options is very low. - Federal match funding is not available. - Perceived low organizational appetite for another large system implementation effort.
Invest in a gradual transition of OR-Kids into a CCWIS-compliant system	- Builds on the success of a recent server modernization effort - Retains investment in the base SACWIS system - Enables leverage of the .Net investments already made in other OIS development teams - Bi-directional skill transition from Java to .Net is proven in our current staffing model	- Frequent compliance overhead, constant shifting of resources to meet new laws, regulations, and policies - The high cost of technology investment is significant to meet deadlines. - Requires dual development maintaining the current system and develop a new system simultaneously
Retain OR-Kids with no transition to CCWIS compliance	- Little compliance overhead	- Would only be able to match Federal funds at the lowest maintenance and operations level - Would not address business needs for usability, reporting and data quality. - Retains a stale technology platform.

Conclusions:

Moving into 2020, the Team intends to continue on the course of enhancing the existing the OR-Kids application in ways that are aggressively targeted at improving daily life for field end users, reducing duplicate and redundant data entry, and eliminating work-arounds that involve external tracking and systems. Simultaneously, the Team is engaged in the work of reformatting and structuring the application's data model, including bedrock Person and Case data, and starting to initiate a program to deliver the first modules, including Recruitment/Home Inquiry, Financial Processing, and a "BA" module intended to allow faster, simpler corrections to alleviate end user waits.

The 2019-20 APD outlined a number of planned initiatives to be pursued as part of initial efforts to move toward CCWIS compliance, along with long-awaited and sorely needed foundational and end-user specific enhancements.

Table 1 - Activity and Current Status

Activity	Current Status
a. CCWIS Transition Efforts are prioritized by DHS executive stakeholders	The OR-Kids modernization effort has received the strong support of Child Welfare's executive stakeholders, including the new Child Welfare Interim Director Rebecca Jones-Gaston, Child Welfare Deputy Director Jana Mclellan and DHS Director Fariborz Pakseresht. The executive team has received matching funds for

Activity	Current Status
	the 2019-21 biennium to support continued efforts toward system improvement and modularization. *A prioritized list needs to be completed by the Executive Steering Committee.*
b. Program Manager retained to lead CCWIS Transition Effort	A program manager to shepherd the many disparate parts of the CCWIS effort was completed in March 2020
c. Data Quality Plan complete and data stewardship activities underway	The Data Quality Plan was completed in January 2020 and a Data Quality Team has been established *A data stewardship program still needs to be implemented at each Field Office*
d. Role Based Dashboards for Line Managers and Staff	This effort is in process. Currently working with Data Quality Team to define Critical Data Elements and working with ORRAI to determine reporting responsibility
e. New Data Models for Person Foster Recruitment/Home Inquiry	*Expected to be completed in Q3 2020*
f. Family Report Module (Including Court Document): The Family Report represents the largest change in OR-Kids functionality around case planning and documentation since the application was implemented in 2011. A new OR-Kids Page, built in Angular JS, will allow the replacement of three existing modules (Case Plan, Child Specific Case Plan, and Court Report) and coalesce all the functions into a single workflow and document. The new function is being developed following significant staff outreach and engagement, and reflects a modern view of what stakeholders need.	This is the first module in the new CCWIS framework. The planned "Go Live" date is May 4, 2020 *Expected to be completed in Q2 2020*
g. Feasibility Study: A contracted resource will be brought in to review, assess, and provide direction around The Team's efforts to move OR-Kids towards modularity and CCWIS compliance.	Contract was awarded in March 2020. Currently, we are working with contractor to determine statement of work and start date. *Expected to be completed in Q4 2020*
h. Recruitment/Home Inquiry Module (Phase 1): A top priority for Child Welfare and the Governor, this effort will seek to improve the current workflow for staff charged with engaging and developing potential foster parents from first contact through to application and certification. i. Current OR-Kids functions do not provide a seamless view of the recruitment/ inquiry process and do not allow for all necessary data to be recorded. This enhancement will provide front-line staff with a new module/function, built in .NET, that supports their work, provides feedback on progress, nudges them to complete tasks, and supports Oregon's goal of adding and retaining new foster parents.	*Expected to be completed in Q3 2020*

Appendixes and References

1. Executive Order 19-03, ESTABLISHING AN OVERSIGHT BOARD TO ADDRESS THE CRISIS IN OREGON'S CHILD WELFARE SYSTEM
2. Secretary of State, Audit Report No. 2020-01, Oregon's Child Welfare Information System Is Adequate for Case Management, but Enhancements Are Needed to Improve Usability
3. Oregon CCWIS Data Quality Plan, Dated, 1/1/2020
4. CCWIS Final Rule Overview, Dated, June 2016
5. Annual Planning Document for the OR-Kids Application 2019-2020

EIS IT Investment form

Investment Name:	Child Welfare CCWIS Modernization Program	Date:	6/1/2020
Agency:	DHS	Owner / Sponsor:	Rebecca Jones-Gaston
Agency Division:	Child Welfare	Business Contact:	Lee Brown
Related Program:		IT Contact:	Mike Callaghan
Policy Option Package:		Mandate:	

Investment Type: ☐ Non-Project ☐ Project ☒ Program Initiation

Estimated Scope / Description:

Summary:

OR-Kids is the State of Oregon's legacy child welfare information system, which was originally implemented to comply with the SACWIS (State Automated Child Welfare Information System) Federal framework. SACWIS systems were single centralized systems designed to help case workers manage their caseloads through automation and to comply with federal reporting requirements. Oregon will be transitioning OR-Kids into a new Federal software framework known as CCWIS (Comprehensive Child Welfare Information System) that considers new child welfare practices and technologies. CCWIS will provide Oregon the opportunity to redesign the life cycle of child welfare and ultimately improve outcomes for children and families through better data interoperability, modularity, and data quality

OR-Kids is the primary application for all case workers and other staff working for the Child Welfare program. With the transition to the newly recommended software design framework, OR-Kids needs to transition to a CCWIS design architecture to still be eligible for funding from ACF. This will be a multi-year effort to design OR-Kids in a more modular architecture than the current system. While there will be an opportunity to implement new features in the software, the primary concern is to transition existing features and capabilities into a CCWIS certified architecture.

The Federal Administration for Children and Families (ACF) has recently recommended a new software architecture. The new CCWIS model recommends software applications be more modular in design to allow for more flexibility of new technologies and updates/modifications to existing systems. By using the new CCWIS architecture model improvements to the OR-Kids system should lead to:

- Improved Data Quality
- Data Driven Decisions
- Reduced system overhead
- Improved User Interfaces
- Modular Components
- Public interfaces
- Reduction of Data Fixes
- Higher usability by field staff

All these goals can be categorized into three basic areas of emphasis – data governance, user training and usability, and modern software design. OR-Kids software application should be built in such a way that the operation and maintenance cost of supporting the software is reduced, that the software use public interfaces and data standards to exchange with other information systems, and to provide high quality data trusted by all stakeholders to make data driven decisions. While these efforts may be independent efforts, they must work together to achieve a successful transition to a CCWIS compliant system.

Problem Definition:

An audit released by our office in 2018 found that DHS and Child Welfare struggled with chronic and systemic management shortcomings, lacked sufficient placement options to meet the needs of at-risk children, and faced staffing challenges that compromised the program's ability to perform essential Child Welfare functions. In April 2019, the Governor issued Executive Order 19-03, ESTABLISHING AN OVERSIGHT BOARD TO ADDRESS THE CRISIS IN OREGON'S CHILD WELFARE SYSTEM. This Executive Order established a Governor's Oversight Board and crisis team to make and implement recommendations at DHS Child welfare Department related to:

- Out-of-state foster child placements;
- Compliance with the Oregon Public Records Law;
- Implementation of laws prescribing the Critical Incident Response Team ("CIRT");
- Hiring and human resources practices generally;
- Building capacity for therapeutic and general foster care, as well as for a continuum of care in behavioral health services for foster children and youth that is accessible, trauma-informed and family and child-focused;
- Development of adequate in-home capacity for children and youth of color, youth with intellectual and developmental disabilities, and LGBTQ+ youth;
- Development of recommendations to address workforce challenges in provision of services to foster youth;
- Ensuring that accurate and timely data is available to improve operations and processes; and
- Other operational challenges.

Opportunity Definition:

Modernizing the OR-Kids Information System makes DHS eligible to receive Federal match funding for software development costs for the life of this program.

Alternatives:

The Child Welfare Department did consider other options before initiating this program.

- Child Welfare looked at purchasing a new OR-Kids system, but availability of commercial products was limited, the funding options available were limited, and the perceived desire for another large system implementation by the department was very low.
- Retaining the OR-Kids system as it was also considered. The issues identified were that it would not be CCWIS compliant, federal funds would only be available at a lower matching

rate for new development and O&M, and we would not be able to meet business and reporting needs on an older technology platform.

Due to these reasons it was decided that transitioning the existing OR-Kids information systems to the newer CCWIS framework provided the best option and greatest chance for success.

Program Approach:

The CCWIS Modernization Program will be managed to align with the goals of the two main stakeholders. The State of Oregon Child Welfare Department is the first stakeholder with the goal of building an easier to use information system that helps with business workflow, identification of key data elements that can be used by senior managers for program reviews, data driven policy decisions, and to meet state and federal reporting requirements. The Administration of Children and Families (ACF) is the second stakeholder with their goal being to create an information system that meets CCWIS guidelines. ACF is requiring the OR-KIDS information system to transition from a large complex system to a smaller system of inter-related modules that share data elements between them and across modules. The goals of ACF are to allow states to build systems that meet their business needs, foster innovation, to allow for data to be shared between related systems (child welfare, health courts, financial, etc.), and to reduce the overall maintenance costs to support the software and information system. Each of these stakeholders have a defined process for project prioritization, oversight and review of on-going work for the CCWIS Modernization.

ACF has key requirements and an annual planning process that combine for the overall program review. ACF required that a Technology Road Map be created showing the various projects that are part of the CCWIS modernization effort and a high-level plan of how Child welfare plans to transition from the current OR-Kids software architecture to the CCWIS software architecture. ACF also required Child Welfare to create a Data Quality Plan to identify critical data that can be measured for reports and to determine success of the new system as we build it. Lastly, ACF requires Child Welfare to submit an Annual Planning Document (APD) detailing the work that was created in the past 12 months and identifying the work that is planned to occur in the next 12 months. Any modifications that occur in between the APD submission are approved as an addendum. In addition, there are monthly conference calls to review Child Welfare progress on current projects.

Child Welfare has an ISMC that meets monthly to prioritize all IT projects within the child welfare. The CCWIS Modernization program is part of this prioritization effort and several the other projects are related to OR-Kids and/or required data integration with OR-Kids. There are 3rd party interfaces that are included in the CCWIS Modernization program that are also needed with other Child Welfare projects. The ISMC reviews the CCWIS Modernization Road map and will prioritize different modules that are required by the CCWIS Modernization as well as other projects that Child Welfare is working on. For example, Child Welfare is creating an Electronic Records Management System (ERMS) to store all active case files and archive closed case files instead of storing paper files in warehouses. The ERMS project requires a data interface with OR-Kids and the same interface is required by CCWIS Modernization. This is something that the ISMC will consider when they prioritize projects. The ISMC will also consider project funding when prioritizing projects. ACF will provide 60% project funding for any project that meets Tile-IV E requirements.

EIS *IT Investment form*

The overall CCWIS Modernization Program will be comprised of several smaller projects as each module or data interface is built. The CCWIS Program will maintain oversight at the program level with a Program Management Plan, Governance Plan, Communications Plan, etc. Each of the projects will have an ITI completed and submitted to EIS for oversight. Depending on the scope and complexity of each project will determine the level of oversight required by EIS.

Assumptions:

The program assumptions identified would include the following:

- The time required to adequately research, document, design, plan and implement the program will be available.
- The Business understands and can articulate the outcome measures they require.
- Legislative mandate changes will not significantly affect the program deliverables.
- The program will be able to deliver a system that will meet all CCWIS software framework design requirements.

Estimated Schedule: Start Date: 7/1/2019 End Date: 6/30/2024

Estimated Budget:

Implementation Cost		5 –Year Operating Cost	
Hardware:	$ 57,000	Hardware:	$ 65,000
Software:	$ 255,500	Software:	$ 25,000
Contracts/Services:	$1,752,000	Contracts/Services:	$1,000,000
Personnel:	$2,555,000	Personnel:	$ 60,000
Total:	$4,619,500	Total:	$1,150,000
Funding Source:	ACF (60%) / Gen Fund 40%)	Total Cost*:	$5,769,500
Contract NTE:			

* Total cost includes implementation plus 5 years of operating cost

Security Considerations:

The data within OR-Kids is Level 3 data. Most of the data is sensitive in nature as it deals with children throughout the State of Oregon, however in certain case files there may be HIPAA protected data or CJIS information. The CCWIS Modernization Program will follow the same security guidelines as the OR-Kids Information System.

Applicable Oversight Threshold(s): (DAS Policies 107-004-130 and 107-004-150)

- ☒ ≥$150k Total Cost*
- ☒ ≥$1m Total Cost*, Internal Development
- ☒ ≥Level 3 Information Classification
- ☐ Cloud / Hosted and High Remediation Cost
- ☐ Cloud / Hosted and System of Record
- ☐ EIS Required

Instructions:

This form should be filled out early in the governance process. The information in this form helps the agency and Enterprise Information Services (EIS) appropriately resource the investment for planning and oversight purposes.

EIS *IT Investment form*

The ITI form is predominantly an on-boarding form for Senior IT Portfolio Manager (SIPM) and Business Information Security Officer (BISO) engagement.

For Project and Program investments, the information in the ITI form may be high-level or preliminary. It is expected that agency certainty regarding details will increase over time. That certainty should be reflected in additional documentation (i.e. Project Management Plan) as the project or program progresses. This document does not need to be updated unless specifically indicated by EIS.

For Non-Projects, the information in the ITI should be more thorough as the agency will likely have greater certainty about investment details. In some cases, this ITI may be the single scope/justification related artifact required for EIS endorsement, consequently it is expected that the form provide sufficient detail for future readers to understand the justification, scope, and benefit from the proposed investment.

Field	**Definition**
Investment Name	A unique name for the IT Investment.
Agency	The name of the agency.
Agency Division	The name of the department of division of the agency requesting the investment.
Related Program	If applicable, reference any related EIS approved program (defined as a group of related projects).
Policy Option Package	If applicable, reference any related Policy Option Package (POP).
Date	The date of initial ITI submission.
Owner / Sponsor	The primary owner of the IT Investment, often the Sponsor, and approving authority.
Business Contact	The primary business contact for investment questions.
IT Contact	The primary IT contact for investment questions. Typically, an IT Manager.
Mandate	If applicable, indicate the appropriate investment mandate (Federal, Legislative, Governor, etc.). If needed, use the Estimated Scope / Description space for additional mandates or supporting information.
Non-Project	An IT investment which may include purchases, subscriptions, contracts, contract amendments, contract renewals, etc. Some activities such as development of an implementation or communication plan may be required; it is expected that these activities represent a minority of non-project investment work. Typically, this work involves a limited resource commitment (i.e. fewer than 80 hours of staff time or similar threshold established by agency governance).
Project	A “temporary endeavor undertaken to create a unique product, service, or result.” (PMBOK Guide, 6th edition, p.715) Typically, projects have project

	managers assigned, are approved by agency governance, and are officially chartered.
Program Initiation	Indicate if this ITI is an initial submission for a new Program. A Program is "defined as a group of related projects, subsidiary programs, and program activities managed in a coordinated manner to obtain benefits not available from managing them individually." (PMBOK Guide, 6th edition, p.11) Programs may include any number of project and non-project investments. Typically, individual program investments will share a program-level Business Case.
Estimated Scope / Description	Provide a brief description of the investment. This should detail, at a high level, the estimated scope of the investment and provide a brief justification for the investment. A more thorough justification should be included when a corresponding Business Case is not expected, for example when an investment is part of a program or when infrastructure/lifecycle level 1 oversight is likely.
Start Date	For Projects this represents the estimated date of Project Charter. For Non-Projects this represents the estimated date of contract signature, purchase, subscription start, etc. For Programs this represents the estimated date of Program Charter.
End Date	For Projects this represents the estimated date of Project close-out. For Non-Projects this represents the estimated date of contract signature, purchase, subscription start, etc. For Programs this represents the estimated date of Program close-out.
Hardware	The cost, either initial or 5-year operating, for estimated hardware purchases. *
Software	The cost, either initial or 5-year operating, for estimated software purchases. *
Contract/Service	The cost, either initial or 5-year operating, for estimated contracting costs. This cost should include maintenance contracts, subscriptions, development contracts, etc. *
Personnel	The cost, either initial or 5-year operating, for estimated personnel costs. *
Total	The total cost, either initial or 5-year operating, for all estimated expenses. *
Funding Source	Indicate the primary funding source for the investment.
Total Cost	The total of initial and 5-years operating cost estimates. Do not include potential revenue or savings. *

EIS *IT Investment form*

Contract NTE	For Non-Project Investments related to a contract (contract, contract amendment, contract renewal, etc.), include the Not-To-Exceed amount of the current contract and amendments.

Security Considerations	Briefly describe the following: ▪ Expected security controls required to protect state data against unauthorized access (Confidentiality, Integrity, and Availability) ▪ Any known business requirements for availability (e.g. acceptable downtime) ▪ Cloud / Hosted environment: hosted inside or outside the United States ▪ Highest level of data classification (Reference Policy 107-004-050) o Level 1 – Published: Information that is not protected from disclosure, that if disclosed will not jeopardize the privacy or security of the agency employees, clients, and partners. o Level 2 – Limited: Information that may be protected from public disclosure, but if made easily and readily available, may jeopardize the privacy or security of agency employees, clients or partners. o Level 3 – Restricted: Information intended for limited business use that may be exempt from public disclosure because, among other reasons, such disclosure will jeopardize the privacy or security of agency employees, clients, partners, or individuals who otherwise qualify for an exemption. Information may be accessed and used by internal parties only when specifically authorized to do so in the performance of their duties. External parties requesting this information for authorized agency business may be under contractual obligation of confidentiality with the agency prior to receiving it. o Level 4 – Critical: Information that is deemed extremely sensitive and Is intended for use by named individual(s) only. This information is typically exempt from public disclosure because, among other reasons, such disclosure would potentially cause major damage or injury up to and including death to the named individual(s), agency employees, clients, partners, or cause major harm to the agency. ▪ Restricted data types: o HIPAA (Protected Health Information) o CJIS (Criminal Justice Information) o IRS Publication 1075 (Federal Tax Information) o FERPA (certain education records) o PCI DSS (Payment Card Industry Data Security Standard) o SSA (Social Security Administration) o FISMA (Federal Information Security Modernization Act) o MARS-E (Minimum Acceptable Risk Standards for Exchanges) o OCIPA (Oregon Consumer Information Protection Act) o Other (identify the specific rule or standard)

EIS *IT Investment form*

≥$150k Total Cost	Investments exceeding a cost of $150,000, unless the investment is an agency-staffed application development project. **
≥$1m Total Cost, Internal Development	IT Investments exceeding a cost of $1,000,000 for agency-staffed application development projects. **
≥Level 3 Information Classification	It will store, process, or transmit data of Information Asset Classification Level 3 (Restricted; reference Policy 107-004-050) or higher, or information for which special protection standards apply by law or contract. ***
Cloud / Hosted and System of Record	It will be the authoritative source for information that is difficult, expensive, or infeasible to replace or recreate. ***
Cloud / Hosted and High Remediation Cost	A sustained interruption of the Service would have a significant impact on agency operations and/or those served by the agency. ***
EIS Required	Any IT Investments where EIS determines that oversight, review, or approvals is in the best interest of state government. **

* IT Investment is the planned or actual commitment of funds for IT-related expenditures including, but not limited to personnel, contractors associated with projects, products, services, or contracts and contract renewals and other amendments. **Cost of an IT Investment includes the cost of any services and/or supplies purchased and five years of anticipated operational costs** (e.g., licensing costs, and hardware/software maintenance).

** For more detail on oversight thresholds see DAS Policy 107-004-130

*** For more detail on Cloud and Hosted thresholds see DAS Policy 107-004-150

DHS Oregon Department of Human Services

Oregon Health Authority

DHS|OHA

Business Case

COMPASS Modernization Portfolio

VERSION LOG

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SIGN-OFF

Version	Role	Name	Comments	Date
2.3	EIS Analyst	Shelly Lofgren		1/31/2020
2.3	Process Owner	Steve Westberg		02/10/2020

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1. Business Case Summary

1.1. Executive Summary

COMPASS (Community Outcome Management and Performance Accountability Support System) is a collaborative information technology approach to the administration, planning and monitoring of Substance Use Disorder and Mental Health treatment programs. The purpose of COMPASS is to collect data from a variety of internal and external data systems and electronic health records systems and provides multi-functional reporting to support OHA, treatment providers and state and federal stakeholders. By aligning business processes and data, the system will facilitate cooperation and collaboration between stakeholders and improve reporting of, and access to contract and client encounter information in compliance with HIPAA and 42CFR regulations.

The current COMPASS software applications are running on a mixture of platforms and languages. Most are outdated and in need of upgrading or decommissioning. The underlying data storage for the applications is incomplete, insular, outdated, and expensive to maintain. The current database design contains some gaps in which referential integrity has been compromised, creating data quality issues. These data design issues have been masked by their current applications, creating a heavy reliance on these applications to provide the necessary context for the data. This makes integration and reporting from the data difficult, inaccurate, and time consuming.

Modernization of the COMPASS universe would significantly improve interoperability of OHA's data systems and could be leveraged across numerous program areas. The current lack of integration with other state data systems creates barriers and challenges for service providers to report data to OHA. In addition, OHA personnel have additional workload and must manually perform required tasks to meet agency, state, and federal reporting requirements.

The COMPASS modernization project supports the following initiatives, missions and strategic technology plans by ensuring efficient data collection, management, system integration, and data reporting on behavioral health service outcomes for Oregonians.

1. Governor's Executive Order 18-01: Building Oregon's commitment to addiction prevention, treatment, and recovery priorities, and setting deadlines for statutory requirements, and declaring a public health crisis.

2. Health and Human Services Agencies Information Resource Management 2017-2019, Governor Brown's Strategic Initiatives for Healthy, Safe Oregonians:
    a) Ensure that every Oregonian who needs alcohol and other drug treatment or mental health services can easily get it.
    b) Ensure all Oregonians have equitable and appropriate access to affordable, high quality health care.
    c) Keep communities safe through mindful law enforcement and using data and analytics to balance accountability, reformation and treatment in order to reduce recidivism and prevent future victimization.

3. OHA Mission: Helping people and communities achieve optimum physical, mental, and social well-being through partnerships, prevention and access to quality, affordable health care.

4. DHS/OHA Strategic Technology Plan:
    a) Provide Trusted Services for accurate health care outcomes data by effectively collecting, maintaining, and organizing information to enable informed decision-making and support internal and external data sharing.
    b) Enable Business Automation via workflows and business rules, reducing manual, paper-based processes while increasing effectiveness.
    c) Enable Connectivity Anytime, Anywhere, in Multiple Ways by providing self-service, role-based capabilities with remote access to information meeting the diverse needs of staff and partners.
    d) Use Dynamic Services Supporting Dynamic Needs by supporting provider modular, common services and capabilities, which promote agility, reuse, and best practices leveraging enterprise capabilities.

Improved data collection and integration of the COMPASS software applications would allow the agency to improve reporting on outcomes, expenditures and contract compliance as well as collaborate with providers to track the implementation and effectiveness of services, identify service gaps, predict the specific timing of service needs, and better request and allocate funding to facilitate individual's progress through the system.

2. Background

COMPASS is a collaborative information technology approach to the administration, planning and monitoring of Substance Use Disorder and Mental Health treatment programs. The purpose of COMPASS is to collect data from a variety of internal and external data systems and electronic health records systems and provides multi-functional reporting to support OHA, treatment providers and state and federal stakeholders. By aligning business processes and data, the system will facilitate cooperation and collaboration between stakeholders and improving reporting of, and access to contract and encounter information securely and in compliance with HIPAA and 42CFR regulations.

The Oregon Health Authority (OHA) requires complete and accurate data to meet mandatory reporting requirements at the federal and state level. The agency is required to make available information related to:

1. Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant.
2. U.S. Department of Justice (USDOJ) Performance Plan.
3. Oregon State Police reporting to the NICS database for background checks.
4. Treatment Episode Data Set (TEDS), including National Outcome Measures (NOMs)

OHA has been unable to comply with the monthly data submissions required by SAMHSA. Continued noncompliance with this requirement places millions of dollars for mental health and addictions services at risk.

The behavioral health care delivery system in Oregon has changed dramatically with the integration of new partners into a comprehensive care model. Additionally, recent legislative changes require that the agency find a solution for real time tracking of the availability of some behavioral health services. The emphasis on Coordinated Care Organization (CCO) metrics and the ability to track both quality of care and service outcomes makes the ability to gather and analyze data across systems an integral need for OHA programs.

The COMPASS constellation is comprised of many data systems used internally by OHA and externally by contracted partners. See *Appendix A – Current Business System Areas Supported* for a complete list of systems and their respective area of focus. The COMPASS applications are intended to be an essential behavioral health data collection system for the Health Systems Division (HSD). Originally designed to improve data collection for Medicaid and non-Medicaid behavioral health care provided by programs licensed by the Health Systems Division, the stand-alone systems are aging and exist on platforms that are outdated, expensive to service or modify, and difficult to acquire technical support.

A new solution is required to collect necessary data from multiple sources, consolidate data systems, interface with external systems, and integrate into the enterprise environment. Existing data systems need to be retired and a new solution implemented with the agency's long-term enterprise technology strategy.

2.1. Stakeholders

Primary stakeholders include, but are not limited to:

1. OHA, Health Systems Division
2. OHA, Health Policy & Analytics
3. OHA, Oregon State Hospital
4. OHA, Office of Information Services
5. OHA, Office of Budget and Forecasting
6. OHA, Office of Contracts and Procurement
7. Federal partners: Substance Abuse and Mental Health Services Administration (SAMHSA) and U.S. Department of Justice (USDOJ)
8. Oregon State Police
9. Electronic Health Record (EHR) and other software providers
10. Providers of behavioral health services
11. Clients receiving behavioral health services
12. Providers of substance use treatment services
13. Clients receiving substance use treatment services

2.2. Other Considerations/Drivers

The agency is at risk of losing grant funds, including the State Targeted Response grant, the Medication Assisted Treatment – Prescription Drug and Opioid grant (both dealing with opioid addiction), and not being able to forecast general fund need accurately and in a timely manner. The agency is currently behind or using complicated and time-consuming workarounds to meet mandatory federal reporting of behavioral health data for SAMHSA, both the mental health substance abuse block grants (NOMs/TEDS) and the USDOJ Oregon Performance Plan.

Recent reviews and process changes at OHA determined that COMPASS systems are not receiving and maintaining sufficient documentation to support data being provided to Oregon State Police (OSP) for the National Instant Criminal Background Check System (NICS). A scheduled audit in June 2018 by the Federal Bureau of Investigation (FBI) could result in penalties or sanctions against the agency for failing to address the flawed data systems.

3. Problem and Opportunity Definition

3.1. Problem Definition

With Oregon's Health Care Transformation, the introduction of Coordinated Care Organizations (CCOs), and investments in Electronic Health Record (EHR) systems, the current data environment does not allow for data integration to meet the need for reporting on treatment outcomes and investment efficiency. Many of the COMPASS systems were designed to measure outcomes based on a different funding model from the service element model currently in use. In addition, the system requirements and data elements were not fully defined in the original build.

In 2017, the OHA COMPASS Task Force identified issues with disjointed and siloed data from systems for HSD Contracting, Licensing and Certification, and Client Outcomes. Additional operational deficiencies were noted in the following areas of the COMPASS universe:

1. Contract deliverables are not met and/or enforced and data is not validated as accurate;
2. Subcontractors cannot be identified in collected data;
3. Provider licensing and certification is not integrated with current data systems;
4. Data systems lack defined relationship and correlation between data elements;
5. Missing data elements in collection and reporting process;
6. Difficulty assessing if contracted services are provided in compliance with contract.

OHA is unable to conduct mandated state and federal reporting. OHA and our partners at DHS continue to fall short of the expectations of advocates by failing to meet the needs of transitioning clients; this leaves the agency with continuing risk of additional investigation and potential litigation. OHA remains unable to adequately forecast service need or coordinate treatment for individuals entering and leaving the state hospital. *Olmstead v. LC*, a US Supreme Court ruling, requiring states to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs. Inability to appropriately forecast need for state

hospital resources puts the agency at risk of losing needed budget and Oregonians at risk of inadequate care.

The COMPASS data systems lag behind OHA business partners who are further down the integrated systems path. The file structure and business process are a couple of generations behind the EHR industry and has proven challenging for some partners to provide data to OHA for that reason. Separate work flows are required for COMPASS data applications as they do not compliment or integrate with normal EHR operations.

The current Health Systems Framework applications are running on ColdFusion. The underlying data storage for the COMPASS applications resides in several DB2 databases running on AIX servers, which are outdated and expensive to maintain. The current database design contains gaps in which referential integrity has been compromised, creating data quality issues. These design problems have been masked by the application, creating heavy reliance on the application to provide necessary context for the data.

The tightly-coupled relationship between the database and the application makes improvement and integration projects more difficult because it restricts the developer within the confines of both an aging toolset and a flawed data model. This data model makes integration with other systems and utilization of the data for reporting by Business Objects and other reporting engines more problematic. As new projects are undertaken using the tightly-coupled architecture in COMPASS, they will become riskier as the number of records and users increase, while the toolset falls further out of support.

Over time, the IT system-related risks will increase as the number of developers knowledgeable in older Cold Fusion/DB2 development projects dwindles, and it becomes a specialty realm for contract support. Add to this the growing number of retiring mainframe, Rbase and other legacy applications that will need to be integrated into the Health Systems Framework, and the question of available qualified in-house resources becomes critical going forward.

3.2. Opportunity Definition

Alignment with client need, the ability to track available resources, CCO reporting requirements and the analysis and tracking of behavioral health data across systems will be critical to the successful integration of behavioral health treatment into the CCO environment.

Modernization of the COMPASS universe of systems will:

1. Increase the agency's ability to measure and report on behavioral health outcomes.
2. Increase the agency's ability to tie reporting deliverables to payment.
3. Improve the standardization of data in the agency.
4. Increase the agency's ability to track outcomes by client, demographic group, or location of clients.
5. Permit the agency to meet required reporting responsibilities.
6. Develop a standardized reporting system for behavioral health services.
7. Support the provision of more timely, appropriate, cost-effective services for Oregonians.
8. Reduce the administrative burden on contracting providers.

9. Streamline and update business processes
10. Improve the standardization of data in the agency.
11. Collect data to increase the agency's ability to measure and report on behavioral health outcomes.
12. Implement a solution that includes data elements necessary for tracking outcomes and providing non-Medicaid data for a 360 view of the client.
13. Permit the agency to meet required reporting responsibilities.
14. Build a data warehouse that allows interfaces from a variety of systems to meet data quality standards, to create a 360 view of the client, and to include data necessary for accurate cross-agency reporting.

The 2017 COMPASS Task Force report provided opportunities including:

1. Replace COMPASS systems to reflect the present continuity of care model and reexamine old business processes.
2. Improve and update business processes to better align with COMPASS systems.
3. Align siloed systems to integrate CCO data into the service delivery environment.

OHA envisions a data management and processing system for behavioral health service outcomes that can hold millions of individual records, directly interface with a variety of internal and external data systems, and electronic health records systems, and provide multi-functional reporting to support state and federal requirements. Additionally, the work is expected to support improved treatment outcomes for Oregonians through the exchange, analysis and reporting of data; support improved business practices and reduced administrative burden for OHA through the ability to better analyze and forecast outcomes and need; and support improved customer service and reduced administrative burden to providers.

The project and resulting system should provide a variety of business support functions including the following:

1. Compliance with Personally Identifiable Information (PII) Privacy Act;
2. Compliance with Health Insurance Portability and Accountability Act (HIPAA);
3. Compliance with Health Information Technology for Economic and Clinical Health (HITECH) Act;
4. Reduce silos around system maintenance in OHA's OIS team;
5. Increase the agency's ability to tie contract deliverables / reporting responsibilities to payment;
6. Improve the standardization of data in the agency;
7. Increase the agency's ability to measure behavioral health outcomes for individual clients and groups;
8. Reduce the administrative workload on contracting providers and staff;
9. Create integrated and adjustable reports that meet federal reporting requirements;
10. Upgrade requirements for federal and state legislation, rules, and business needs;

11. Migrate data from or interface with multiple data collection systems including, but not limited to: Consolidated Database (CDB), Acute Care Reporting (ACR), Medicaid Management Information System (MMIS);
12. Streamline and update business processes;
13. Provide ongoing maintenance and support; and
14. Support required functionality for 5 – 10 years.

The redesign of the COMPASS constellation provides OHA with an opportunity to examine and update business process and better align to the agency's current vision and the continuity of care model. Part of this business process alignment will include the interface of provider reporting and contracting requirements, ensuring that the agency is better tracking the services it is paying for and that Oregonians are receiving the benefit of service dollars contracted through the agency. OHA has the opportunity to reduce silos and begin the process of integrating CCO's into the behavioral health service delivery model.

The COMPASS modernization project supports the following missions and strategic technology plan by ensuring efficient data collection, management, system integration, and data reporting on behavioral health service outcomes for Oregonians.

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4. DHS/OHA Strategic Technology Plan:
    a) Provide Trusted Services for accurate health care outcomes data by effectively collecting, maintaining, and organizing information to enable informed decision-making and support internal and external data sharing.
    b) Enable Business Automation via workflows and business rules, reducing manual, paper-based processes while increasing effectiveness.

c) Enable Connectivity Anytime, Anywhere, in Multiple Ways by providing self-service, role-based capabilities with remote access to information meeting the diverse needs of staff and partners.
d) Use Dynamic Services Supporting Dynamic Needs by supporting provider modular, common services and capabilities, which promote agility, reuse, and best practices leveraging enterprise capabilities.

4. Alternatives Analysis

4.1. Assumptions

The Project assumptions identified would include the following:

1. There is more than one qualified vendor.
2. Total cost of project and 5-year maintenance and operations will be within available funding.
3. Only purchase a solution using OIS supported technology or include funding to for contracted O&M by vendor for operations and maintenance support for the selected technology support.
4. Modular solution with major components as individual modules.
5. Agile approach is preferred in order to receive functionality throughout the system development.
6. The time required to adequately research, document, design, plan and implement the projects as described will be available.
7. The Business understands and can articulate the outcome measures they require.
8. Legislative mandate changes will not significantly affect the project deliverables.

4.2. Constraints

Below is a list of known constraints:

- Internal resources have limited availability (Program Support, Program) to support implementation.
- No funding to support implementation in biennium 2019/2021

4.3. Selection Criteria and Alternatives Ranking

The core criteria that we are using to compare alternatives are:

- Time to implement (duration)
- Cost (both project costs and ongoing annual costs)
- Benefits
- Risks

4.4. Solution Requirements

OHA requires the following system functionality:

- Secure data intake, storage, and output
- Data quality and validation processes that does not let providers enter inaccurate information
- Data gathering processing functions like versioning, creating crosswalks, data dictionary, de-duplication of data submissions.
- Secure, unobstructed, and quick access to data warehouse by role-based credentials
- Multi-functional reporting ability to create accurate reports with reliable data.: scheduled and ad hoc reporting
- Cloud based solution providing the ability to support future program data collecting and behavioral health reporting needs.
- Application Programing Interface (API) for any other data systems to send the data to the BH data warehouse.
- Behavioral Health (BH) data warehouse with the ability to accept data from other data systems.
- Provide training and training material to OHA staff and Providers
- Bi-Directional interface to obtain master client unique ID
- One-way interface with the following existing internal and external data systems:
    - Electronic Health Records (EHR) systems and health information data exchanges (ex. OWITS)
    - AMHI/Choice Model – Community Mental Health
    - Avatar the Oregon State Hospital's Electronic Health Record system.
    - Justice or State Patrol for Criminal History
    - Medicaid Management Information System (MMIS)
- 5 years of on-going operations and maintenance (O&M) support

**For more detailed solution requirements see Behavioral Health Data Warehouse Project Solution requirements and MOTS Replacement solution requirements.*

4.5. Vendor Requirements

OHA seeks to obtain the services of a data vendor with the capacity and technical expertise to perform all Behavioral Health data collection, aggregation, enhancement, and quality assurance functions. This includes but is not limited to: design, development and implementation of the vendor's solution, migrating the existing data hosted at the state Data Center Services (DCS) to the new solution; secure and streamline data collection and aggregation; processing and validating data submissions; providing data access and reports to approved users; and optimizing data for mandated reports. Mandatory tasks include:

Project Planning and Implementation
The Contractor chosen by OHA will be required to provide detailed documentation to OHA including a project plan that includes standard technical documentation covering Design Development and Implementation (DDI) of the proposed solution, a comprehensive transition-in plan and an extensive Data Quality and Business Rules document that details all methodologies used to enhance and validate data submissions. As part of this task, a new Contractor must

securely transfer all data from the DCS and in doing so, retain processed historic data, but also reprocess raw historic data. Finally, the Contractor must provide expert project management and technical support across all activities throughout the contract term.

Data Management
The Contractor will be responsible for all Behavioral Health front-end data collection and aggregation. As part of this task, the contractor must implement and manage data intake processes; perform regular extract, transfer, load (ETL) processes; actively manage data collection; implement pre-load quality assurance checks; and participate in data submitter relations and engagement. After data collection, the contractor must perform data enhancement tasks like creating member, provider, and facility crosswalks; claims processing and de-duplicating; as well as other value-added components like creating benchmarks. Finally, the Contractor must warehouse the processed data and perform post-load quality assurance on the data.

Data Access and Reporting
The Contractor must provide to OHA complete access to all levels of the data warehouse in a secure, unobstructed, and efficient manner. Part of this will be to provide role-based credentials and access to a shared work area within the data environment for users to develop and save tables, cubes, program code, etc. The Contractor must also provide detailed data warehouse documentation, training, and technical support as well as furnish prescribed data sets on a quarterly basis and produce additional data extracts as needed.

Data for Public Mandated Reports
The Contractor must work closely with OHA to optimize the Behavioral Health data for creating and standardizing Mandated reports (SAMHSA) based on stakeholder feedback, content development, and ongoing operations.

4.6. Alternatives Identification

OHA has considered the following alternatives:

- Alternative 1: Status Quo
- Alternative 2: Build - Integrate Existing System
- Alternative 3: Buy - RFP COTS SaaS
- Alternative 4: Build – OIS Development Build
- Alternative 5: Build – Basecamp Development
- Alternative 6: Build – Transfer Technology State

**The Alternatives captured in this analysis is for the Behavioral Health Data Warehouse and MOTS Replacement projects. Alternative Analysis will be completed for each project under the Compass Modernization Portfolio.*

4.7. Alternatives Analysis

Alternative 1: Status Quo (Not Selected)

- Description: Continue to use existing systems and tools to support programs.
- Implementation Duration: 0 months
- Total Cost: $8,432,178
    - Implementation Cost: $0
    - 5 Years of O&M: $8,432,178
- Benefits:
    - No changes needed.
    - Lower cost in short term.
    - Funding can be re-assigned to other Behavioral health needs
- Risks:
    - Unable to achieve all solution requirements
    - Continue to experience pain points:
        - Not meeting reporting needs
        - Not meeting operational needs
        - Receiving incomplete and inaccurate data
        - Complex manual data submissions
        - Missed grant funding (Fed, State, Foundation) opportunities because unable to provide reports and outcomes

Alternative 2: Build - Integrate Existing System (Not Selected)

- Description: Gathering the business requirements and building (writing code) an interface between existing systems using OIS Resources
- Implementation Duration: 48 months
- Total Cost: $17,853,047
    - Implementation Cost: $ $9,131,386
    - 5 Years of O&M: $8,721,661
- Benefits:
    - Lower cost
    - Lower implementation duration
    - Improves the ability to provide data needed for “telling a story” or any future reporting needs.
- Risks:
    - Existing systems are too old to support APIs or integration and will need extensive re-work to be accomplished.
    - Unable to meet all reporting requirements (data elements missing)
    - Unable to support scalability for future technology needs (mis. Paper is one of the systems).

Alternative 3: Buy - RFP COTS SaaS (Selected)

- Description: Utilize Request for Proposal (RFP) to procure and execute a new contract for development and implementation of a Commercial off the Shelf (COTS)/Software As A Service (SAAS) and modify using OIS Resources
- Planning Duration: 21 months
    - *Note: Implementation duration will be determined through RFP. According to the market analysis research implementation duration provided by a vendor ranges between 12-18 months.*

- Total Cost: TBD
  - Planning Cost: $1,979,606
  - Implementation Cost: To Be Determined through RFP
  - 5 Years of Maintenance and Operations: To Be Determined through RFP
  - *Note: According to the market analysis research implementation cost provided by a vendor ranges between $1M - $2.5M and 5 years of O&M ranges between $2.5M-$4M.*
- Benefits:
  - Possibility for lower cost
  - Possibility for better support
  - Implementation duration is less
  - Use of most up to date technology
  - Supports scalability for enterprise needs:
    - Expansion within BH domain
    - Expansion within external agencies (DHS)
    - Supporting BH Technology Roadmap
- Risks:
  - Project takes an additional 6-12 months for RFP effort.
  - Customizations increase implementation & O&M costs
  - Technology solution and data is owned by the vendor and changes to the system must be made by the vendor which increases costs.

Alternative 4: Build – OIS Development Build (Not Selected)

- Description: Build new system using OIS Resources
- Implementation Duration: 54 months
- Total Cost: $27,364,225
  - Implementation Cost: $15,286,399
  - 5 Years of O&M: $12,077,826
- Benefits:
  - Allocated resources used to support O&M and enhancements resulting in lower long-term costs
  - Address new regularity requirements faster (no amendments required)
- Risks:
  - High degree of customization needed which drives up cost and timeline to implement.
  - Time to complete the project may increase because same resources provide operations support for these specific State software applications
  - Other higher priority project may affect the resource availability to support the project and extend project timeline.

Alternative 5: Build – Basecamp Development (Not Selected)

- Description: Using external contracting resources to build (writing code) a system that would meet all your requirements to do work, run reports and track clients.
- Implementation Duration: 54 months
- Total Cost: $29,101,831
  - Implementation Cost: $17,024,005

  - 5 Years of O&M: $12,077,826
- Benefits:
  - Allocated resources used to support O&M and enhancements resulting in lower long-term costs
  - Address new regularity requirements faster (no amendments required)
- Risks:
  - The following activities increase cost and duration:
    - High Customizations
    - Contract resource turnover
    - Contract administrative support
  - Same resources used to support project and O&M which may result in project delays.

Alternative 6: Build – Transfer Technology State (Not Selected)

- Description: Acquire other state solution and have OIS customize solution
- Implementation Duration: 66 months
- Total Cost: $29,703,015
  - Implementation Cost: $17,625,189
  - 5 Years of O&M: $12,077,826
- Benefits:
  - Solution already built and in production with “lessons learned”
  - Ability to share knowledge and compare reports with other state organizations
- Risks:
  - Longer duration and higher cost
  - May have to customize software because of state laws, process differences
  - May require State to purchase other integrated software not currently owned.

4.8. Cost

The below implementation cost analysis and 5 years of O&M includes a breakdown for each alternative by the following categories:

- **Program Resources** are the Behavioral Health program subject matter experts
- **Program Support Resources** are the Business Analysts working with the program subject matter experts. Resources are from the Compass Support team within Oregon Health Authority and Covendis Contractors.
- **State Resources** are the technical resources such as technical manager, project managers, project coordinator, security analyst, DAS procurement services, and OIS Business Operations.
- **Vendor Resource** is for a Quality Assurance vendor.
- **Software** for developing the technology solution (W) MSDN Visual Studio, (W) Visio x 5, (W) Password Agent, (W) Toad, (W) Beyond Compare (W) XML Tool,
- **Hardware** are servers that are currently hosted at the Data Center Services (DCS)
- **DCS Operations** is the service cost for hosting the technology solution.

Implementation Cost and Duration Summary:

COMPASS Modernization Alternatives High Level Cost and Duration Estimates Summary (50%+/-)

	Implementation								
Alternatives	**Program Resource Cost**	**Program Support Resource Cost**	**State Resources Cost** (OIS, DAS, ESO, OC&P)	**Vendor Resources Cost**	**Purchased Software Cost (Original Fee)**	**Hardware Cost**	**DCS Operations Cost**	**Total Implementation Cost**	**Implentation Duration (Months) *RFP only**
1 Status Quo	$ -	$ -	$ -			$ -	-	$ -	0
2 Integrate Existing System (Build)	$ 742,020	$ 2,035,922	$ 5,148,589	$ 570,710	$ 128,348	$ 346,522	$ 159,274	$ 9,131,386	48
*3 COTS/SaaS - Buy - (RFP)	$ 171,935	$ 611,701	$ 1,195,970	TBD	TBD	TBD	TBD	$ 1,979,606	21
4 OIS Development Build	$ 2,626,608	$ 4,303,176	$ 6,660,915	$ 978,530	$ 128,348	$ 429,547	$ 159,274	$ 15,286,399	54
5 BaseCamp Development (Build)	$ 2,047,607	$ 4,286,214	$ 8,823,376	$ 1,091,318	$ 186,669	$ 429,547	$ 159,274	$ 17,024,005	54
6 Transfer Techology from another State	$ 2,688,589	$ 5,033,274	$ 8,050,544	$ 1,135,613	$ 128,348	$ 429,547	$ 159,274	$ 17,625,189	66

*Please note alternative *3 COTS/SaaS – Buy (RFP) only includes Total Implementation cost estimates through planning.*

5 Years of Operations and Maintenance Summary:

	5 Years of Operations & Maintenance (O&M)							
Alternatives	**Program Resource Cost**	**Program Support Resource Cost**	**State Resources Cost**	**Vendor Resources Cost**	**Purchased Software Cost (Annual Fee)**	**Hardware Cost**	**DCS Operations Cost**	**5 Years Total O&M Cost**
1 Status Quo	$ 55,178	$ 3,152,958	$ 4,590,131		$ 128,348	$ 346,289	$ 159,274	$ 8,432,178
2 Integrate Existing System (Build)	$ 1,714,992	$ 409,567	$ 5,962,957		$ 128,348	$ 346,522	$ 159,274	$ 8,721,661
*3 COTS/SaaS - Buy - (RFP)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
4 OIS Development Build	$ 1,452,553	$ 4,980,947	$ 4,927,156		$ 128,348	$ 429,547	$ 159,274	$ 12,077,826
5 BaseCamp Development (Build)	$ 1,452,553	$ 4,980,947	$ 4,927,156		$ 128,348	$ 429,547	$ 159,274	$ 12,077,826
6 Transfer Techology from another State	$ 1,452,553	$ 4,980,947	$ 4,927,156		$ 128,348	$ 429,547	$ 159,274	$ 12,077,826

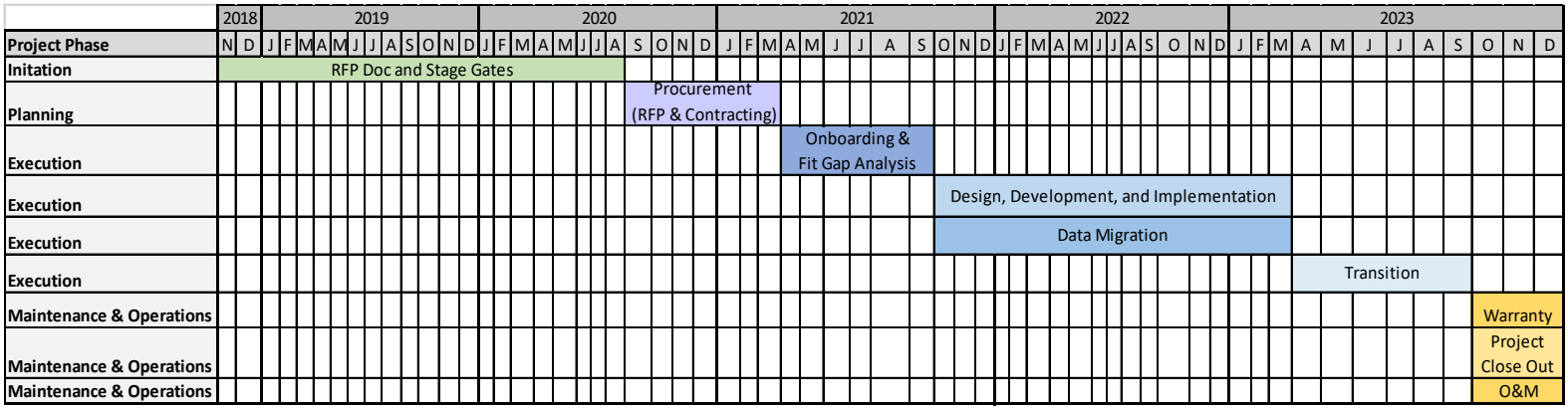
Implementation and 5 Years of Operations and Maintenance Cost Summary:

Alternatives	Total Implementation Cost	Implentation Duration (Months) *RFP only	5 Years Total O&M Cost	Grand Total
1 Status Quo	$ -	0	$ 8,432,178	$ 8,432,178
2 Integrate Existing System (Build)	$ 9,131,386	48	$ 8,721,661	$ 17,853,047
*3 COTS/SaaS - Buy - (RFP)	$ 1,979,606	21	TBD	TBD
4 OIS Development Build	$ 15,286,399	54	$ 12,077,826	$ 27,364,225
5 BaseCamp Development (Build)	$ 17,024,005	54	$ 12,077,826	$ 29,101,831
6 Transfer Techology from another State	$ 17,625,189	66	$ 12,077,826	$ 29,703,015

*Please note alternative *3 COTS/SaaS – Buy (RFP) Total Implementation only includes cost estimates through planning.*

4.1. Timeline

Below is a high-level estimate of the project schedule, and a narrative description of the key activities in each phase.



Stage/Phase	Key Tasks	Description	Timeline
Initiation	• Set up Project • Secure Planning Funds • Create current state process maps and reports • Create solution requirements • Create business case • Market research and alternatives analysis • Develop RFP and secure approvals • Secure Stage Gate endorsement	OHA is required to provide complete and accurate data to meet mandatory reporting requirements at the federal and state level. The agency is required to make available information related to Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant, U.S. Department of Justice (USDOJ) Performance Plan, Oregon State Police reporting to the NICS database for background checks OHA's main goal with this project is to choose a data vendor that ensures the best overall return on investment. OHA is developing an RFP that outlines the minimum necessary requirements and will help staff evaluate proposals.	November 2018 —August 2020
Planning	• Post RFP • Review proposals • Select vendor • Execute new contract • Finalize Budget and Schedule • Secure Implementation Funding	This phase will see the review and selection of a data vendor based on the proposals received. A new contract will be executed that outlines tasks and deliverables to be supplied to OHA.	September 2020 – March 2021
Execution	• Onboard Vendor to access Project Site • Complete Fit Gap Analysis	Starting in April 2021 the new data vendor will start delivering tasks and products outlined in the new contract.	April 2021 – September 2023

Stage/Phase	Key Tasks	Description	Timeline
	• Transition data from DCS to new data vendor • Monitor kick-off tasks and receive deliverables from new vendor • Quality test new data vendor and its processed data • Monitor transition activities and artifacts such as Finalize Implementation Plan, Transition Plan, User Manuals, Disaster Recovery Plan, Training Plan, etc.	Starting in October 2021 vendor will work with DCS to transfer historic data and processing it using data vendor's methodology. MOTS will continue to collect, load, and process current data submissions until March 2023 which will also eventually be transferred to the new data vendor. During this phase, OHA will be working with the new data vendor to ensure that historic and current data are being transitioned and processed appropriately.	
Project Close	• 90 Day Warranty Period • Lessons learned • Project closeout activities • Start O&M phase of new contract	OHA will embark on evaluation of the project and document successes, failures, and lessons learned and transition to O&M support.	October 2023 – December 2023

4.2. Funding

The project has secured $1.8 million of funding for the Compass Modernization project already; however there are still some decisions that will be made by Legislative in February 2021 short session to obtain the balance of the funds needed for biennium 2019/2021.

Funding sources include:

- General funds - $1.5M

Implementation funds for the project will be requested in a new POP for session 2021/2023.

4.3. Critical Success Factors

For Initiation, success will be measured by:

- Approval of the business case and risk assessment
- Obtain necessary program approvals
- Secure funding
- Completion of RFP
- DAS OSCIO Stage Gate 1 and 2 endorsement

For Project Planning, success will be measured by:

- Release of RFP and selection of vendor
- DAS OSCIO Stage Gate 3 endorsement
- Execution of new contract for implementation and 5 years M&O

For Project Execution, success will be measured by:

- Transfer of data from DCS is completed with minimal disruption of service to data submitters, OHA, and data users
- All functionality and other requirements described in contract Statement of Work are delivered and approved by OHA in timeframe outlined
- All test exit criteria have been met
- Data submitters are able to submit data with the new technology solution, as necessary.
- OHA has full access to data as outlined in the requirements

For Overall Project Phases:

- Project scope met, within 15% +/- approved budget and schedule.

Long term project benefits will be measured by:

- 95% of the time completing SAMHSA reports on time.
- 100% of the time completing OHA dashboards and standardized reports on time.
- 100% of existing manual reports will be automated or eliminated and also meeting the "Must have" requirements.
- More reliable data – measured by number of data issues identified from current MOTS quality assurance reports.

5. Conclusions and Recommendations

5.1. Conclusions

OHA is currently attempting to aggregate data from seven behavioral health reporting systems, including at least three legacy systems and one system designed for reporting on a different funding mechanism than the one currently in use by the agency. The disparate systems further complicate data validation. It is impossible to correlate provider licensing and contracting requirements with treatment outcomes thereby ensuring value for the payment of contracted services. The current administrative burden for providers and OHA staff creates inefficiencies and puts the agency at risk of providing inadequate services to clients and providers, risks losing providers and staff, and risks the agency's image and funding.

A comprehensive analysis of the agency's business need is required with the expectation of creating and implementing a system designed to be flexible and aligned with the enterprise technology vision. This work will create efficiencies for providers and agency program staff; free the agency from committing OIS staff to the maintenance and operations of expensive and outdated systems; allow the agency to meet state and federal requirements to maintain funding; and improve both service delivery and budget forecasting.

5.2. Recommendations

Acquire or construct a technology solution for behavioral health reporting that allows the agency to interface with multiple systems currently in place. This would include:

1. Meeting with Behavioral Health leadership to understand the future vision for behavioral health services in order to promote and align systems work with business vision.
2. Collaborating with business teams on business process improvement and documentation of processes related to contracting and reporting.
3. Collaborating with Behavioral Health teams to define required reporting data for evaluation of contract fulfillment and agency metrics around successful service recipient outcomes.
4. Collaborating with HPA and HSD teams to define reporting requirements for SAMHSA.
5. Collaborating with teams in HPA and HSD to standardize data field definition for entry into the data warehouse and aligning those with contract specifications.
6. Assessing existing “out-of-the-box” systems for suitability for agency use and making recommendations.
7. Assisting with the creation of RFP and scoring model or project plan for procurement of resources if custom build.
8. Assisting with procurement of goods or services to complete project.
9. Assisting with the development of internal and external training resources for successful launch of the new system and business processes.

5.3. Consequences of Failure to Act

Failure to conduct a wide-ranging upgrade of the COMPASS systems and related business processes will result in devastating impacts to Oregon’s most vulnerable population including:

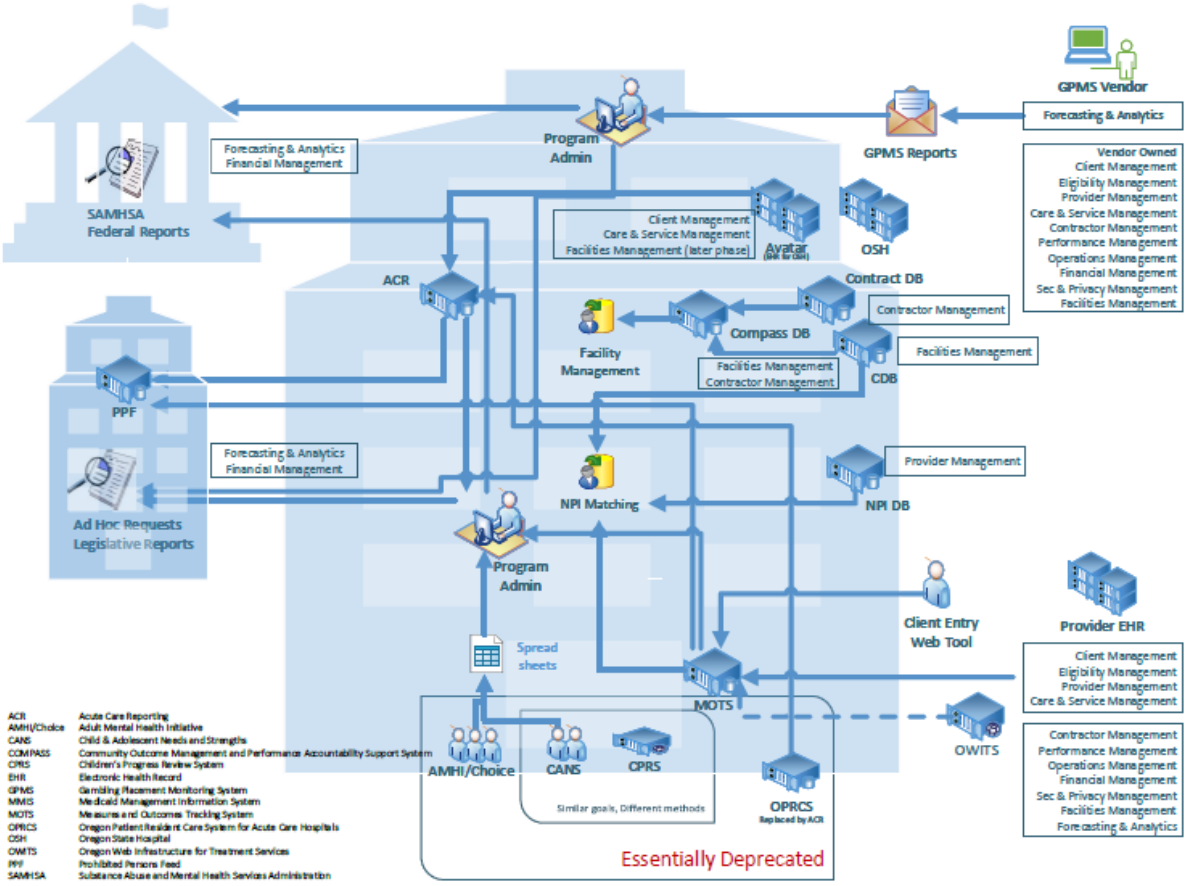
1. Poor coordination of care between facilities and providers
2. Delay or failure to receive treatment or services
3. Increased length of hospital commitment
4. Potential for civil rights violations

Without a change to the current behavioral health data systems, challenges to the State and its external partners will continue to compound in the following areas:

1. Increased administrative burden for CCO’s and other behavioral health providers
2. Lack of compliance with legal and federal requirements
3. Lack of IT staff resources to support outdated and ineffective data systems
4. Loss of state and federal funding
5. Loss of public trust

6. Appendixes and References

Appendix A – Current Business System Areas Supported



Appendix B – COMPASS Task Force Report

The 2017 COMPASS Task Force report is provided externally to this business case.

OSCIO IT Investment form

IT Investment Name:	Compass Modernization	Date:	2/27/19
Agency:	OHA	Division:	Behavioral Health
Agency Contact:	Dale Southmayd	Phone Number:	541-884-5960
Approving Business Owner:	Keely West	Phone Number:	503-945-6292
Approving Technology Mgr:		Phone Number:	

Approving Business Owner Date

Approving Technology Manager Date

Information Technology Investment Type(s):

☒ New Investment ☐ Renew/Life Cycle Replacement ☐ Other:

Information Technology Investment Description (What is being proposed and why):

Summary:

COMPASS (Community Outcome Management and Performance Accountability Support System) is a collaborative information technology approach to the administration, planning and monitoring of Substance Use Disorder and Mental Health treatment programs. The purpose of COMPASS is to provide software that directly interfaces with a variety of internal and external data systems and electronic health records systems and provides multi-functional reporting to support OHA, treatment providers and state and federal stakeholders. By aligning business processes and data, the system will facilitate cooperation and collaboration between stakeholders and improving reporting of, and access to contract and encounter information securely and in compliance with HIPAA and 42CFR regulations.

The current COMPASS applications are running on a mixture of platforms and languages. All are outdated and in need of upgrading or decommissioning. The underlying data storage for the applications is insular, outdated, and expensive to maintain. The current database design contains some gaps in which referential integrity has been compromised, creating data quality issues. These data design issues have been masked by their current applications, creating a heavy reliance on these applications to provide the necessary context for the data. This makes integration and reporting from the data difficult, inaccurate, and time consuming.

Modernization of the COMPASS universe would significantly improve interoperability of OHA's data systems and could be leveraged across numerous program areas. The current lack of integration with other state data systems creates additional workload for service providers and OHA personnel who must manually perform required tasks outside of those systems to meet agency, state, and federal reporting requirements.

The COMPASS modernization project supports the following initiatives, missions and strategic technology plans by ensuring efficient data collection, management, system integration, and data reporting on behavioral health service outcomes for Oregonians.

1. Governor's Executive Order 18-01: Building Oregon's commitment to addiction prevention, treatment, and recovery priorities, and setting deadlines for statutory requirements, and declaring a public health crisis.

2. Health and Human Services Agencies Information Resource Management 2017-2019, Governor Brown's Strategic Initiatives for Healthy, Safe Oregonians:
    a) Ensure that every Oregonian who needs alcohol and other drug treatment or mental health services can easily get it.
    b) Ensure all Oregonians have equitable and appropriate access to affordable, high quality health care.
    c) Keep communities safe through mindful law enforcement and using data and analytics to balance accountability, reformation and treatment in order to reduce recidivism and prevent future victimization.

3. OHA Mission: Helping people and communities achieve optimum physical, mental, and social well-being through partnerships, prevention and access to quality, affordable health care.

4. DHS/OHA Strategic Technology Plan:
    a) Provide Trusted Services for accurate health care outcomes data by effectively collecting, maintaining, and organizing information to enable informed decision-making and support internal and external data sharing.
    b) Enable Business Automation via workflows and business rules, reducing manual, paper-based processes while increasing effectiveness.
    c) Enable Connectivity Anytime, Anywhere, in Multiple Ways by providing self-service, role-based capabilities with remote access to information meeting the diverse needs of staff and partners.
    d) Use Dynamic Services Supporting Dynamic Needs by supporting provider modular, common services and capabilities, which promote agility, reuse, and best practices leveraging enterprise capabilities.

Improved data collection and standardization in the COMPASS systems would allow the agency to improve reporting on outcomes, expenditures and contract compliance as well as collaborate with providers to track the implementation and effectiveness of services, identify service gaps, predict the specific timing of service needs, and better request and allocate funding to facilitate individual's progress through the system.

Problem Definition:
With Oregon's Health Care Transformation, the introduction of Coordinated Care Organizations (CCOs), and investments in Electronic Health Record (EHR) systems, the current data environment does not allow for data integration to meet the need for reporting on treatment outcomes and investment efficiency. Many of the COMPASS systems were designed to measure outcomes based on a different funding model from the model currently in use. In addition, the system requirements and data elements were not fully defined in the original build.

In 2017, the OHA COMPASS Task Force identified issues with disjointed and siloed data from systems for HSD Contracting, Licensing and Certification, and Client Outcomes. Additional operational deficiencies were noted in the following areas of the COMPASS universe:

1. Contracting process, tracking, and enforcement are not integrated with data systems;
2. Subcontractors cannot be identified in collected data;
3. Provider licensing and certification is not integrated with current data systems;
4. Data systems lack defined relationship and correlation between data elements;
5. Missing data elements in collection and reporting process;
6. Difficulty assessing if contracted services are provided in compliance with contract.

The lack of integrated behavioral health treatment data exposes the State to potential federal litigation related to violation of an individual's second amendment rights. Recent reviews and process changes at OHA determined that COMPASS systems are not receiving and maintaining sufficient documentation to support data being provided to Oregon State Police (OSP) for the National Instant Criminal Background Check System (NICS). A scheduled audit in June 2018 by the Federal Bureau of Investigation (FBI) could result in penalties or sanctions against the agency for failing to address the flawed data systems.

Further, OHA is unable to conduct mandated state and federal reporting. OHA and our partners at DHS continue to fall short of the expectations of advocates by failing to meet the needs of transitioning clients; this leaves the agency with continuing risk of additional investigation and potential litigation. OHA remains unable to adequately forecast service need or coordinate treatment for individuals entering and leaving the state hospital. *Olmstead v. LC*, a US Supreme Court ruling, requiring states to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs. Inability to appropriately forecast need for state hospital resources puts the agency at risk of losing needed budget and Oregonians at risk of inadequate care.

The COMPASS data systems lag behind OHA business partners who are further down the integrated systems path. The file structure and business process is a couple of generations behind the EHR industry and has proven challenging for some partners to provide data to OHA for that reason. Separate work flows are required for COMPASS data applications as they do not compliment or integrate with normal EHR operations.

The current Health Systems Framework applications are running on ColdFusion, which is no longer supported by the vendor. The underlying data storage for the COMPASS applications resides in several DB2 databases running on AIX servers, which are outdated and expensive to maintain. The current database design contains gaps in which referential integrity has been compromised, creating data quality issues. These design problems have been masked by the application, creating heavy reliance on the application to provide necessary context for the data.

The tightly-coupled relationship between the database and the application makes improvement and integration projects more difficult because it restricts the developer within the confines of both an aging toolset and a flawed data model. This data model makes integration with other systems and utilization of the data for reporting by Business Objects and other reporting engines more problematic. As new projects are undertaken using the tightly-coupled architecture in COMPASS, they will become riskier as the number of records and users increase, while the toolset falls further out of support.

Over time, the IT system-related risks will increase as the number of developers knowledgeable in older Cold Fusion/DB2 development projects dwindles, and it becomes a specialty realm for contract support. Add to this the growing number of retiring mainframe, Rbase and other legacy applications that will need

to be integrated into the Health Systems Framework, and the question of available qualified in-house resources becomes critical going forward.

Opportunity Definition:
Alignment with client need, the ability to track available resources, CCO reporting requirements and the analysis and tracking of behavioral health data across systems will be critical to the successful integration of behavioral health treatment into the CCO environment.

Modernization of the COMPASS universe of systems will:

1. Support the provision of more timely, appropriate, cost-effective services for Oregonians.
2. Reduce the administrative burden on contracting providers.
3. Increase the agency's ability to tie reporting responsibilities to payment.
4. Improve the standardization of data in the agency.
5. Increase the agency's ability to track outcomes.
6. Permit the agency to meet required reporting responsibilities.
7. Develop a standardized reporting system for behavioral health services.
8. Eliminate the use of four to five outdated systems, reducing silos around system maintenance in OHA's OIS team.

The 2017 COMPASS Task Force report provided opportunities including:

1. Replace COMPASS systems to reflect the present continuity of care model and reexamine old business processes.
2. Improve and update business processes to better align with COMPASS systems.
3. Align siloed systems to integrate CCO data into the service delivery environment.

OHA envisions a data management and processing system for behavioral health service outcomes that can hold millions of individual records, directly interface with a variety of internal and external data systems, and electronic health records systems, and provide multi-functional reporting to support state and federal requirements. Additionally, the work is expected to support improved treatment outcomes for Oregonians through the exchange, analysis and reporting of data; support improved business practices and reduced administrative burden for OHA through the ability to better analyze and forecast outcomes and need; and support improved customer service and reduced administrative burden to providers.

The project and resulting system should provide a variety of business support functions including the following:

1. Compliance with Personally Identifiable Information (PII) Privacy Act;
2. Compliance with Health Insurance Portability and Accountability Act (HIPAA);
3. Compliance with Health Information Technology for Economic and Clinical Health (HITECH) Act;
4. Reduce silos around system maintenance in OHA's OIS team;
5. Increase the agency's ability to tie reporting responsibilities to payment;
6. Improve the standardization of data in the agency;
7. Increase the agency's ability to measure behavioral health outcomes;

8. Reduce the administrative burden on contracting providers and staff;
9. Create integrated and adjustable reports that meet federal reporting requirements;
10. Upgrade requirements for federal and state legislation, rules, and business needs;
11. Migrate data from multiple data collection systems;
12. Streamline and update business processes;
13. Provide ongoing maintenance and support; and
14. Support required functionality for 5 – 10 years.

The redesign of the COMPASS constellation provides OHA with an opportunity to examine and update business process and better align to the agency's current vision and the continuity of care model. Part of this business process alignment will include the interface of provider reporting and contracting requirements, ensuring that the agency is better tracking the services it is paying for and that Oregonians are receiving the benefit of service dollars contracted through the agency. OHA has the opportunity to reduce silos and begin the process of integrating CCO's into the behavioral health service delivery model.

Alternatives:
A complete alternatives analysis has not been conducted for this project.

Assumptions

The Project assumptions identified would include the following:

1. The time required to adequately research, document, design, plan and implement the projects described will be available.
2. The Business understands and can articulate the outcome measures they require.
3. Legislative mandate changes will not significantly affect the Project deliverables.

Solution Requirements

Solution requirements have not been fully defined at this time.

Alternatives Identification

Alternative 1: No Replacement of Existing COMPASS systems

Alternative 2a: Replace COMPASS with solution developed in house

Alternative 2b: Replace COMPASS with solution procured from third party vendor

Alternatives Analysis

No alternatives analysis completed at this time.

Cost

Initial estimates of cost for the COMPASS modernization project is between $4 and $7 million. Work is ongoing to finalize the project scope, after which we will analyze alternatives. Better cost estimates will be available at that time.

OSCIO *IT Investment form*

POP 414 has been submitted as part of the Governor's budget for the 2019-2021 State of Oregon Budget. The POP requested amount is $6,739,793.

		Yes	***No***
1)	Is the investment a project?	☒	☐
2)	Will the investment have a Project Manager?	☒	☐
3)	Will the investment include other agencies?	☐	☒
4)	Will the investment include Information Asset Classification Level 3 or 4 data? (see DAS Policy 107-004-050)	☒	☐
5)	Will the investment be for Cloud Services (as defined in Policy #107-004-150)	☐	☐

IT Investment Estimated Cost Summary

Hardware:	TBD	**Software:**	TBD
Services/Maintenance (projected over five years):	TBD	**Personnel (Project):**	TBD
Source of Funding:	General Fund	**Deadline for fund use:**	mm/dd/yyyy
Anticipated Start Date:	7/1/19	**Anticipated End Date:**	TBD
		TOTAL:	**TBD**

DHS Oregon Department of Human Services

Oregon Health Authority

DHS/OHA Office of Information Services Issue Brief

Enterprise Collection Management System

DHS/OHA – Shared Services: Shawn Jacobsen OFS, Nicky Jeffreys OPAR

Overview

The Office of Financial Services (OFS) is a Shared Service that provides full financial cycle accounting to the Department of Human Services (DHS) and the Oregon Health Authority (OHA). This work is accomplished through a combination of agency-supported program-specific data systems and the Oregon Statewide Financial Management Application (SFMA). OFS supports programs throughout both agencies to identify, invoice, and manage accounts owed to the agencies. Revenue generated from these activities is essential to meeting outcomes for various services and programs throughout the agency.

The Office of Payment Accuracy and Recovery (OPAR) is a Shared Service that provides recovery and collection services to both the Department of Human Services and the Oregon Health Authority. OPAR ensures program integrity by improving payment accuracy and recovering overpayments of both clients and service providers. Funds recovered by OPAR are returned to the various DHS/OHA programs, allowing these funds to be available for current and future clients.

Both OFS and OPAR are working towards a shared goal of identifying an Enterprise Collection Management solution to replace the Integrated Collection Management System (ICM) currently in use by OPAR. This new Enterprise solution would provide the integration needed for both groups to reduce redundant system updates and manual workarounds to optimize their business deliverables and workload.

OFS requests ISMC approval for a solution that will enable the Enterprise Collection Management System to be the primary source system for accounts receivable transactions generated in the new OFS Enterprise Financial system (as identified in the OFS Policy Option Package) for interfacing with SFMA.

OPAR requests ISMC approval for an Enterprise Collection Mangement System that meets regulatory needs, provides improved automation in order to lower costs, and utilizes state of the art technology to assist in settling collections.

Background

OFS: OFS invoices for agency services such as newborn screening, background checks, licensing and overpayments. The billing and account management requests are received through a variety of methods, such as Excel documents, emails, and the use of payment subsystems. Many DHS/OHA programs manage a portion of the receivables process before referring the account to OFS. These requests can be initiated for at any time during the receivables process. The receivables process is as follows:

- Identification of amount owed, notification to debtor (invoice)
- Management of account notices and repayment options
- Adjusting existing receivables
- Referral for collections to the Department of Revenue – Private Collections

Most of these requests are then entered in SFMA manually or through a macro and then invoices, if needed, are manually generated using a template in Excel. Direct payments are received through a lockbox, meaning

checks sent to bank, or credit card transaction. Transfers from other agencies, including the Department of Revenue, are also received. Posting these payments to accounts in SFMA is a manual process.
Ease of payment is challenging at best. Only two options exist to make payments: checks and credit cards. For credit cards, reaching the portal is outdated and does not retrieve current account information. Requests for account balances for those with payment plans must be created manually.

Many DHS/OHA programs extract information from program databases and send it to OFS, creating unnecessary reentry of data. For programs that require updated payment information to manage their business relationships, read-only access is granted in SFMA and account information is relayed back to the program so the account can be viewed. Otherwise, data reports are generated for the program on demand.

The financial accounting of receivables in our agencies' business environment is complicated due to the federal and state regulations, federal matching rates, and required statewide accounting practices.

OPAR: In 2013 when the FICO system contract was created, the Office of Information Services (OIS) team assisted in developing an in-house application that would support OPAR's needs.
The current FICO system is a robust application for which OPAR only requires a portion of the functionality to execute its program deliverables. The system does not effectively support OPAR business needs and some features of the system are more focused towards an agent debt collection system. FICO does not offer auditing or compliance functionality, critical components of OPAR business flow.
The support received from FICO is very limited and is not meeting OPAR business needs. The OIS Solution Development and Delivery team has had to build around the current FICO system to incorporate smaller in-house applications to meet business needs. The FICO system is used by multiple units within OPAR and causes some of these teams having to manage two different systems to complete their work. Workflow duplications within OPAR would include these systems:

- Personal Injury Liens- MMIS
- Estate Administration Unit - MMIS, DSURS
- Overpayment Writing Unit - PIPS

Future Vision and Scope

OFS: An agency receivables system should meet the needs of our business partners, allowing ease of upload and retrieval of information.

The system should enable:

- Single data entry of account information that can be used to generate invoices
- Manage account balances
- Generate reports
- Research history
- The system must allow for entry of account at any point in the receivables process
- Generate reports, documents and templates, as well as management reports either from the system or from a query tool

- Needs to meet all current OFS business rules
- System must interface with SFMA
- System must be compatible with any future agency-wide financial application
- Must meet all statewide reporting needs including counts and reason codes
- Have the flexibility for modification as data needs change
- The accounting rules for the system will be similar, if not identical, for client and provider billings (OPAR and OFS).

OPAR: In partnership with the OIS Solution Development and Delivery team, a new system could be built to meet all the business needs, incorporate all the smaller add ons that were needed due to FICO not meeting 100% of business needs.

The new solution would include these capabilities:

- Amount owed
- Payments
- Sends notices, automatic, OnDemand
- Day to day activities
- Narration – TRACS
- Maintain workload

Other Considerations/Drivers

OFS: DHS and OHA are currently preparing a Policy Option Package request for a planning effort defining the criteria to develop a cross-agency financial system and modernize the underlying technology.

In developing a receivables system, many agency business partners may be interested in interfacing with other regulatory systems to exchange data and meet their strategic objectives.

OPAR: The current contract with FICO has approximately two years remaining is identified as a two-year project. We may possibly need to amend the current contract again to extend the time, which will add additional costs.

The FICO production site is an issue for the following reasons:

- Written in Java J2EE – This is not a good fit for the team to support as they are not versed in this technology and it no longer aligns with current technology strategy of the organization.
- The system is supported in Windows using technologies that do not support Windows as their primary platform, often requiring installation of custom versions/builds into the computing environment.
- We don't use the same technologies in other supported systems – this is a "one off" in our current environment.
- We were required to purchase and maintain a costly RedHat subscription for the last and all future upgrades.

DHS/OHA Office of Information Services Issue Brief

Enterprise Collection Management System

DHS/OHA – Shared Services: Shawn Jacobsen OFS, Nicky Jeffreys OPAR

- Additional Java licensing will be required for any future upgrades.
- We currently use less than 30% of the existing functionality.
- The Debt Manager product is geared towards private collections. It is moving further away from programming that adheres to governmental needs. Each new upgrade brings with it features that, while useful to other companies, cause additional complications to our agency.
- The older versions of software required for FICO Debt Manager creates technical debt for Shared Services necessitating expensive rework as versions are deprecated.
- The system has poor data entry edits, necessitating OIS to create compensating software outside FICO Debt Manager to help monitor data quality and integrity
- The vendor only provides full support for the current version of Debt Manager. Updates released multiple times a year, OIS staff must constantly rebuild and reinstall FICO Debt Manager in order to upgrade the system and take full advantage of our support agreements.
- Upgrade packages for FICO Debt Manager often contain incomplete, out-of-date, or missing documentation, making updates very risky and error prone.
- Upgrades for FICO Debt Manager have a high degree of complexity, since FICO Debt Manager bundles over two dozen 3rd-party software products (both commercial and open-source) that are needed to operate the system.
- FICO only provides bug fixes for previous versions of FICO Debt Manager in extraordinary circumstances.
- FICO introduced a new, vendor-owned rules engine (Blaze) into the product with our most recent upgrade replacing a previous, 3rd party rules engine. This required the agency business rules to be rewritten to the new product.
- FICO had issues providing training on the new rules engine to agency staff. The agency had to pay FICO for conversion of the rules to the new engine since training could not be provided.
- FICO has not been able to provide bug fixes or mitigations for all issues that have been discovered in FICO Debt Manager. As a result, some issues have remained open with FICO for multiple years, with currently very little expectation of resolution.
- FICO does not have a normal practice of communicating known bugs and issues to customers. When the agency discovers a bug or other issue, some of these are only communicated as previously known issues after a support ticket has been opened and potentially charged to the agency.
- The agency currently has 5 outstanding product modification requests for FICO Debt Manager that date back to 2013.

Proposed Approach, Actions and Outcomes

The proposed approach for this request is to develop a new Enterprise Collection Management System that supports an updated and integrated modular solution to address the needs of OFS and OPAR, to meet regulatory needs, and adhere to business rules. If ISMC approval is reached, this request would be reviewed for approval at the DHS Technology Council for prioritization for OIS resource assignment.

DHS/OHA Office of Information Services Issue Brief

Enterprise Collection Management System

DHS/OHA – Shared Services: Shawn Jacobsen OFS, Nicky Jeffreys OPAR

Estimate for Proposed Action

Estimating this project to span over a two-year timeframe, utilizing the resources below +/- 100%:

Technical Resources:

- ISS8 Architect, fully loaded – 10% Team Lead and COLA included for 24 months = $342,502 Hourly = $82.33
- ISS8 Developer, fully loaded – top step with COLA included for 24 months = $308,256 Hourly = $74.10
- ISS7 Developer, fully loaded – top step with COLA included for 24 months = $291,393 Hourly = $70.04
- ISS7 BA/Developer, fully loaded – top step with COLA included for 24 months = $291,393 Hourly = $70.04
- PM3 at 90%, fully loaded – top step with COLA included for 24 months = $267,387.00 Hourly = $71.42
- PM1 at 50%, fully loaded – step 2 with COLA included for 24 months = $91,684.00 Hourly = $44.08
- **Total = $1,592,615.00**

OPAR Business Resources:

- Revenue Agent 2 – Tester
- Operation & Policy Analyst 2/ICM SME – 85%
- Operation & Policy Analyst 2/ICM SME – 75%

Estate Administration Unit:

- Administrative Specialist 1 LW – 15%
- Compliance Specialist 2 LW – 15%
- Compliance Specialist 3 LW – 15%

Personal Injury Liens Unit:

- Compliance Specialist 2 – 15%
- Administrative Specialist 1 – 15

OFS Business Resources:
Systems

- Operations and Policy Analyst 3/Systems SME – 85%
- Accountant 2/Systems SME – 85%

Accounts Receivable

- Accountant 3/AR SME – 75%
- Accountant 2, tester
- Accountant 1, tester

Receipting

- Accountant 3/Receipting SME – 75%

DHS/OHA

ONE IE & ME Project Business Case

Department of Human Services

Oregon Health Authority

ONE Integrated Eligibility & Medicaid Eligibility Project (ONE IE & ME)

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Version Log

Version	Description	Author	Date
1.0	Initial Draft	Karl Olmstead	11/24/2015
1.1	Revised based on feedback from Ed Arabas	Karl Olmstead	12/15/2015
1.2	Revised Draft preparing for Stage Gate 3 Submission Incorporated changes from Sarah's review	Karl Olmstead	7/9/2016
1.3	Updated high-level requirements language. Finished M&O strategy section	Karl Olmstead	7/10/2016
1.4	Swapped in high-level requirements language to align with final SOW; expanded risk section and revised M&O strategy per SM	Karl Olmstead	7/12/2016
1.5	Added financial table attachment; revised cost numbers and narrative elsewhere; cleaned up for submission for QC review	Karl Olmstead	7/13/2016
1.6	Final edits; labeled final draft; awaiting final financial numbers only.	Sarah Miller	7/21/2016
2.0	Version for Stage Gate 3 Submission	Karl Olmstead	7/22/2016
2.1	General updates from Wayne Haddad	Rick Schlachter	3/31/2017
2.2	Re-baseline updates	Rob Midtun	7/7/2017
2.3	Updates from PMO, IPD, and 2017 federal IAPDU submission.	Rob Midtun	8/2/2017
2.4	Updates from Management Team review	Rob Midtun	8/18/17
3.0	Updated to incorporate System Integrator Amendment #4 and Quality Assurance Amendment #3; Revalidates Stage Gate 3 Authorization	Tony Black	2/2/18

SIGN-OFF

Version	Role	Name	Comments	Date
3.0	Governance	Exec Steering Committee	Approvals via email	2/12/2018

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1 Business Case Executive Summary

1.1 Overview

The purpose of the Oregon Department of Human Services (DHS) OregONEligibility Integrated Eligibility & Medicaid Eligibility (ONE IE & ME) Project or, the "Project," is to extend the Modified Adjusted Gross Income (MAGI) Medicaid enrollment and eligibility determination functionality to include Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Employment-Related Day Care (ERDC). Combining these disparate systems into a single, integrated solution, will create a seamless end-to-end service offering with multiple access methods for eligible enrollees. This new system will also provide checks and balances to ensure that Oregonians who qualify for benefits receive accurate and timely payments, and to ensure that those who don't qualify for services do not receive benefits.

This business case update is intended to articulate changes in Project scope, schedule, and budget to inform the Project Team, governing bodies, stakeholders, and decision-makers of changes that deviate from prior versions of this document.

The last iteration of the Project schedule indicated completion of design, development, and implementation (DDI) on Non-MAGI Medicaid, SNAP, TANF, and ERDC in June 2019. This update describes an extension of this timeline to commence Pilot implementation in late August 2019. The Pilot implementation will be deployment of the new system to both Jackson and Josephine Counties, followed by a statewide roll-out in three waves that will be completed in late July 2020. This added duration of the Project was the combined result of extending System Integration Testing (SIT) from two months to five months, extending User Acceptance Testing from four months to six months, extending the Pilot phase from three months to five months, adding a one-month stabilization period after each of the three roll-out waves, and increasing the number of data conversion mock runs from three to five.

As many of the System Integrator (SI) Deliverables were shifted from the 17-19 biennium to the 19-21 biennium, the Project Team is estimating an ending balance for this biennium to be approximately $30 million, with a Project spend of approximately $165 million vice the budgeted $195 million. The Project Team is estimating the need for $144 million in the 19-21 biennium for data conversion, testing, and implementation, and an additional $44 million for Maintenance and Operations (M&O) and enhancements after Project close.

With the expiration of the OMB A-87 cost allocation exception in December 2018, the Team is projecting the Federal portion of this $188 million for the 19-21 biennium to be approximately $134.8 million. If approved, the State funding will consist of approximately $39.2 million in bond sales and approximately $15.6 million General Fund.

1.2 Background

In January 2015, a project was initiated to modernize MAGI Medicaid eligibility determinations and enrollment. This was called OregONEligibility, or simply the "ONE" system. This system development was approached by utilizing code similar in desired functionality from the State of Kentucky, which they call *kynect*.

In June 2015 during the ONE system Design, Development, and Implementation (DDI), House Bill (HB) 2219 was signed into law. This bill directed DHS to convene a work group with staff

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from human service agencies, including: The Housing and Community Services Department, the Oregon Health Authority, the Department of Education, the Employment Department, the Office of Child Care (inside the Early Learning Division), and the Higher Education Coordinating Commission, as well as, the State Chief Information Officer and other individuals who the department deemed necessary. The work group was to study how to create a consolidated application process for residents of the state to apply for and obtain assistance in accessing food, housing, medical care, education, employment services, child care and other social services. The work group was tasked with developing and submitting a recommendation to the Legislative Assembly by September 15, 2016.

In December 2015, the ONE system was placed into production. Also in December 2015, version 1.1 of this business case was submitted to the Office of the State CIO (OSCIO) and to the Legislative Fiscal Office (LFO). It was this version of the business case that received Stage Gate 2 endorsement to continue planning to extend the functionality of the ONE system to include Non-MAGI Medicaid, SNAP, TANF, and ERDC programs. A copy of business case v1.1 is attached as Appendix D.

In August 2016, an update to this business case, version 2.0, was submitted to the OSCIO and LFO, and was used to obtain Stage Gate 3 approval to commence execution of the new ONE IE & ME Project. Again, the software development methodology was to capitalize on additional code from the State of Kentucky they had used to assimilate similar programs. Kentucky called this integrated eligibility system *benefind*, which they have shared with the State of Oregon. A copy of business case v2.0 is attached as Appendix E.

Also in August 2016, the Project Team reported back to the Legislative Assembly on HB 2219 with recommendations including the development of a single application for financial eligibility for the Department of Human Services (DHS) and Oregon Health Authority (OHA) programs. Consolidating the application process for multiple programs among two large state agencies was an incremental step in the vision towards a single application for all health and human service programs. A copy of this report is attached as Appendix F.

In late 2016 and early 2017, the pace of the Project slowed while there were leadership changes at the Director level in both DHS and OHA, and with the Independent Project Director (IPD). In March 2017, a Memorandum of Understanding (MOU) was signed by Agency Directors and by the State CIO to jointly govern the Project as the Joint Governance Board (JGB). In May 2017, the Project Team received go-forward authorization from the Executive Steering Committee (ESC) and the JGB. It was soon thereafter that negotiations commenced to update SI and QA contracts. These Amendments are now complete (pending federal approval of the QA Amendment) and the Team has re-baselined the Project's scope, schedule, and budget accordingly. These Amendments effectively pushed the Production Pilot and roll-out to September 2019, completing implementation across the State in July 2020.

1.3 Problem Definition

This Project is about serving the most vulnerable of Oregonians in their times of need. Oregon, like most of the nation, has continued to work through the cyclical nature of recessions and budgetary uncertainty. Most of the financial benefits DHS and OHA provide to Oregonians is off-cycle. When the State is in a recession and budgets are tight, DHS and OHA often require more funding to provide safety net and stabilization services for Oregonians. This balancing can place strain on any system.

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Oregon is also continuing to grow both in age and in the general population served. Since 2010, Oregon has experienced a 3% per year growth rate over the national average in the population over the age of 65. Oregon's total population has grown by 1.6%. Like previous years, the majority of this growth (88%) is coming from people moving or migrating to Oregon.

DHS and OHA have seen policy shifts with the implementation of MAGI Medicaid, Cover All Kids, and other program policy changes which continue to provide opportunities for more individuals to receive services. In parallel with this population growth, the complexity of the rules and those served continues to grow. DHS and OHA serves over a million Oregonians through Medicaid, which has multiple programs with different rules about how to determine income, what sources to use, what to include, what to look at, and when to look at it. Family dynamics continue to change, with more and more multi-generational family groups and cases where parents and children can be in multiple households and geographic locations.

DHS and OHA staff currently use multiple systems for eligibility determination for Medicaid, SNAP, TANF and ERDC benefits. Eligibility data are often duplicated within multiple, disparate systems and are not easily shared between these systems. As such, eligibility determinations are not made in a standardized and timely manner and, in some cases, an individual's data needs to be manually entered in more than one system. There are currently few checks and balances across systems to ensure those who are eligible for benefits receive them and, conversely, those who are not eligible don't receive benefits. Some of the systems were designed and implemented in the 1970s and early 1980s. Many have been repeatedly modified from their original format to address the vast number of eligibility, service authorization and payment changes that have occurred over the decades following initial release. Business process improvements have been stifled because of keeping these antiquated systems operational and in compliance with policy changes.

These factors lead to issues with accuracy and access. Oregonians today must go to multiple offices to apply for the same benefits. They provide verifications to multiple sources and are often confused about who needs what, who has shared what, and what their next steps are. While Oregon has continued to remain below the national average for errors in traditional Medicaid systems and the SNAP program, there have been increasing quality control issues causing public discussions on the accuracy of Medicaid determinations. The latter has been an issue of trying to coordinate between IT systems and various agencies to solve who is providing which services and where an individual is being served, causing issues around capitation and reimbursement.

Over the last two years, DHS leadership have heard from staff, advocates, and community members the words, "I don't know". This includes families in crisis looking for services, who cannot answer a question about who they are working with. They receive letters from multiple local offices and messaging from various systems, all directing them to either call, come in, or go on-line. This leaves Oregonians confused, unsure of benefits, afraid of failing or taking the necessary steps to become more self-reliant, or to leave an abusive situation because they don't know what is available, who to talk to, or where to go for help. Staff have also complained about having to say, "I don't know." During the roll-out of MAGI Medicaid, over 1,000 Oregonians a month would come into DHS offices to ask about their MAGI benefits. Some Workers couldn't see into the ONE system, and many of them had their access to MMIS removed because they were not considered a covered entity. This created a system where

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workers would have to say, “I don’t know,” and place the Oregonian on hold for long periods of time, or needing to fax information to the branch processing MAGI Medicaid.

1.4 Opportunity Definition

The ONE system is currently being used to process eligibility determinations for MAGI Medicaid. Oregon has taken the opportunity to extend ONE for eligibility determinations of additional programs by utilizing updated code from the State of Kentucky called *benefind*. Additionally, the Office of Management and Budget (OMB) circular A-87 exception to cost allocation rules was extended by CMS from December 2015 to December 2018. This provides the State of Oregon the opportunity to provide enrollment and eligibility determination services with a single, integrated system utilizing enhanced federal funding for much of the Project cost.

ONE IE & ME SYSTEM	6-Year TCO			Funding Sources		
	DDI	M&O	Total	Federal	State GF	Bonds
15-17 Actuals	33.6	0.0	33.6	28.5	0.5	4.6
17-19 Projected Actuals	164.7	0.0	164.7	148.0	2.3	14.4
19-21 Budgeted	146.0	43.6	189.6	134.8	15.6	39.2
Total Project Cost	**344.3**	**43.6**	**387.9**	**311.3**	**18.4**	**58.2**

DHS and OHA serves over 1 million Oregonians through the Medicaid program. These agencies also serve over 308,000 kids, over 81,000 Children’s Health Insurance Program (CHIP) kids, over 20,000 Foster Medical kids, over 128,000 aged, blind, or disabled Oregonians through traditional Medicaid, and an additional 420,000 adults or parent-caretaker relatives through MAGI Medicaid. On top of this is an additional 41,000 Citizen/Alien-Waved Emergency Medical (CAWEM) individuals, and over 150,000 Oregonians receiving assistance with their Medicare through a Medicare Savings Program, including Dual Eligible individuals. Each of these systems are requiring more complex logic to determine what information to accept and when. This requires worker intervention at an increasing rate.

Beyond Medicaid, there is SNAP, TANF, and ERDC which serve approximately 400,000 Oregonians. In a calendar year, DHS and OHA will serve approximately 1.6 million Oregonians, with individuals coming on and off programs, processing around 2.1 million applications each year. Over 65% of these individuals are applying for multiple programs.

Applicants must apply to multiple offices with multiple workers through various channels, and must provide the same information over and over, which is then stored in different systems that don’t interoperate well. By integrating our systems and service delivery model, Oregon has an opportunity to coordinate benefits. These benefits are currently calculated manually. Workers take information and put it into various systems. There are over 30 Legacy systems needed to complete the work related to these programs, followed by manually determining which exclusions to apply, what benefits should be associated, what the outcome is, and what notices to be sent.

While Oregon has had relatively high accuracy rates in contrast to national averages, moving into a system with automated rules provides opportunities for DHS to work on standardization and coordination to limit the risks identified.

The greatest opportunity is that DHS will be able to better serve Oregonians. Any integration of systems is difficult but with the integration of enrollment and eligibility systems, there will exist standardized processes to apply for Medicaid, SNAP, TANF, and ERDC. Oregonians will be able to apply online or in an office, provide changes and updates from their homes, and see a single coordinated output of what benefits they are eligible for. They will be able to talk to workers who will be cross-trained on programs and able to view information from a single system for most of the financial eligibility benefits individuals are applying for. DHS and OHA will have an updated platform that can conform to federal and State expectations, and allow for opportunities over the next decade to increase automation and access for Oregonians in ways that cannot be offered today. Ultimately this solves the greatest problem and provides the greatest opportunity for eliminating an answer of, “I don’t know.” A single system, a coordinated approach to eligibility, and a stable platform of care for Oregonians that is about serving them in the way they want to be served, will allow us to focus on accurate and effective customer service for some of the most vulnerable Oregonians.

1.5 Alternatives Analysis

Both business case versions 1.1 and 2.0 explored the four Alternatives identified below:

1. Implement Non-MAGI Medicaid Eligibility Determination into the ONE System
2. Implement Integrated Eligibility Determination into the ONE System
3. Acquire External Eligibility Determination Services from another State
4. Do Nothing

Alternative #1 was originally estimated to cost $80.3 million and conclude in December 2018. Additional costs would be incurred now because the *benefind* code would have to be reworked to eliminate the functionality associated with SNAP, TANF, and ERDC. There would be the loss of a significant investment already made in terms of fit-gap, design, development, and human resource to incorporate these additional programs into an integrated system.

Alternative #2 was selected in both cases and the Project Team proceeded accordingly. Given that this Project is now approximately 35% complete, with initial system design nearly complete, and with code development in progress, there is significant risk and cost associated with each option that deviates from the current course, or Alternative #2.

Alternative #3 is not a viable option as there are no service models across the nation that support Oregon acquiring services from another State.

Alternative #4 would require continued spending for Project shutdown activities and vendor contract resolution but the cost of system design and development would be stopped. This Alternative would likely prompt several federal audits that would jeopardize current program funding streams until complete. Oregon would likely be required to pay back federal funds expended to date. Overall, this is the least desirable Alternative of those identified.

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1.6 Conclusions and Recommendations

Continuing with Alternative #2 DDI is the best option at this stage of the Project. It is supported by agency leadership and Project governance. Given the ONE system as a stable base to build from and the shared code from Kentucky (*benefind)*, the methodology employed has been proven successful, using the ONE System as an example. With continued availability of enhanced federal funding, timing is right to offset significant Project cost ($282.1 million federal funding of the estimated $342.1 million total Project cost). The Project Team can now also manage the Project against a solid and actionable scope, schedule, and budget. Failure to act now on this opportunity would have significant adverse effects, such as:

- Service delivery would continue in the current model, meaning the same frustration with the system from end-users and clients would persist, as well as error rates and lack of checks and balances.
- There would be a loss of federal funding and it is likely audits would be triggered.
- There would be a loss of confidence in the State's ability to execute a modernization program.
- There would be damage to the reputation of the State of Oregon.
- There may be accompanying increases in operational costs because of lost federal funding and continuing to operate antiquated systems.
- There would be a loss of the investment already made in delivering intended functionality to Oregonians.

The Project Team is highly recommending continuation of Project execution in alignment with Alternative #2. Cost detail for this Alternative can be found in the Project Budget attached as Appendix C.

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2 Background

2.1 Current State of DHS Eligibility Work

Most of the systems supporting DHS eligibility determination processes were designed and built in the 1970s and early 1980s. Many of these systems have been modified repeatedly to address the vast number of eligibility, service authorization, and payment rule and policy changes that have occurred since then.

2.2 MAGI Medicaid Eligibility Operations

2.2.1 Kentucky Transfer System (*kynect*)

In 2013, Kentucky's Cabinet for Health & Family Services (CHFS) embarked on an ambitious information technology (IT) modernization program to replace a collection of legacy systems that supported Health and Human Services programs. The cabinet's goal was to modernize IT solutions to improve delivery of services and increase worker productivity while maximizing the funding opportunities available from the Affordable Care Act and CMS 90/10 funding. The modernization program, called Kentucky Connect (kynect) included implementation of a state-based Health Insurance Market Place, an eligibility and enrollment system for MAGI Medicaid applicants, and several other enterprise IT capabilities. Kentucky will realize the following outcomes as a direct result of the modernization program:

- *Streamlined Field Operations*– Increased worker productivity, simplified process steps, reduced case processing cycle times, and reduction in total administrative costs of delivering benefits.
- *Transformed Service Delivery* – Transformed service delivery, providing multiple channels of access (walk-in, online, mail, call centers, fax, mobile, imaging, etc.), and interactive processing across geographic units.
- *Program Compliance and Monitoring of Fraud and Error* – Flexibility for worker performance while maintaining strict adherence to program mandated compliance through checkpoints and controls for measurement and proactive response.

As Oregon's designated Medicaid agency, OHA recently implemented a new system for MAGI Medicaid eligibility determinations. That system is called OregONEligibility, or ONE, and is the result of the State of Kentucky sharing the *kynect* code base with the State of Oregon. Originally built by Deloitte Consulting, *kynect* operated as the MAGI Medicaid eligibility determination system of record for more than a year before OHA signed an agreement with the Kentucky Cabinet for Health & Family Services to share their code and associated documentation with the State of Oregon. Oregon then performed a Fit-Gap analysis on Kentucky's code in relation to Oregon's needs. The transferred code was modified as necessary and is now operating as a production system in Oregon's State Data Center. The ONE system will be used by OHA to make approximately 900,000 individual MAGI Medicaid eligibility determinations and redeterminations each year.

OHA accepted the *kynect* production system as meeting the bulk of its business needs and therefore made very few technical changes to the system, instead focusing on making policy and process changes to its business wherever feasible to minimize the risk with the initial system implementation in Oregon.

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2.2.2 Phased Implementation

OHA implemented the ONE system in phases. First, in December 2015, it enabled the Worker Portal for use by eligibility workers to determine MAGI Medicaid eligibility for applicants who apply by mail, fax, phone, or through the Federally Facilitated Marketplace (FFM) at Healthcare.gov.

In February 2016, it implemented a customer facing Applicant Portal, initially limiting access to certain community partners that help Oregonians with MAGI Medicaid benefits and to report changes. The Applicant Portal went live to all Oregonians in December 2016. The Applicant Portal allows Oregonians and community partner assistors to enter and update income, family composition, address and other eligibility-related information, upload documents, communicate with workers assigned to their cases, and participate in re-certification activities, all without having to fill out paper forms, visit a field office, or contact a call center. Over 850,000 Oregonians are now receiving benefits through the ONE system.

2.3 *kynect* becomes *benefind*

The Kentucky state-based marketplace preferred *kynect* to have the look and feel of searching for private insurance rather than state programs, so they developed a separate applicant portal for other human service programs and called it *benefind*. The *benefind* system code was also shared with the State of Oregon as the basis for extending eligibility and enrollment determinations to include Non-MAGI Medicaid, SNAP, TANF, and ERDC. See Appendix G for functionality included in the *kynect/benefind* system. Appendix H, comparing Oregon's needs to Kentucky's *benefind* system, was used to determine if there were enough similarities between the two state's programs to justify obtaining this code as a transfer solution and performing the subsequent Fit-Gap Analysis.

2.4 Non-MAGI Medicaid Eligibility Operations

DHS and AAA staff make more than 150,000 Non-MAGI Medicaid eligibility determinations every year. DHS and OHA's Forecast for the 2017-2019 Biennium estimates the following caseloads:

- Clients of Aged, Blind, and Disabled programs (84,533 cases as of December 2017)
- Clients of the Old Age Assistance program (44,418 cases as of December 2017)
- Clients of the Qualified Medicare Beneficiaries program (27,469 cases as of December 2017)
- Medicare Part A and Medicare Part B supplemental payments (103,461 cases as of December 2017)

Roughly half of those determinations are made by DHS staff in local offices of the department's Aging and People with Disabilities (APD) program. The remainder are made by Area Agency on Aging (AAA) staff in Marion, Polk, Yamhill, Tillamook, Clatsop, Multnomah, Lane, Linn, Lincoln and Benton counties. (Area Agencies on Aging are typically county-chartered organizations that provide assistance and services for people over the age of 65 and people with disabilities who need assistance. In the Oregon counties listed above, AAA deliver DHS's APD Medicaid program under contract with the department, including making initial and ongoing financial eligibility determinations.)

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The Non-MAGI Medicaid eligibility caseload is projected to grow about nine percent over the next four years. Without any improved efficiency in making eligibility determinations, the added case load could require 25 or more eligibility workers at a cost of over $2 million annually to be hired, trained, and deployed across the state to come into standard with the current workload model.

The process of taking applications, reviewing them, and making Non-MAGI Medicaid eligibility determinations is often expensive, slow, and error-prone. For example, recent measures of Non-MAGI Medicaid cases found workers spend an average of 28 minutes screening each application and taking another 110 minutes to make the eligibility determinations. This is for a case that doesn't take coordination. If the case has a connection to a MAGI or medical case, then there is an average of 5 touches back and forth between different workers before a decision to move forward is completed. After the coordination is completed there is, according to a program integrity review, at least a 15% chance that the change won't take effect because of system issues in attempting to integrate across multiple systems (ONE, IE, CM, ORKids, and MMIS).

2.5 Integrated Eligibility (SNAP, TANF, ERDC) Operations

DHS and AAA staff make approximately 130,000 SNAP eligibility determinations every year for APD program clients. (Those 130,000 households include roughly 155,000 individuals.)

Self-Sufficiency Program (SSP) staff make the remainder of the eligibility determinations for SNAP, and make eligibility determinations for the TANF and ERDC programs. The SSP caseload is approximately:

- SNAP: ~285,000 cases (~580,000 individuals)
- TANF: ~23,800 cases (62,800 individuals)
- ERDC: ~7,700 cases (23,545 individuals)

The Spring 2016 DHS/OHA Caseload Forecast predicts a decline in the average number of SNAP cases between the 2015-2017 biennium and the 2017-2019 biennium (from roughly 406,000 households to approximately 371,000 households). The proportion of SNAP cases that are managed in APD/AAA offices is expected to continue to grow. The forecast projects a decline in the number of TANF cases from roughly 23,500 to 20,600 over the same period.

Errors occur in these programs as well. Recent internal quality control review data for the SNAP program found that in a sample of cases where applicants were determined to be ineligible, that decision was inaccurate more than 19 percent of the time. In a sample of SNAP-eligible cases, the difference between the benefit amount awarded and the correct amount averaged a little less than 3 percent of the benefit amount. (Some errors were overpayments. Others were underpayments.) In the TANF program, the difference between the amount awarded and the correct amount exceeded 28 percent of the benefit amount.

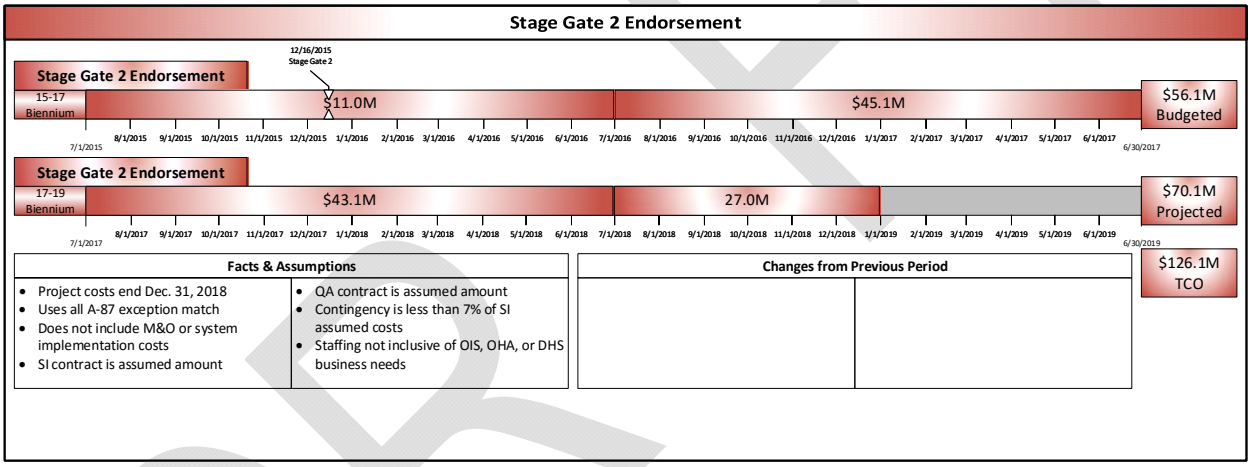
2.6 Schedule Changes Since Last Update

The project timeline has been updated from previous submissions. As Oregon explored work through the iterative design sessions, it became apparent that we needed a shift in our operational model. A decision was made to delegate all Medicaid eligibility determination work

to DHS. As OHA and DHS further engaged with the design and explored opportunities and lessons learned from the initial ONE implementation and other States' experience, Oregon updated the schedule. Additional time for pilot, testing, and the wave roll-outs were added to the schedule. Oregon also contracted with Deloitte to assist with the Legacy Design work with the intent of insuring that Oregon's Office of Information Services (OIS) understands the total scope of work needed and to avoid issues that other States experienced with their projects. As this work continues, Oregon may adjust the Project schedule to ensure that we are accounting for all the opportunities we need to consider in ensuring a quality product is delivered and ultimate accountability to our federal partners and Oregonians is met.

2.7 Project Changes Since Initiation

Business Case version 1.1, dated December 16, 2015, was utilized for Stage Gate 2 endorsement. As indicated in the graphic below, there was an estimated Project cost of $126 million with a plan for product availability in December 2018. Product implementation and people readiness activities were not incorporated in this version.



Business Case version 2.0, dated July 18, 2016, was an update for Stage Gate 3 endorsement. The graphic below estimates Project cost to be $177.1 million with a plan for implementation through December 2018. This plan refined SI and QA contract costs and incorporated fit/gap activities. In this estimate were increased staffing for DHS but did not include many needed OIS or business resources from OHA and some of DHS.

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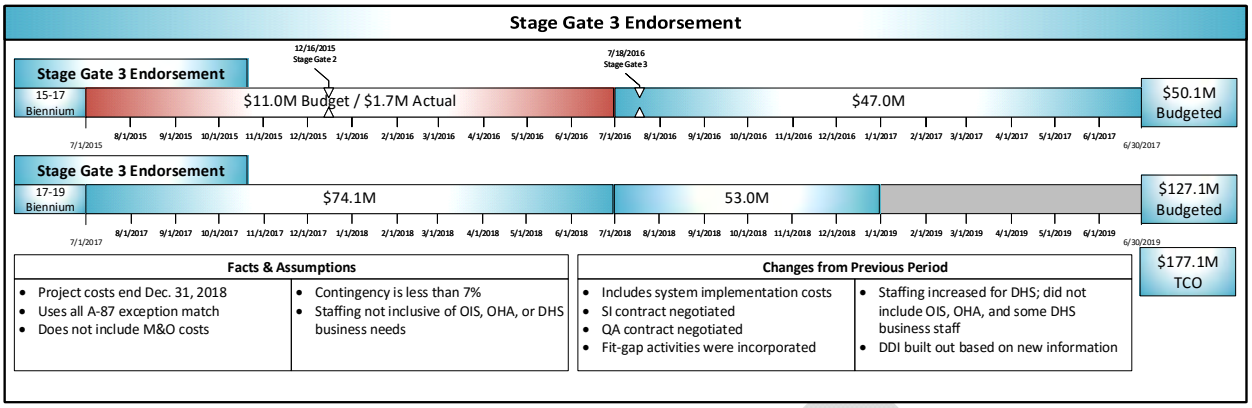
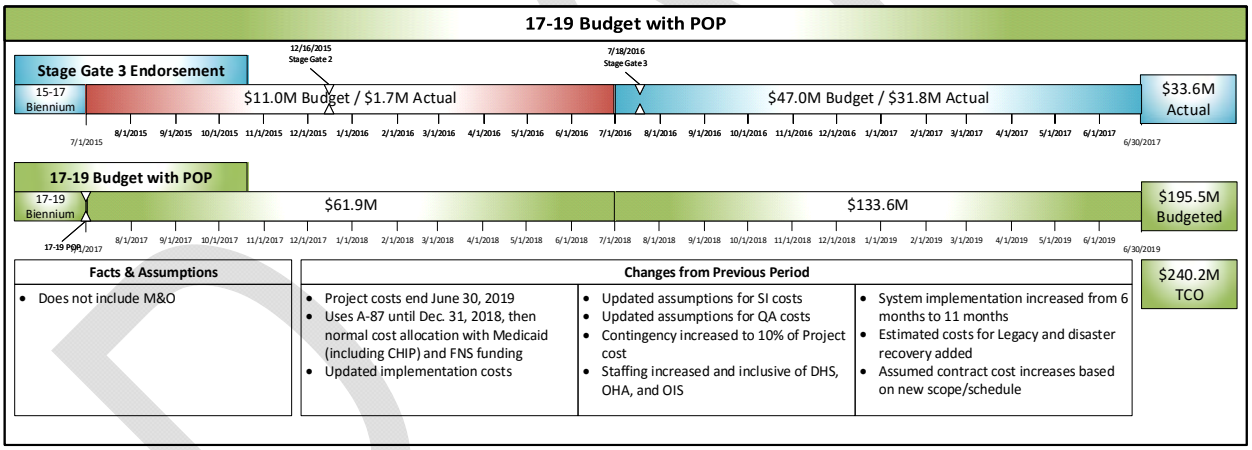
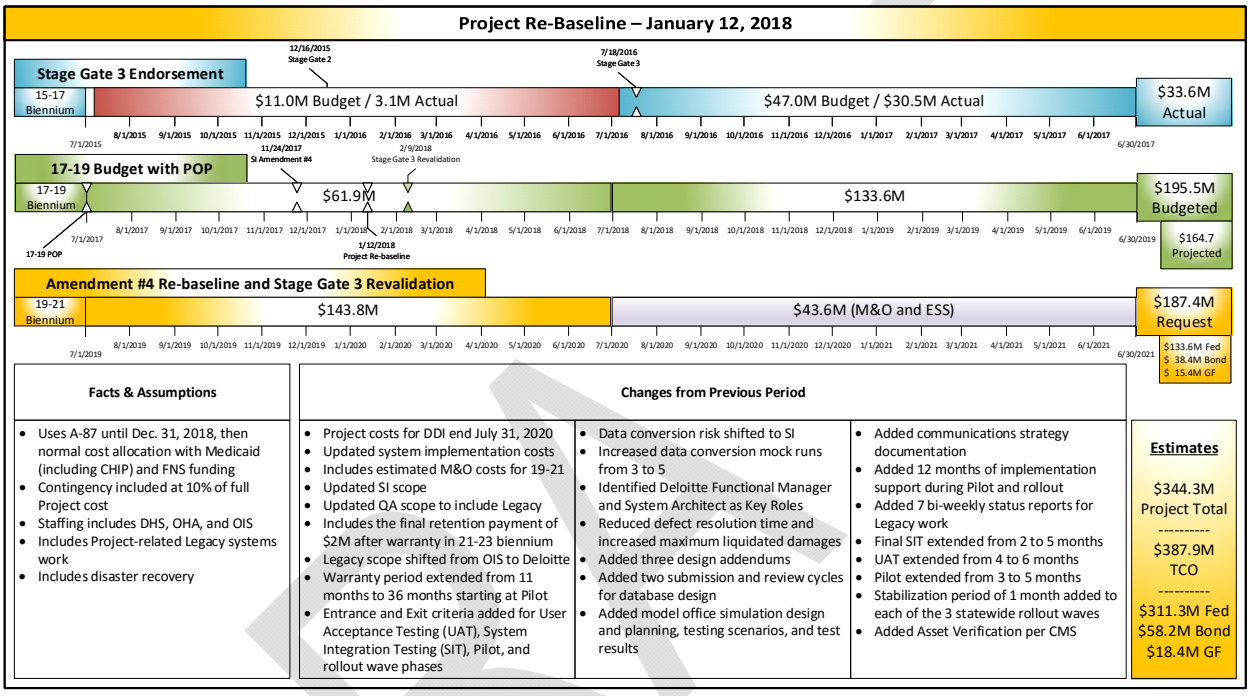


In the 17-19 budget development process, the Project Team received go-forward approval from Project governance after an impact analysis and risk assessment were conducted to validate the viability of a go-forward option. There was an additional $63 million cost identified to extend the Project duration to June 2019, and to incorporate additional staffing needed for an implementation that was increased from 6 months to 11 months. Additionally, Legacy systems design and development were added for both the State and the SI, as well as funding needed for disaster recovery. The SI contract Amendment amount was approximated. Contingency funds were also added to the budget to reflect a 10% prudent person reserve. The total Project cost was estimated to be $240.2 million with $195 million needed for the 17-19 biennium.



The SI contract Amendment was completed in November 2017. The duration of the Project was again extended such that Pilot implementation will begin in September 2019, followed by 3 one-month waves of roll-out and one month stabilization period between each wave. This schedule indicates a complete state-wide deployment by the end of July 2020. There were also extensions of time by adding two extra data conversion mock runs (from 3 to 5), adding 3 design addendums, increasing final System Integration Testing (SIT) from 2 months to 5 months, Pilot implementation from 3 months to 5 months, and User Acceptance Testing (UAT) from 4 months to 6 months. Other additions to scope included the addition of Model office simulation design and planning, communications strategy documentation, updates to QA scope to include ONE/ESS and Legacy design and development, warranty period extension from 11

months to 36 months, and other items identified in the graphic below. These changes increased the Project cost from $240.2 million to an estimated $344.3 million, but with the schedule extension, some of the SI and QA deliverable costs were shifted from the 17-19 biennium to the 19-21 biennium. As such, the Project Team is estimating an ending balance of approximately $30 million at the end of the 17-19 biennium. The 19-21 budget request will be further refined prior to the budget development process but acknowledges there will be funding needed to complete testing and implementation, as well as for Maintenance and Operations (M&O) and Enhancement Support Services (ESS).



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3 Problems and Opportunity Definition

3.1 Problems

One of the most common complaints from both clients and workers is the lack of integration between and across DHS and OHA systems, resulting in the need for the same information to be provided and entered into multiple systems. Clients are frequently frustrated with having to provide the same demographic and financial information over and over when applying for different program benefits. Caseworkers are frustrated by the lack of client and case visibility across programs. That forces them to open many systems and juggle many views into those systems simultaneously as they interview clients and process cases. Oftentimes, they don't have access to systems or parts of systems that are needed to support clients effectively.

A good example of this is cases where a worker in an APD/AAA office evaluates a client's eligibility for medical assistance and SNAP and determines the client is SNAP-eligible only. This case will be referred from the APD/AAA office to an SSP office for ongoing case management. The information system used in the APD office (OregonAccess) does not have an interface to the system used in the SSP office (TRACS) so data must either be transferred with a cut-and-paste operation, re-entered from a paper application, or collected from the client again.

Case transfers in the opposite direction (from an SSP office to an APD or AAA office) are also problematic. Anecdotal reports include times where these transferred cases went unnoticed for three to six months. This problem should be resolved by integrating the systems such that handoffs to other agency processing centers is no longer required. Additionally, the new system is tasked based vice case based, meaning workers will monitor a queue that is shared by all. Other reports noted that the likelihood of fraud increases when a household is split between an SSP branch and an APD/AAA branch due to the absence of connections between the systems.

Similar, and often more complicated, coordination problems arise for clients of the Intellectual and Developmental Disabilities (IDD) program. The case managers who provide case coordination for long term care or support in the IDD program are predominantly employees of local county-run Community Developmental Disabilities Programs (CDDP) and Adult Support Service Brokerages. While these offices are under contract with DHS to provide case coordination for IDD services, they do not manage the Medicaid financial eligibility case for their clients. This leaves clients and their families in the position of having to contact and work with the APD or AAA branch closest to their home location. Because service cases are managed in multiple legacy systems, which differ from the systems in which the medical eligibility cases are managed, complex and time-consuming human intervention is required to assure both medical and long-term service benefits are maintained and managed correctly.

3.2 Opportunities

In an integrated solution, the problems described above no longer exist because caseworkers will enter client data once for all in-scope eligibility determinations and they will be cross-trained on these DHS and OHA eligibility-based systems such that clients do not need to be redirected to a different field office. There are other factors identified below that make now the right time to continue expanding the ONE system to include eligibility and enrollment functionality for Non-MAGI Medicaid, SNAP, TANF, and ERDC systems, at a minimum.

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3.2.1 MAGI Medicaid Eligibility System

The ONE system has been in production since December 2015 and has undergone many enhancements and upgrades since that time. There is now opportunity to extend this system to align with the intended outcomes of the IE & ME Project. Examples include:

- Oregonians can set-up an account, apply for and receive real-time eligibility determinations for Medicaid (both MAGI and Non-MAGI), SNAP, TANF, and ERDC using a single application via the Applicant Portal
- Coordination of eligibility determination work between DHS and OHA for mixed households
- Electronic verification information sources minimize documentation that the client will be required to provide
- Operational reports that will allow for workload management across eligibility determination caseloads
- Single system for eligibility determination data for accurate reporting to federal partners
- Centralized and verified enrollment data available for Coordinated Care Organizations for MAGI & Non-MAGI clients
- Consistent high-quality data source for reporting CMS-mandated operational statistics
- Automating manual processes in order to:
    - Reducing the elapsed time between completing an application and making an eligibility determination
    - Reducing staff time spent creating, reviewing, and acting on each application
    - Reducing error rates in making eligibility determinations

3.2.2 Federal Partnership

3.2.2.1 A-87 Cost Allocation Exception

On August 10, 2011, three federal agencies, CMS, FNS, and ACF announced a time-limited, specific exception to the cost allocation requirements set forth in Office of Management and Budget (OMB) Circular A-87 (Section C.3) and Section 200.405 of the superseding “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards” (2 CFR 200 issued December 19, 2014). These provisions generally require the costs associated with building shared state-based information technology systems to be allocated across all benefitting programs. The exception reflected a federal focus on streamlining enrollment and eligibility determinations in health and human services programs while leveraging funding efficiencies at the state-level.

3.2.2.2 Timeline Extension

The original timeline allowed human services programs to benefit from investments in the design and development of state eligibility-determination systems for state-operated Marketplaces, Medicaid, and the Children’s Health Insurance Program (CHIP), through December 31, 2015. On July 20, 2015, the three agencies extended that timeline for an additional 3 years, through December 31, 2018.

The A-87 exception extension, along with an indefinite extension of enhanced Federal funding for Medicaid systems, will enable states to fund the initial development costs needed to retire their legacy eligibility determination systems and to integrate this functionality into new and improved systems. Moreover, the extension will provide states more time to develop, refine, or test integrated systems to fully comply with Affordable Care Act requirements.

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In support of DHS' integrated ONE IE & ME Project, CMS will fund all system components necessary for Medicaid eligibility determinations, including those components that also serve other programs, at its 90/10 match rate. FNS will fund SNAP-only components at its 50/50 match rate, and ACF will allow the state to utilize TANF and ERDC funds to support the development of components that were confined to those programs. After December 2018, CMS will continue to fund Medicaid components at the 90/10 match rate but functionality benefitting all enrollment and eligibility determination programs will need to be allocated at 90/10 Medicaid and 50/50 for SNAP, TANF, and ERDC.

CMS and FNS approved federal fiscal year 2017 funding for project design and development work. The Project Team has regular monthly status reports and status meetings with these federal partners.

3.2.3 System Design

IE & ME Core Design, Conversion Design, and Legacy Design is approximately 90% complete with scheduled completion at the end of March 2018. There is now a greater understanding of system functionality, requirements, and outcomes.

3.2.4 Contract Amendments

3.2.4.1 System Integrator Contract Amendment #4 with Deloitte Consulting.

The SI Amendment #4 to Statement of Work (SOW) #2 for design, development, and implementation (DDI) of the ONE IE & ME system was crafted to capture changes that had been presented to the Legislature during the 17-19 biennium budget process in the form of a Policy Option Package (POP) that extended the duration of the Project and associated costs. This Amendment effectively shifted design scope of the larger and/or more complex Legacy systems from State staff to the SI. Additionally, this Amendment provided the following benefits:

- Contract language position improvements:
    - Warranty Period extended from 11 months to 36 months starting at Pilot.
    - Entrance and Exit criteria added for User Acceptance Testing (UAT), System Integration Testing (SIT), Pilot, and rollout wave phases.
    - Data conversion risk reduction:
        - If the data conversion approach fails to deliver results in accordance with the design or the mock run targets, then the SI will bear its own costs relating to revisions in the data conversion design and the data conversion source code.
        - Increased the number of data conversion mock runs from three to five.
        - Resolved differing opinions regarding the scope of the SI's data conversion extraction and transformation services for Other Related Individuals.
    - Identified two additional SI roles (Functional Mnaager and System Architect) as Key Persons.
    - Service Level Agreements (SLAs): Reduced resolution time for Severity Level 3 Defects and increased the maximu liquidated ddamages per incident form some metrics.
- Deliverable adjustments:

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  - Added three design addenda to incorporate limited functional modifications, as prioritized by the State, to meet business requirements and complete system implementation.
  - Added two submission and review cycles for the Database Design – Data Dictionary, Logical Design, and Physical Design.
  - Added Model Office Simulation design and planning, testing scenarios, and test results.
  - Added communications strategy documentation.
  - Added twelve months of implementation support services during the Pilot and statewide rollout.
  - Added seven bi-weekly status reports to the legacy documentation and design work (SOW #3).
- Increase to Other Support Services:
  - Added $6 million to the Other Support Services funds.
- Schedule adjustments:
  - Final SIT duration extended from two months to five months and aligned with legacy system availability to enable end-to-end testing.
  - UAT duration extended from four months to six months.
  - Pilot duration extended from three months to five months.
  - A one-month stabilization period has been added to each of the threed statewide rollout waves.

The cost for SI services with this Amendment increased from $100 million to $166 million.

Responsibilities between the State and Deloitte in the execution of this Amendment are included as Appendix J.

3.2.4.2 Quality Assurance Contract Amendment #3 with Public Knowledge, LLC.

The QA Amendment #3 to SOW #2 expanded the scope of QA services provided by Public Knowledge, LLC to include modifications to impacted legacy systems, the incorporation of the ONE System Enhancements, and other changes to align with the revised scope and schedule of the Project. ONE System Enhancements means enhancements made to the ONE System through either maintenance and operations (M&O) releases or enhancement support services (ESS) releases. This Amendment has been approved by CMS. FNS approval is pending.

The cost for QA services with this Amendment increased from $4 million to $8.6 million.

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3.2.5 Re-Baselined Scope, Schedule, and Budget.

With the Amendments above, the scope, schedule, and budget were re-baselined. These Project artifacts are attached as Appendices A, B, and C respectively.

3.2.6 *benefind* Code Availability.

As the State of Kentucky expanded their enrollment and eligibility services from their *kynect* product, new functionality they called *benefind* became available for State of Oregon use. This transfer solution is being put in place to the maximum extent practicable in the build of Oregon's new integrated system.

3.2.7 House Bill 2219 (2015) – Single Streamlined Application for Human Service Programs

HB 2219, effective June 2, 2015, required DHS to convene a work group consisting of "human service agencies" to study consolidation of application processes for human and social services and to report recommendation to the Legislative Assembly. This report was submitted to the Legislature on August 15, 2016. In this report, four recommendations were identified and are summarized below:

> Recommendation 1: Develop a single application for financial eligibility for DHS and OHA programs. Convene a cross organization recommending body to develop criteria for the sequence and addition of other agency programs.
>
> Recommendation 2: Take the opportunity with the IE & ME Project to review and revise the application language. Application assistors have provided feedback that current application language can be confusing and potentially trigger trauma for applicants.
>
> Recommendation 3: Utilize the HB2219 work group to research the health and human services program screening tool(s) currently being used in Oregon and explore their functionality, accuracy, maintenance and usage.
>
> Recommendation 4: Continue the HB2219 work group to research and explore the possibility of sharing basic applicant information across programs/agencies, when applicable, to reduce duplication and enhance services to Oregonians.

The consolidated application will allow people to apply for and obtain assistance in accessing food, housing, medical care, education, employment services, child care and other social services. A consolidated application process is expected to: 1) decrease the time an applicant spends filling out similar paperwork for different programs, 2) decrease the time agency staff spend processing paperwork, 3) reduce the burden on applicants to navigate their own way through a complex system of programs, and 4) correctly and appropriately determine eligibility through a common, standards-based process. Eligible Oregonians would get a quick and accurate determination, and those who are not eligible would be promptly notified.

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3.2.8 Meeting Citizen Expectations

Today's consumers increasingly communicate in real time via web-based services accessed from virtually anywhere. Technological advances and experiences in consumer marketplaces have resulted in DHS customer expectations that are much higher than they were just a few years ago. Citizens expect to be able to access information about government programs simply and quickly. They expect to be able to find information and connect with programs without needing to first figure out which programs and benefits are administered by which agencies and levels of government. Some people are beginning to demand virtual "one stop shops" where they can connect with government programs from all agencies that serve people in circumstances like theirs. They expect to access benefits and services without having to report physically to a field office or having to fill out paper forms. They expect online government services to set and meet the highest possible standards for security, confidentiality, and data privacy.

With the new integrated system and associated Applicant Portal, Oregonians will be able to apply for benefits, update case information, upload documents, and determine eligibility across multiple systems from anywhere in the world that they can obtain Internet connectivity.

3.2.9 Field Operations Efficiencies

Eligibility decisions will occur in a timelier fashion with the delivery of an integrated eligibility system. Workers will not be downloading paper applications, manually entering information into multiple screens, or performing manual verification checks in multiple systems. This will result in fewer processing errors and greater integrity of the data in the system. Accuracy of eligibility decisions and benefit amounts will also increase with automation of these activities.

DHS and OHA will be updating the service delivery model to include two levels of office interaction. Virtual Eligibility Centers (VEC) will be established in rural communities where workers will process information coming through the phone or an online application. This creates rural jobs and will build an infrastructure to support the growing movement away from brick-and-mortar offices. Oregonians will continue to have access to offices where services are currently provided. They will also have 24-hour access to information about the status of their eligibility cases. The ability for customers to update their own personal information, with automated processing of those updates, will save worker time in the DHS offices. It will also allow for more efficient communications between workers and their assigned customers, with the ability for customers to email their worker at any time of the day with information or questions about their case.

Staff in DHS and AAA offices will be able to spend more time with people, assisting them with their needs, and less time with paper processes and files. Additionally, DHS staff who are serving customer needs in their own homes, or places of residence, will be able to access information from those locations and update information. This allows for the worker to save time once they are back in the office, as the updates will already be complete. They will no longer have to upload and update information upon return to the office.

While we expect these efficiencies and opportunities, the majority of these will not be seen for at least 18 months, post implementation. In order to automate eligibility and allow Oregonians to be able to provide information, additional questions and functionality is required. These additional fields, which don't exist today and therefore cannot be data converted into the ONE

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system, along with change management have been correlated nationwide with longer eligibility determination times for the first year and a half.

3.2.10 Alignment with Strategic Technology Plan

The DHS/OHA Strategic Technology Plan (STP) includes many strategies that the ONE IE & ME Project will support. Strategy #1 in that plan is titled Business Automation and calls for the automation of workflows, decision-making, and business rules while reducing manual, paper-based processes. This project will automate workflows and the application of business rules in each of the programs within its scope. Strategy #2, Dynamic Needs Supported by Seamless Services, is evident in that this project includes many programs in its “one stop shop” for citizens. Similarly, an integrated eligibility system will provide advances in pursuit of Strategy #5, which calls for assembling a “comprehensive view of clients.” The STP also calls for enabling connectivity “anytime, anywhere,” encouraging the development of on-line self-service capabilities for clients and mobile virtual workplaces for agency staff. An integrated eligibility determination system will provide that functionality. More information related to Project alignment with the STP is attached as Appendix I.

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4 Alternatives

In version 1.1 of this business case, which was utilized for Stage Gate 2 endorsement, four alternatives for the Project were identified and analyzed. They were:

- Implement Non-MAGI Medicaid Eligibility Determination into the ONE system
- Implement Integrated Eligibility Determination into the ONE system
- Acquire External Eligibility Services from Another State
- Do Nothing

The second option was selected, meaning the intent was to extend the functionality and derived benefits of the ONE system to include Non-MAGI Medicaid, SNAP, TANF, and ERDC. Business case v1.1 is included in this document for reference as Appendix D.

In version 2.0 of this business case, which was utilized for Stage Gate 3 endorsement, these same four alternatives were recognized but only options #2 and #4 above were compared further. Business case v2.0 is included for reference as Appendix E.

This version of the business case contains updated information about changes to scope, schedule, budget, and risks. Assumptions and constraints have been updated, validated, and utilized to determine the best course of action (Alternative) going forward.

4.1 Assumptions and Constraints

Below are assumptions considered in the Alternatives Analysis (Section 4.4).

- DHS and OHA leaders support a strategy of minimizing the amount of customization when transferring Kentucky's solution to Oregon. This requires a willingness to change policies and procedures rather than changing the system whenever practicable.
- The Project Team will sufficiently orchestrate the ONE operations and maintenance work, the ONE MAGI enhancement efforts, and the IE & ME system development such that none prevent the others from being successful.
- CMS and FNS will provide timely approval plans for the IE & ME system development throughout the duration of the Project. The approval process is at least 60 days, with the review cycle restarting if there are document revisions.
- The legislature will continue to financially support the IE & ME Project, including providing necessary funding for the maintenance and operations of the new system.
- Per the MOU between OHA and DHS signed in April 2017, OHA will delegate Medicaid eligibility determination to DHS. This transition will occur before the new system goes live.
- A separate open and competitive RFP will be issued for the long-term Maintenance and Operations (M & O) of the new system after Project completion. Deloitte Consulting will provide these services by way of a contract Amendment until a new contract is awarded.
- MAGI Medicaid-related enhancements to the ONE System will be performed by Deloitte Consulting.

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- The Legacy systems documentation will be updated in a timely manner to support the design of the IE & ME system and its interfaces.
- Case management will still be performed in Legacy systems such as TRACS and ORACCESS and will be shared with the new system with interfaces, as appropriate.
- Deloitte will assist in documenting the design of key Legacy system changes and interfaces to support their use with the Integrated ONE System.
- Appropriate modifications to the existing service delivery model and business processes will enable Oregonians to access benefits via Storefronts, the Applicant Portal, or through Virtual Eligibility Centers (VECs).
- Training will be holistic. It will encompass enrollment, eligibility, and benefit issuances in both the new ONE system and the modified Legacy systems.
- The existing ONE system will be merged into the new IE & ME system.
- The roll-out will be conducted in a phased approach. There will be a five-month Pilot period, implementing the new system in both Jackson and Josephine Counties. Following the Pilot, implementation in the remainder of the State will be accomplished in three one-month waves with a one-month stabilization period following each wave.
- Key staff (business leaders, program and policy experts, field/operations representatives, technical experts, clients and potential clients, community partners, counties, and tribes) will be made available in sufficient numbers to the Project when they are needed.
- Changes to the MMIS system will be completed in a timeframe consistent with the IE & ME schedule.
- People readiness for field/operations representatives and other stakeholders will be achieved throughout the IE & ME Project, and will be completed prior to “go-live.”
- DHS and OHA will continue to receive authority to connect, and to utilize the Federal Marketplace.
- ETS will provide timely and consistent services throughout the life of the IE & ME Project and will provide necessary services for the implementation, operation, and maintenance of the new Integrated ONE system.
- There will be continued gubernatorial, OSCIO, and legislative support for the Project.
- All parties to the MOU will continue to abide by the agreement.

The project is subject to these constraints:

- CMS will not provide enhanced funding for a Non-MAGI Medicaid solution that is separate from ONE.
- The exception to the OMB Circular A-87 cost allocation requirements to support integration of other human service programs into the ONE system will expire at the end of December 2018.
- The IE & ME System Integration Testing #2 cannot be performed until ONE, Legacy, and MMIS development and testing is complete.

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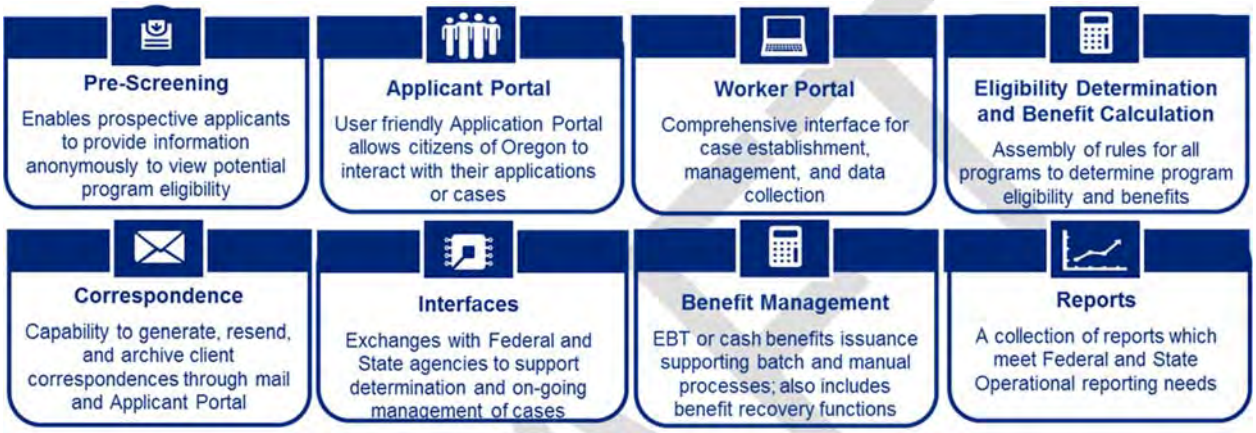
- State and Federal mandates that require changes will need to be implemented during the Project if they cannot be deferred.

4.2 Solution Requirements

4.2.1 High Level Functional Requirements

The following represents the IE & ME Project high-level business functionality:



Pre-Screening – The Pre-Screening module in the Applicant Portal enables prospective applicants to provide a minimal set of information to the system anonymously to see the programs for which they may qualify. The module will include assessment capabilities for all programs offered by Integrated ONE, including Medicaid (MAGI & Non-MAGI), SNAP, TANF, and ERDC. It is important to note that the pre-screening process is not an official eligibility determination and individuals must formally apply in the Applicant Portal or by contacting a DHS or an OHA office. The data collected during Pre-Screening will be saved.

Applicant Portal (AP) – The Applicant Portal enables the registered users' access to the system to apply for benefits as well as to enable them to take action on their ongoing benefits. The applicant portal allows users to apply for Medicaid (MAGI & Non-MAGI), SNAP, TANF, and ERDC as a part of an Integrated ONE application. The citizens will be able to take actions on their ongoing applications or cases including to report a change, to recertify, to withdraw an application, to discontinue an ongoing program, to upload documents, to view Request for Information (RFI) notices, and/or to start a new application. It will also include additional functionality such as the ability to request an appeal or hearing, to request an EBT or Medicaid Card, to view claims or facts regarding disqualification, to view a TANF summary, and/or to submit a SNAP application. The applicant portal will provide role-based dashboards and will incorporate the user account creation process that is currently established in the MAGI Medicaid ONE system Applicant Portal.

Worker Portal (WP) – Worker Portal allows case workers to manage the lifecycle of an application or case by providing functionality to perform intake on new applications, to determine eligibility and benefit amounts based on the data provided during intake, and/or to disburse benefits and process case changes. It also contains modules for support-functions like

appointments, task management, hearings and appeals, and complaints to help the workers perform daily activities.

Eligibility Determination and Benefit Calculation (EDBC) – As the central repository for business rules defined by policy and administrative procedure, EDBC is the module where the Integrated ONE system determines each person's eligibility and benefit level based on the information collected through the worker or applicant portal and verification status of key data elements that affect eligibility (income, resources, citizenship, etc.) For Medicaid programs, eligibility determination is limited to financial eligibility for Medicaid. Service eligibility determination and authorization for Medicaid and other SSP case management services are not in scope for the initial implementation. For the purposes of determining financial eligibility, the eligibility rules engine will evaluate individuals and households through multiple modules to confirm their compliance with both state and federal program rules. All eligible individuals will be included in the benefit group which will be used to determine the benefit amount or ERDC days of care the individual may receive.

Correspondence – The correspondence module generates the notices required to support a case life cycle. Integrated ONE system generates the notices, which are automatically forwarded to the State's centralized print center for printing and mailing. Case Workers will have the ability to review the notices and determine the accuracy before these notices are mailed out as part of the nightly batch processing cycle.

Interfaces – Interfaces are a critical component of the Integrated ONE system. Interfaces are required to share data with federal agencies, other State agencies and systems, and Trusted Data Sources (TDS) to support critical business processes such as verification, fraud detection, federal reporting, benefit issuance, and recovery. The system will use both batch and real-time interfaces to meet the business needs.

Benefit Management – The Benefit Management module supports two key functions – benefit issuance and benefit recovery. The benefit issuance function allows for automatic benefit issuance through Electronic Benefit Transfer (EBT) cards, checks and direct deposit through Electronic Fund Transfer (EFT). The function also allows authorized users to issue benefits manually outside the constraints of eligibility, if necessary.

The Benefit Recovery function determines overpayments against issued benefits because of case changes. Overpayments are referred to the ICM (Claims Management) System for establishing and maintaining claims. A certain portion of the benefit amount is recouped from future benefits based on the outstanding claims amount received from ICM.

Reports – This module focuses on generating Operational, federal and State reports necessary for the administration of the APD and SSP programs. The operational reports are generated from key business processes that include:

- New Applications
- Reporting a Change
- Redeterminations
- Task Management
- Reports required for audits and quality assurance
- Interface Activity Reports

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The above functionality will be provided in the new system by integrating components of several disparate systems identified below.

- Modified Adjusted Gross Income (MAGI) Medicaid. This program helps low-income people in Oregon with health insurance. MAGI medical benefits can cover working families, children, pregnant women, single adults, and more. This functionality is currently in the ONE system.
- Non-MAGI Medicaid. This includes Oregon Supplemental Income Program (OSIP) Medical, also known as the Aged, Blind, Disabled Medical or SSI based Medical programs, Medicare Savings Programs, and Refugee Medical. These services are currently processed in ORAccess, CM, and MMIS. Scope does not include Hospital Presumptive, Extended Medical, and the Breast and Cervical Cancer Program.
- Supplemental Nutrition Assistance Program (SNAP). This is a federally funded program which offers nutrition assistance to millions of eligible, low-income individuals and families. SNAP is the largest program in the domestic hunger safety net. Scope includes all services provided by SNAP other than the Summer Meals program.
- Temporary Assistance for Needy Families (TANF). This program provides cash assistance to low-income families with children while they strive to become self-sufficient. Cash assistance is intended to meet a family's basic needs such as food, shelter and utilities. Most cash benefits in Oregon are issued via an Electronic Benefit Transfer (EBT) card. This is also known as an Oregon Trail card. Scope does not include case management.
- Employment Related Day Care (ERDC). This is a child care subsidy program for working families.
- Temporary Assistance to Domestic Violence Survivors (TA-DVS). This program provides temporary financial help to support families whose safety is at risk due to domestic violence. Most often, this is when the domestic violence survivor and the children are fleeing domestic violence or at risk of retuning to an abusive situation.

4.2.2 High Level Non-Functional Requirements

High level non-functional requirements include the following:

Security – Provisioning of a secure system with corresponding authority to connect to the federal market place.

Reliability and Availability – The system must meet service level requirements for accessibility and up-time. Maintenance windows must be clearly communicated and be strictly adhered to.

Scalability – The system must scale to meet demand. As demographics change, it is anticipated that the preferred method of accessing services will also change. The system must accommodate this shift.

Performance – The system must meet performance specifications such that the user experience is acceptable with any method of interaction with the system.

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Capacity – System design must accommodate the anticipated volume of cases end-to-end, including interactions with Legacy systems case management functionality.

Recoverability – The system must be recoverable within a reasonable Recovery Time Objective (RTO) with tolerable data loss specified with a Recovery Point Objective (RPO). RTO and RPO will be articulated as part of the Disaster Recovery and Business Continuity business case.

Serviceability – The system must be developed utilizing industry best practices and standard tools and methodologies to be easily maintained, including the application of patches, upgrades, and enhancements.

4.3 Alternatives Identification

In each iteration of this business case, the Project Team explored four alternative courses of action. With more than two years of activity and approximately $57 million invested to date on this Project, it is now approximately 35% complete, including over 90% of design completion. As such, not all the previously developed Alternatives make sense or are even possible. Current state Alternatives are now identified as follows:

Alternative #1: Implement Non-MAGI Medicaid Eligibility Determination into the ONE System
This Alternative is unchanged from prior business case versions and extends the current ONE system to support Non-MAGI Medicaid eligibility determinations and service authorization to community-based care programs only. This approach limits the scope of DHS and OHA programs that would be affected. It requires transfer of the Kentucky system, removal or disabling of the functionality in that system supporting programs like SNAP, TANF, and ERDC, and customization for Oregon's Non-MAGI Medicaid program.

Alternative #2: Implement Integrated Eligibility Determination into the ONE System

This Alternative is also unchanged from prior business case versions and represents the current course of action on this Project. This Alternative extends the current ONE system to support Non-MAGI Medicaid eligibility and SNAP, TANF, and ERDC determinations, as well as providing service authorizations for community-based care programs. This approach involves a wider range of DHS and OHA programs. It avoids the risk and expense of removing functionality for these programs from the Kentucky system. It requires potential customization of a larger number of Oregon programs than Alternative #1.

Alternative #3: Acquire External Eligibility Determination Services from another State

This is not a viable Alternative as there are no service models across the nation that support Oregon acquiring services in this manner.

Alternative #4: Do Nothing

This Alternative requires no additional investment in further development of the ONE system. However, resources with skills needed to deal with contract issues and federal audits would be needed. Improvements to current processes would be limited to those that arise naturally through DHS's continuous improvement program.

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4.4 Alternatives Analysis

In each prior version of this business case, Alternative #2 - Implement Integrated Eligibility Determination into the ONE system, was selected as the best go-forward option. In this business case, Alternatives #1 and #4 are revisited and reviewed against the foundational assumptions and constraints. Consideration is given to the work performed to date in the realization of expected outcomes and factors such as cost, benefit, and risk identified with each alternative.

Alternative #1: Implement Non-MAGI Medicaid Eligibility Determination and Service Automation Only

Cost – The estimated total cost of implementing this Alternative was $80.3 million. (See estimate details in Business Case v1.1, Appendix D.) Compared to the Integrated Eligibility Alternative #2, this Alternative would have minimized the overall costs of Fit-Gap analysis, design, configuration, customization, testing, and training by removing scope for all components other than Non-MAGI Medicaid. Savings would be reduced by the cost of removing or disabling SNAP, TANF, and ERDC from the Kentucky system code. Nearly $60 million invested to-date for enhanced eligibility determination functionality would produce little or no value.

Benefits – This Alternative will achieve the high-level requirements associated with the Medicaid program. Clients seeking Non-MAGI Medicaid eligibility will be able to apply online and they will receive faster eligibility determinations. Non-MAGI Medicaid eligibility workers in APD and AAA offices will be more productive and make fewer eligibility determination errors. Problems associated with the handoff of cases between DHS and OHA will be reduced, if not eliminated.

Risk – This Alternative has the risks associated with large information technology projects involving complex requirements and a lengthy schedule. This Alternative will impose substantial policy and procedure changes on Non-MAGI Medicaid eligibility workers. The need to remove substantial components from an existing application adds some technical risk that is not present in the other alternatives. DHS workers will need to use two or more systems to provide some clients with basic case management. There is also significant risk in splitting APD cases from SNAP cases.

Alternative #2: Implement Integrated Eligibility Determination

Cost – The five-year total cost of ownership between August 2015 and June 2020 is estimated to be $334 million. (See Appendix C, Project Budget). This alternative includes the full cost of Fit-Gap analysis, design, configuration, customization, testing, and training for the SNAP, TANF, and ERDC programs. Also Non-MAGI Medicaid all modifications to 35 Legacy systems, and disaster recovery.

Benefits -

- Clients seeking Medicaid eligibility (either MAGI or Non-MAGI) and/or SNAP, TANF, and ERDC eligibility will be able to apply on-line.
- Clients applying for medical assistance and for one or more of SNAP, TANF, and ERDC will make a single application regardless of programs they are applying for.
- There will be fewer eligibility determination errors in and between the programs due to the single shared data source and integration between systems.
- Problems associated with the handoff of cases between OHA and DHS will be reduced or eliminated, as will problems with handoffs among APD/AAA offices and SSP offices.

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- This approach allows for the retirement of the Caseworker Application Processing Interface (CAPI), and the Food Stamp Management Information System (FSMIS).

Risk - This project has the risks associated with large information technology projects involving complex requirements and a lengthy schedule. There are many stakeholders involved or impacted. New business processes will impose substantial policy and procedure changes on Non-MAGI Medicaid eligibility workers in APD/AAA offices and on SNAP, TANF, and ERDC eligibility workers in SSP offices. By eliminating antiquated information systems and reducing the scope of others, this approach reduces long-term risks that system failures will interrupt the delivery of DHS programs.

Project leadership is tracking several high probability/impact risks. They are summarized here:

- Focus on preferring policy and process change before technology change reduces technical risk but substantially increases the amount of process change that must be undertaken.
- Legacy subproject that includes modifications to 35 subsystems is still in design so is not yet fully understood.
- Data conversion mock runs have not yet begun so data quality is not yet fully understood.
- Data quality in Legacy systems might make it difficult to cleanse and populate data from Legacy into the new system.
- The Office of Information Services (OIS), which supports many affected Legacy information systems, may not have capacity to simultaneously participate in this Project, and support on-going operations, maintenance, and enhancement of Legacy systems that will remain after the ONE IE & ME project.
- The project's Technology Management Plan would impose security requirements on DHS and OHA's directory services that may not yet be supportable.
- There may be a lack of capacity for business leaders, track leads, and other Project staff to accommodate the volume of action items, change requests, and decisions required for the Project.

Alternative #3: Acquire External Eligibility Determination Services from another State

Cost, benefit, and risk are difficult to quantify given there is no existing model for obtaining services in this manner.

Alternative #4: Do Nothing

Cost – Spending for additional system functionality would stop but additional costs to shut down the Project would continue until all vendor contracts were terminated and all audits were conducted. There would be no value derived from the investment of approximately $300 million already made.

Benefits – There is no beneficial by-product from this Alternative.

Risk – It is estimated federal audits would take years and that federal program subsidization would come to a stop until audit findings were satisfactorily addressed by the State. There would also likely be significant dissatisfaction from all Project stakeholders, potentially resulting in not having another opportunity to fix current state problems into the foreseeable future.

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5 Conclusions and Recommendations

5.1 Conclusions

Development of an Integrated Eligibility Determination system continues to be the leadership vision for Oregonians, DHS, OHA, and for eligibility workers and the prudent course of action, given the investment of time and resources to date. With the continuation of the OMB Circular A-87 cost allocation exception and the active support of our CMS and FNS partners, any action contrary to continuing with the Project will have significant negative consequences, as identified below.

The State of Oregon has an opportunity to continue expansion of the MAGI Medicaid eligibility system (ONE) as a stable base, utilizing code from the State of Kentucky system called *benefind*.

Much of the design of the new system, including Legacy design is complete. Given new contract Amendments with our SI and QA vendors, there is a solid scope, schedule, and budget to manage the Project to. There is also current work with Gartner to validate this schedule and budget against anticipated Project outcomes, scheduled for completion in February 2018.

The efficiencies gained in the field offices in serving Oregonians enrollment and eligibility needs for Medicaid, SNAP, TANF, and ERDC is undetermined during the first year of deployment. Factors such as the quality of data conversion and the readiness of eligibility workers will impact operations. However, data will be more reliable and checks and balances are being built into the system for accuracy and error reduction. It is in the best interest of the State of Oregon to continue the ONE IE & ME Project on its current course on behalf of all Oregonians.

5.2 Consequences of Failure to Act

There has been ongoing effort to modernize enrollment and eligibility programs. Both agencies in cooperation are dedicated to removing obstacles, incorporating lessons learned, and finding success for this project. DHS and OHA signed an MOU to solidify that understanding and to provide a foundation for success. All parties clearly understand that there is significant negative impact in failure or in doing nothing. This section lists those consequences.

1. Oregonians lose. We have a current system that doesn't serve Oregonians well. Medicaid financial eligibility is divided in delivery methodologies and access for Oregonians, SNAP, TANF, and ERDC benefits are not coordinated with Medicaid benefits. Oregonians expect better service from their State government.
2. CMS is continuing to fund the majority of the DDI work through December 31, 2018 for the ONE IE & ME project because non-MAGI is being added to the system that contains MAGI eligibility. Without non-MAGI eligibility CMS will not pay for the shared components and the State's portion would increase for SNAP, TANF, and ERDC functionality.
3. It is possible that the State of Oregon would not risk another project to provide this functionality into the foreseeable future. Changes at the federal level, and differing priorities amongst agencies and programs provide substantial risk in the future.
4. Continued reliance on dated Legacy systems and manual processes. Currently eligibility outside of ONE requires the workers to access seven different subsystems.
5. Loss of CMS/FNS confidence in the State of Oregon (potential impact on future funding).

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6. Further loss of Oregon's reputation for being able to implement successful IT projects.
7. Potential contractual termination issues with current contracted entities including Deloitte, and Public Knowledge.
8. Negative impact to service delivery to Oregonians who rely on DHS and OHA for services;
    a. Service delivery times;
    b. Redundant processing requirements for customers and state staff;
    c. No decline in error rates;
    d. Possibility of overpayments or not getting timely benefits;
    e. No enhanced checks and balances between programs.
9. Impacts on the One system. Without bringing in the additional programs, there will continue to be data for individuals that doesn't match. This could result in a worker not acting on the most recent information for an individual, and not performing appropriate due process.
10. Loss of employment to both state and vendor staff.
11. Possible increased DHS and OHA operational costs.
12. There would be a loss of the investment already made in system development.

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6 Appendixes and References

6.1 Appendix A – Project Scope

6.1.1 Design sessions revealed additional scope for this Project, such as Non-Citizen, other income types, Real+D, Mass Update triggers, and task management. Scope also includes financial eligibility determination for the following DHS and OHA programs:

DHS Self-Sufficiency Programs	**Type of Assistance (TOA)**	**Description**
Supplemental Nutrition Assistance Program (SNAP)	CTCE	Categorical Eligibility
	EXCE	Expanded Categorical Eligibility
	BBCE	Broad Based Categorical Eligibility
	SNAP	Supplemental Nutrition Assistance Program
	ESNP	Expedited SNAP
	DSNP	Disaster SNAP
	ABAWD	Able Bodied Adults without Dependents Requirements
	OFSET	Oregon Food Stamp Employment Transition Program
Temporary Assistance for Needy Families (TANF)	TANF	TANF
	EPPT	Employment Payments
	TDVS	TANF Domestic Violence
	TJPI	Jobs Participation Incentive
	PSSI	State Family Pre-SSI
	JOBS	Jobs Opportunities and Basic Skills Note - Only determination of JOBS mandatory individuals and assessment status, not ongoing case management
Child Care Program (CCPG)	ERDC	Employment-Related Day Care
	CCTN	Child Care Supportive Service for TANF Recipients
REF	REFG	Refugee program for individuals seeking Assistance and otherwise ineligible
Summer Meals	SEBTC	Summer Electronic Benefit Transfer for Children

DHS Aging and People with Disabilities (APD) Programs	**Type of Assistance (TOA)**	**Program Description**
Non-Modified Adjusted Gross Income (Non-MAGI) Medicaid	QMB-BAS	Qualified Medicare Beneficiaries – Basic
	QMB-SMB	Qualified Medicare Beneficiaries - Special Limited Medicare Beneficiaries
	OSIPM-SSI	Oregon Supplemental Income Program Medical - Supplemental Security Income

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OSIPM-1619B	Oregon Supplemental Income Program Medical - 1619B
OSIPM-Survivor Widows	Oregon Supplemental Income Program Medical - Survivor Widows
DAC	Disabled Adult Children
Pickle	Pickle Amendment Clients
OSIPM-AB	Oregon Supplemental Income Program Medical - Aid to the Blind
OSIPM-OAA	Oregon Supplemental Income Program Medical - Old Age Assistance
OSIPM-AD	Oregon Supplemental Income Program Medical - Aid to the Disabled
OSIPM-Acute Care	Oregon Supplemental Income Program Medical - Acute Care
OSIPM-EPD without Services	Oregon Supplemental Income Program Medical - Employed Persons with Disabilities not receiving services
OSIPM-EPD with Services	Oregon Supplemental Income Program Medical - Employed Persons with Disabilities receiving services
QMB-DW	Qualified Medicare Beneficiaries - Disabled Worker
Special Needs	Special Needs
QMB-SMF	Qualified Medicare Beneficiaries - Qualified Individuals
Services - LTC/Waiver	Services – Long Term Care or Waiver
OSIPM-IC	Oregon Supplemental Income Program Medical - Independent Choices program
REF	Refugee Medical Program

Type of Assistance (TOA)	**Program Description**
ADLT	Oregon Health Plan (OHP) Plus Adult
CHIP	OHP Plus CHIP
CHL1	OHP Plus Child under age 1, under 185%
CHL4	OHP Plus Child, age 1 through 18, under 133%
EMAD	Citizen Alien Waived Emergent Medical (CAWEM) Adult
EMC1	CAWEM Child under age 1, under 185%
EMC4	CAWEM Child age 1 through 18
EMPC	CAWEM Parent or other Caretaker Relative

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	EMPP	CAWEM Plus Pregnant Parent or other Caretaker Relative
	EMPR	CAWEM Plus Pregnant Woman
	EMPW	CAWEM Pregnant Woman
	FFCC	OHP Plus Former Foster Care Youth
	HIA1	Hospitalized Adult inmate
	HIA2	Hospitalized Pregnant Woman inmate
	PACA	OHP Plus Parent or Other Caretaker Relative
	PCPR	OHP Plus Pregnant Parent or Other Caretaker Relative
	PREG	OHP Plus Pregnant Woman
	TP45	OHP Plus Assumed Eligible Newborn

6.1.2 **Legacy Systems Scope**

There are 35 of the original 39 systems remaining as in scope for the Legacy subproject. 17 of these systems are now in scope for the SI to document the design, with the state to conduct all development, testing, and deployment. These 17 systems are identified in the following table.

1. Automated Jobs (AJ)
2. Community Based Payment (CBC)
3. Client Employed Provider (CEP)
4. Client Index (CI)
5. Client Maintenance System (CM)
6. Client Pay-in (CPI)
7. Check Reconcile/Acct. Interface (CR/AI)
8. Electronic Benefits (EB)
9. Food Stamps (FSMIS)
10. JV (New Payment Systems)
11. ORAccess (OA)
12. Provider Pay (PP)
13. Service Authorization (SA)
14. Service Eligibility System (SJC)
15. Special Cash Payment (SP)
16. Federal Reporting-TANF (FR/TANF)
17. Trans. Ref. & Client Self-Sufficiency (TRACS)

18 Systems are in-scope that the state is responsible for design documentation, development, testing, and deployment.

1. Bendex (BE)
2. Batch Scheduling (BS)
3. Client Notice Writer (CN/NW)
4. Dept. of Justice (DOJ) Child Support (ORIGINS)
5. Electronic Data Management System (EDMS)
6. Express Payment and Reporting System (eXPRS)
7. Integrated Collections Management (ICM)--INBOUND/OUTBOUND FROM IE (NON-JV)
8. Integrated Collections Management (ICM)--INBOUND FROM JV
9. Unearned Income Verification (IEVS/SX/SSA)
10. Client Eligibility (JM)
11. Month-End Statistics (MS/ME)
12. Pre ICM Processing System (PIPS)
13. Trust and Agency (WTA)
14. Reporting for APD (JR)
15. Performance Reporting Information System (PRISM)
16. Employment Tracking System (ET)
17. Automated Jobs (AJ)
18. New Payment System (JV)

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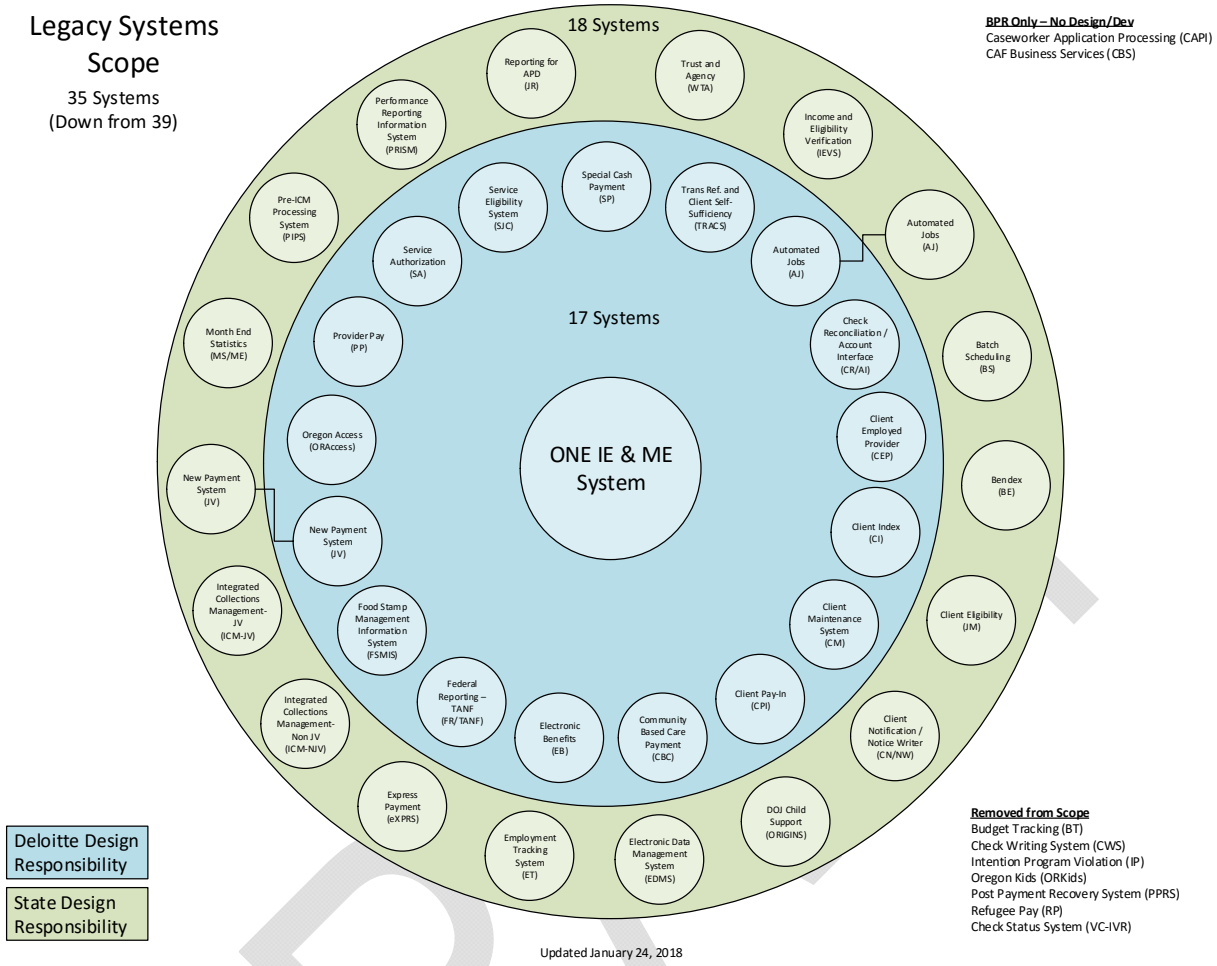
Legacy Systems Scope
35 Systems
(Down from 39)
18 Systems
17 Systems
ONE IE & ME System
Reporting for APD (JR)
Trust and Agency (WTA)
Income and Eligibility Verification (IEVS)
Automated Jobs (AJ)
Batch Scheduling (BS)
Bendex (BE)
Client Eligibility (JM)
Client Notification / Notice Writer (CN/NW)
DOJ Child Support (ORIGINS)
Electronic Data Management System (EDMS)
Employment Tracking System (ET)
Express Payment (eXPRS)
Integrated Collections Management-Non JV (ICM-NJV)
Integrated Collections Management-JV (ICM-JV)
New Payment System (JV)
Month End Statistics (MS/ME)
Pre-ICM Processing System (PIPS)
Performance Reporting Information System (PRISM)
Service Eligibility System (SJC)
Special Cash Payment (SP)
Trans Ref. and Client Self-Sufficiency (TRACS)
Automated Jobs (AJ)
Check Reconciliation / Account Interface (CR/AI)
Client Employed Provider (CEP)
Client Index (CI)
Client Maintenance System (CM)
Client Pay-In (CPI)
Community Based Care Payment (CBC)
Electronic Benefits (EB)
Federal Reporting – TANF (FR/TANF)
Food Stamp Management Information System (FSMIS)
New Payment System (JV)
Oregon Access (ORAccess)
Provider Pay (PP)
Service Authorization (SA)
BPR Only – No Design/Dev
Caseworker Application Processing (CAPI)
CAF Business Services (CBS)
Removed from Scope
Budget Tracking (BT)
Check Writing System (CWS)
Intention Program Violation (IP)
Oregon Kids (ORKids)
Post Payment Recovery System (PPRS)
Refugee Pay (RP)
Check Status System (VC-IVR)
Deloitte Design Responsibility
State Design Responsibility
Updated January 24, 2018

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Appendix B – Project Schedule

The project timeline has been updated from previous submissions. As Oregon explored work through the iterative design sessions, it became apparent that we needed a shift in our operational model. A decision was made to delegate all Medicaid eligibility determination work to DHS. As OHA and DHS further engaged with the design and explored opportunities and lessons learned from the initial ONE implementation and other States' experience, Oregon updated the schedule. Additional time for pilot, testing, and the wave roll-outs were added to the schedule. Oregon also procured Deloitte to assist with the Legacy Design work with the intent of insuring that Oregon's OIS understands the total scope of work needed and to avoid issues that other States experienced with their projects. As this work continues, Oregon may adjust our project schedule to ensure that we are accounting for all of the opportunities we need to consider in ensuring a quality product is delivered and ultimate accountability to our federal partners and Oregonians is met. As you can see, the Design phase will be followed by two iterative development phases, and then system implementation supporting a ONE System upgrade to an integrated ONE System, a DHS production pilot (Production Pilot) and three implementation waves.

The Project's two iterations will enable:

- Oregon's business needs to be met by changes to the application,
- Underlying COTS software components to be upgraded to State approved versions, and
- ONE functionality to be preserved to avoid service disruption to Oregonian's receiving services for MAGI Medicaid.

Each iteration will be followed by Contractor testing and validation testing by the State. At the completion of the development phase, the State will have at least six months dedicated to User Acceptance Testing (UAT) (increased from four months with Amendment #4).

Once DHS issues a notice-to-proceed the Project will then transition to the implementation phase which includes:

- Upgrading the current OHA MAGI Medicaid ONE System with integrated ONE System
- A minimum of five-month Production Pilot (increased from three months with Amendment #4), and
- Three geographically appropriate waves (for the 150 field offices)

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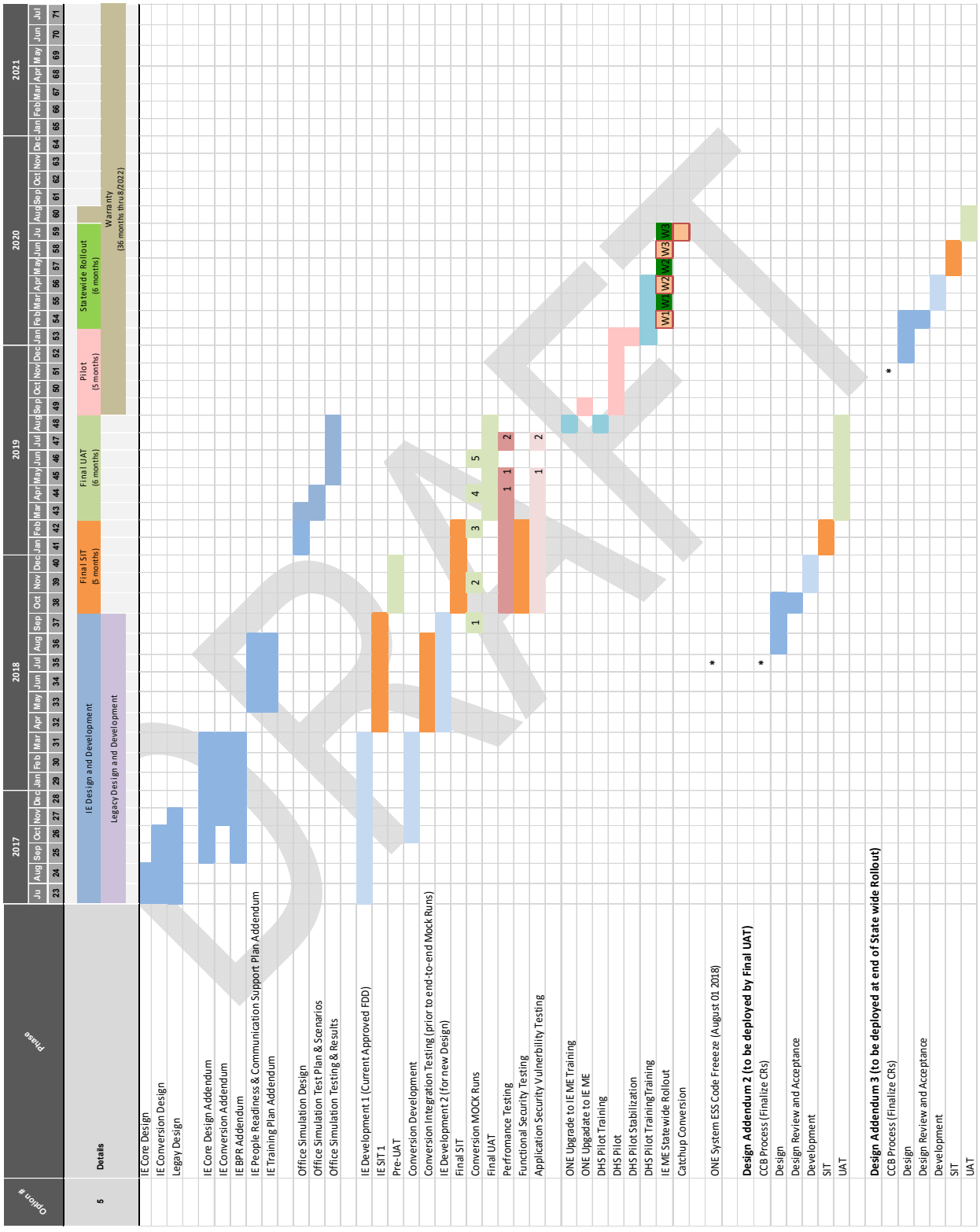
The following chart lays out a high-level schedule for the project.



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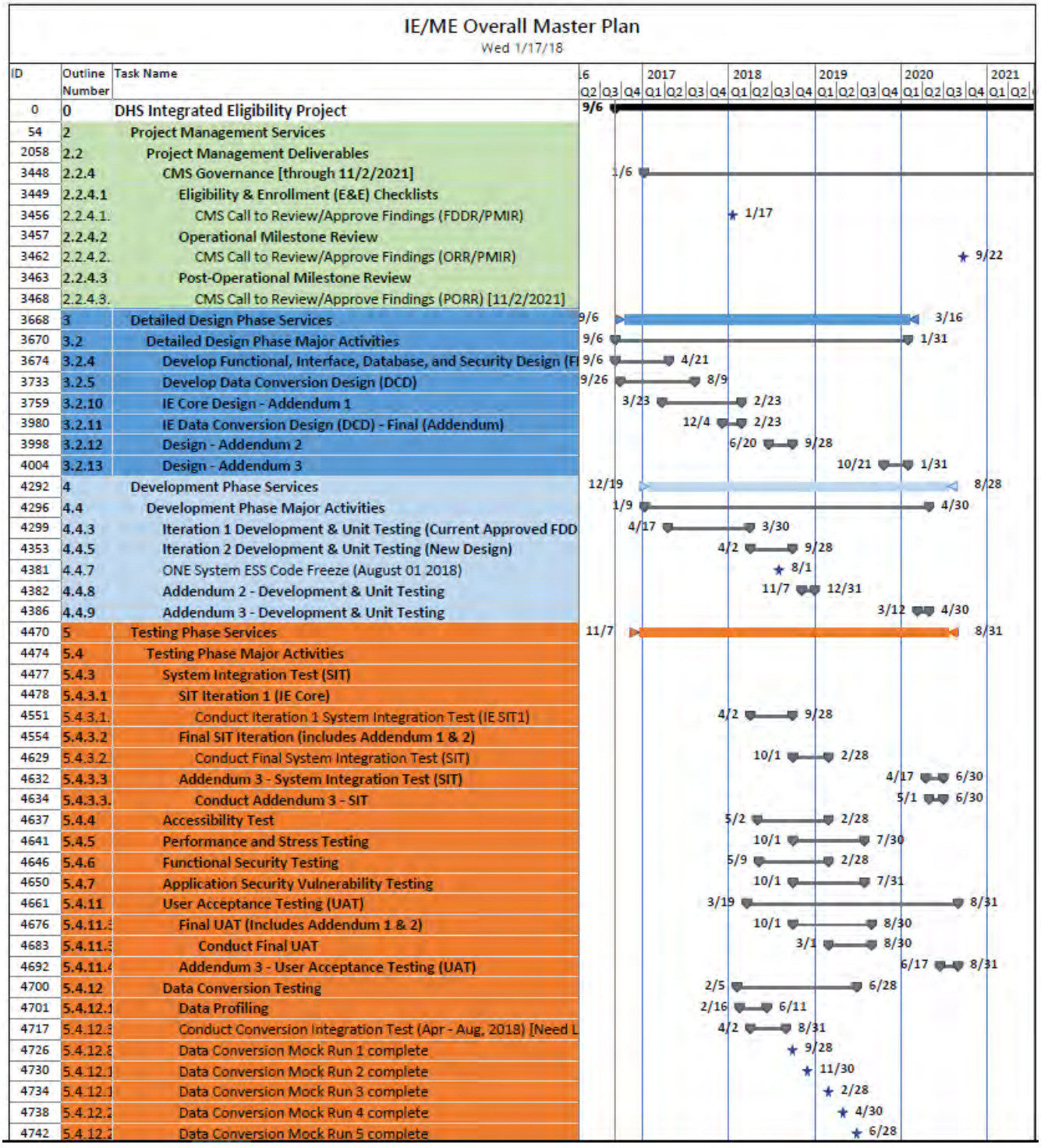
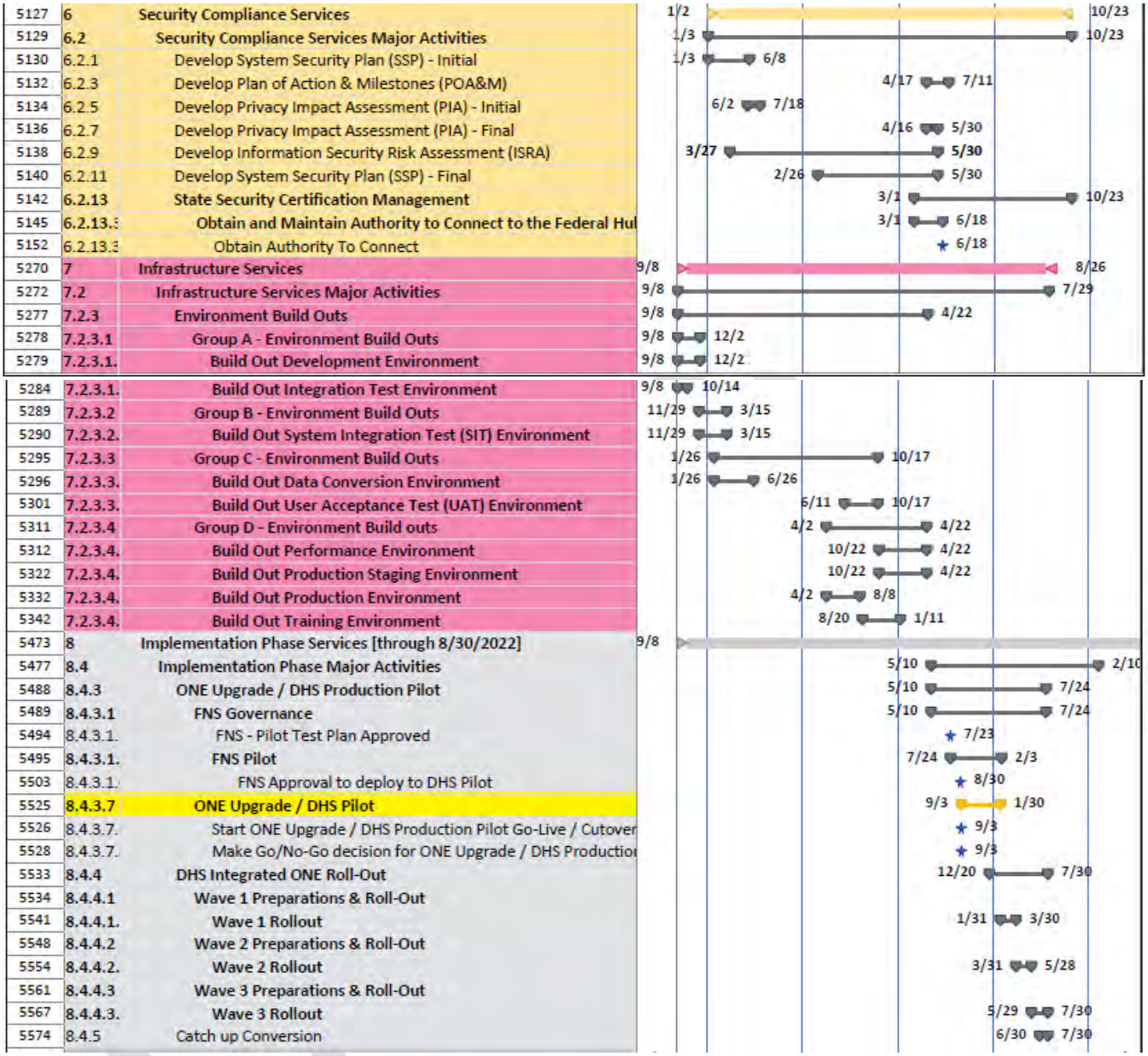

IE/ME Overall Master Plan
Wed 1/17/18
ID
Outline Number
Task Name
2016
2017
2018
2019
2020
2021
0 0 DHS Integrated Eligibility Project 9/6
54 2 Project Management Services
2058 2.2 Project Management Deliverables
3448 2.2.4 CMS Governance [through 11/2/2021] 1/6
3449 2.2.4.1 Eligibility & Enrollment (E&E) Checklists
3456 2.2.4.1. CMS Call to Review/Approve Findings (FDDR/PMIR) 1/17
3457 2.2.4.2 Operational Milestone Review
3462 2.2.4.2. CMS Call to Review/Approve Findings (ORR/PMIR) 9/22
3463 2.2.4.3 Post-Operational Milestone Review
3468 2.2.4.3. CMS Call to Review/Approve Findings (PORR) [11/2/2021]
3668 3 Detailed Design Phase Services 9/6 3/16
3670 3.2 Detailed Design Phase Major Activities 9/6 1/31
3674 3.2.4 Develop Functional, Interface, Database, and Security Design (FI 9/6 4/21
3733 3.2.5 Develop Data Conversion Design (DCD) 9/26 8/9
3759 3.2.10 IE Core Design - Addendum 1 3/23 2/23
3980 3.2.11 IE Data Conversion Design (DCD) - Final (Addendum) 12/4 2/23
3998 3.2.12 Design - Addendum 2 6/20 9/28
4004 3.2.13 Design - Addendum 3 10/21 1/31
4292 4 Development Phase Services 12/19 8/28
4296 4.4 Development Phase Major Activities 1/9 4/30
4299 4.4.3 Iteration 1 Development & Unit Testing (Current Approved FDD 4/17 3/30
4353 4.4.5 Iteration 2 Development & Unit Testing (New Design) 4/2 9/28
4381 4.4.7 ONE System ESS Code Freeze (August 01 2018) 8/1
4382 4.4.8 Addendum 2 - Development & Unit Testing 11/7 12/31
4386 4.4.9 Addendum 3 - Development & Unit Testing 3/12 4/30
4470 5 Testing Phase Services 11/7 8/31
4474 5.4 Testing Phase Major Activities
4477 5.4.3 System Integration Test (SIT)
4478 5.4.3.1 SIT Iteration 1 (IE Core)
4551 5.4.3.1. Conduct Iteration 1 System Integration Test (IE SIT1) 4/2 9/28
4554 5.4.3.2 Final SIT Iteration (includes Addendum 1 & 2)
4629 5.4.3.2 Conduct Final System Integration Test (SIT) 10/1 2/28
4632 5.4.3.3 Addendum 3 - System Integration Test (SIT) 4/17 6/30
4634 5.4.3.3. Conduct Addendum 3 - SIT 5/1 6/30
4637 5.4.4 Accessibility Test 5/2 2/28
4641 5.4.5 Performance and Stress Testing 10/1 7/30
4646 5.4.6 Functional Security Testing 5/9 2/28
4650 5.4.7 Application Security Vulnerability Testing 10/1 7/31
4661 5.4.11 User Acceptance Testing (UAT) 3/19 8/31
4676 5.4.11.1 Final UAT (Includes Addendum 1 & 2) 10/1 8/30
4683 5.4.11.3 Conduct Final UAT 3/1 8/30
4692 5.4.11.4 Addendum 3 - User Acceptance Testing (UAT) 6/17 8/31
4700 5.4.12 Data Conversion Testing 2/5 6/28
4701 5.4.12.1 Data Profiling 2/16 6/11
4717 5.4.12.3 Conduct Conversion Integration Test (Apr - Aug, 2018) [Need L 4/2 8/31
4726 5.4.12.8 Data Conversion Mock Run 1 complete 9/28
4730 5.4.12.1 Data Conversion Mock Run 2 complete 11/30
4734 5.4.12.1 Data Conversion Mock Run 3 complete 2/28
4738 5.4.12.2 Data Conversion Mock Run 4 complete 4/30
4742 5.4.12.2 Data Conversion Mock Run 5 complete 6/28

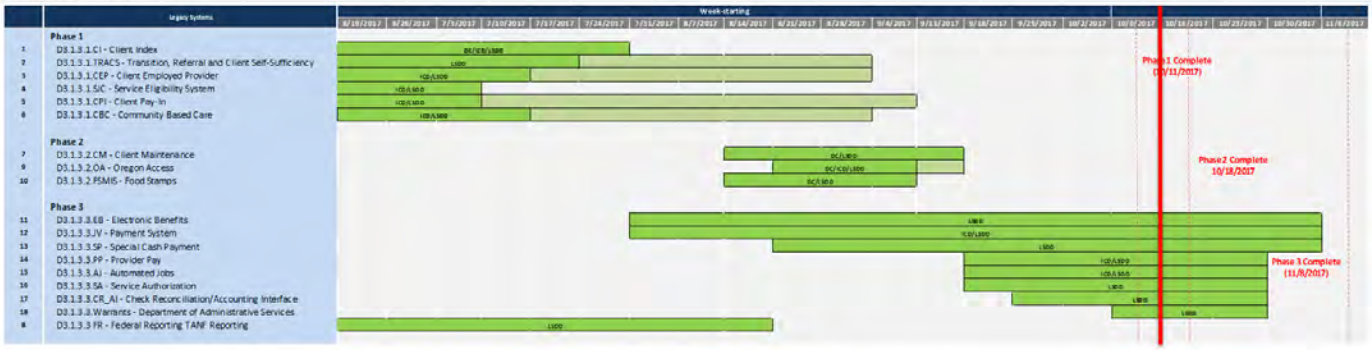


5127	6	Security Compliance Services	1/2 – 10/23
5129	6.2	Security Compliance Services Major Activities	1/3 – 10/23
5130	6.2.1	Develop System Security Plan (SSP) - Initial	1/3 – 6/8
5132	6.2.3	Develop Plan of Action & Milestones (POA&M)	4/17 – 7/11
5134	6.2.5	Develop Privacy Impact Assessment (PIA) - Initial	6/2 – 7/18
5136	6.2.7	Develop Privacy Impact Assessment (PIA) - Final	4/16 – 5/30
5138	6.2.9	Develop Information Security Risk Assessment (ISRA)	3/27 – 5/30
5140	6.2.11	Develop System Security Plan (SSP) - Final	2/26 – 5/30
5142	6.2.13	State Security Certification Management	3/1 – 10/23
5145	6.2.13.3	Obtain and Maintain Authority to Connect to the Federal Hul	3/1 – 6/18
5152	6.2.13.3	Obtain Authority To Connect	6/18
5270	7	Infrastructure Services	9/8 – 8/26
5272	7.2	Infrastructure Services Major Activities	9/8 – 7/29
5277	7.2.3	Environment Build Outs	9/8 – 4/22
5278	7.2.3.1	Group A - Environment Build Outs	9/8 – 12/2
5279	7.2.3.1.	Build Out Development Environment	9/8 – 12/2
5284	7.2.3.1.	Build Out Integration Test Environment	9/8 – 10/14
5289	7.2.3.2	Group B - Environment Build Outs	11/29 – 3/15
5290	7.2.3.2.	Build Out System Integration Test (SIT) Environment	11/29 – 3/15
5295	7.2.3.3	Group C - Environment Build Outs	1/26 – 10/17
5296	7.2.3.3.	Build Out Data Conversion Environment	1/26 – 6/26
5301	7.2.3.3.	Build Out User Acceptance Test (UAT) Environment	6/11 – 10/17
5311	7.2.3.4	Group D - Environment Build outs	4/2 – 4/22
5312	7.2.3.4.	Build Out Performance Environment	10/22 – 4/22
5322	7.2.3.4.	Build Out Production Staging Environment	10/22 – 4/22
5332	7.2.3.4.	Build Out Production Environment	4/2 – 8/8
5342	7.2.3.4.	Build Out Training Environment	8/20 – 1/11
5473	8	Implementation Phase Services [through 8/30/2022]	9/8 – 2/10
5477	8.4	Implementation Phase Major Activities	5/10 – 2/10
5488	8.4.3	ONE Upgrade / DHS Production Pilot	5/10 – 7/24
5489	8.4.3.1	FNS Governance	5/10 – 7/24
5494	8.4.3.1.	FNS - Pilot Test Plan Approved	7/23
5495	8.4.3.1.	FNS Pilot	7/24 – 2/3
5503	8.4.3.1.	FNS Approval to deploy to DHS Pilot	8/30
5525	8.4.3.7	ONE Upgrade / DHS Pilot	9/3 – 1/30
5526	8.4.3.7.	Start ONE Upgrade / DHS Production Pilot Go-Live / Cutover	9/3
5528	8.4.3.7.	Make Go/No-Go decision for ONE Upgrade / DHS Productio	9/3
5533	8.4.4	DHS Integrated ONE Roll-Out	12/20 – 7/30
5534	8.4.4.1	Wave 1 Preparations & Roll-Out	1/31 – 3/30
5541	8.4.4.1.	Wave 1 Rollout	3/31 – 5/28
5548	8.4.4.2	Wave 2 Preparations & Roll-Out	5/29 – 7/30
5554	8.4.4.2.	Wave 2 Rollout	6/30 – 7/30
5561	8.4.4.3	Wave 3 Preparations & Roll-Out	
5567	8.4.4.3.	Wave 3 Rollout	
5574	8.4.5	Catch up Conversion	

5576	8.5	Business Operations Implementation Services	9/8 – 2/10
5578	8.5.2	Business Operations Major Activities	9/8 – 3/19
5589	8.5.2.2	Statutory, Plan, and Policy Changes	9/8 – 1/29
5607	8.5.2.2.	Freeze Policy/Procedure Changes (10/31/2018)	★ 9/3
5629	8.5.2.3	Conduct IE Business Process Mapping Sessions	12/19 – 3/9
5689	8.5.2.7	Develop Office Simulation Design and Plan	
5691	8.5.2.7.	Conduct Office Simulation Design Sessions [Insert sessions h	12/7 – 3/29
5693	8.5.2.8	Develop Office Simulation Business Testing Scenarios	
5694	8.5.2.8.	Conduct Office Simulation Business Training Sessions (Test Plan & Scenarios) [Insert sessions here]	3/1 – 4/30
5696	8.5.2.9	Execute Office Simulation Business Testing Scenarios	
5697	8.5.2.9.	Office Simulation Test Cycle #1	5/1 – 6/28
5698	8.5.2.9.	Office Simulation Test Cycle #2	7/1 – 8/30
5700	8.5.2.10	Develop Phased Rollout Plan	
5702	8.5.2.10	Develop deployment approach, processes and schedule	4/2 – 6/29
5938	8.6	People Readiness Implementation Services	9/8 – 4/1
5940	8.6.2	People Readiness Major Activities	9/8 – 2/26
5959	8.6.2.3	Train-the-Trainer training	5/6 – 8/2
5964	8.6.2.3.	Conduct Train-the-Trainer Training	7/9 – 8/2
5965	8.6.2.4	End User Training (EUT)	7/31 – 2/26
5972	8.6.2.4.	Conduct EUT for ONE Upgrade for OHA	8/5 – 8/30
5974	8.6.2.4.	Conduct EUT for Production Pilot	8/5 – 8/30
5976	8.6.2.4.	Conduct EUT for Wave 1	10/7 – 12/2
5978	8.6.2.4.	Conduct EUT for Wave 2	12/3 – 1/7
5980	8.6.2.4.	Conduct EUT for Wave 3	1/8 – 2/11
6160	8.7	System Implementation Services [through 8/30/2022]	8/7 –
6175	8.7.3	Warranty Services [36 months through 8/31/2022]	9/3 –
6176	8.7.3.1	Start Warranty Services (36 months)	★ 9/3
6387	10	Legacy System Integration	
6388	10.1	DDI SOW3 - Legacy System Design (Phase 1, 2 & 3)	2/20 – 2/6
6831	10.2	Phase 4 - Legacy Systems Design	7/10 – 3/30
7089	10.4	Develop & Unit Test Legacy Components	11/10 – 6/19
7130	10.5	Legacy Systems SIT	5/7 – 8/3
7186	10.8	Legacy Systems UAT	6/18 – 9/17
7250	11	Integrated ONE DDI Warranty Complete [8/31/2022]	

Phase
Summary
Project Summary
Milestone Complete
Future
Milestone Late
Milestone future
Milestone Complete (new)
Milestone Late (new)

Legacy High Level Design Timeline





* Timeline is intended as high-level overview only. Schedule detail including specific start and end dates for each activity is in the Integrated Project Schedule (IPS).

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6.2 Appendix C – Project Budget

This budget reflects changes to scope and schedule reflected in the SI and QA contract Amendments. Approximately 1 year was added to the schedule to provide a more realistic timeline for completion of activities such as data conversion, SIT and UAT testing, wave roll-outs with corresponding stabilization periods, design addendums, and Model Office simulation. Approximately one-half of the Legacy design work was shifted from internal State staff to the SI, increasing these costs by $66 million. The QA contract also increased approximately $4 million to accommodate the longer project duration and to incorporate ONE ESS and Legacy design and development into their QA work.

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		DDI			DDI	M&O	Total	DDI	DDI
		AY17-19	POP 17-19	Increase (Decrease)	AY19-21	AY19-21	AY19-21	AY21-23	Total
State Staff									
	State Staff and S&S	26,057,885	34,976,631	(8,918,746) -	27,614,590	10,038,868	37,653,458	0	53,672,475
Professional Services									
	Other	4,328,439	0	4,328,439	11,625,806	0	11,625,806		15,954,245
	Q&A and IV&V	7,047,551	4,565,696	2,481,855	10,019,890	0	10,019,890		17,067,441
	PMO	2,833,333	0	2,833,333	2,166,667	0	2,166,667		5,000,000
	SI Deloitte (net)	88,382,527	103,215,794	(14,833,267)	49,026,544	17,600,000	66,626,544	2,100,000	139,509,070
	Trainers (see training below)	0	0	0	0	0	0		0
	Contingency	11,269,330	11,846,739	(577,409)	9,286,961	1,936,000	11,222,961	267,750	20,824,041
	Professional IT Services	113,861,180	119,628,229	(5,767,049) -	82,125,867	19,536,000	101,661,867	2,367,750	198,354,797
Software									
	Software	3,687,662	6,598,022	(2,910,360) -	6,002,596	3,330,000	9,332,596	0	9,690,258
Hardware									
	Hardware	45,265	0	45,265 -	45,100	55,500	100,600	0	90,365
State Governmental Services									
	Hosting	6,374,957	13,306,550	(6,931,593) -	6,630,260	7,326,000	13,956,260	0	13,005,217
Training									
	Training	1,060	2,220,000	(2,218,940) -	2,255,000	0	2,255,000	0	2,256,060
Total		150,028,008	176,729,432	(26,701,424) -	124,673,413	40,286,368	164,959,781	2,367,750	277,069,172
		(0)			(0)	(1)		0	(1)
Issuance Costs		615,000	615,000	0	0	0	0	0	615,000
Legacy									
Personnel and S&S		6,549,125	7,322,899	(773,774)	2,661,925	0	2,661,925	0	9,211,050
Professional Services		2,033,776	1,479,871	553,905	0	0	0	0	2,033,776
Contingency		1,067,099	958,797	108,302	339,395	0	339,395	0	1,406,494
Total		9,650,000	9,761,567	(111,567) -	3,001,320	0	3,001,320	0	12,651,320
		(1)			(0)				(1)
Disaster Recovery									
Personnel and S&S		248,822	286,145	(37,323)	161,734	131,150	292,884	0	410,556
Professional Services		3,000,000	6,285,044	(3,285,044)	4,416,667	2,500,000	6,916,667	0	7,416,667
Hosting		666,667	1,000,000	(333,333)	866,667	350,000	1,216,667	0	1,533,333
Contingency		499,225	824,449	(325,224)	694,246	327,926	1,022,173	0	1,193,471
Total		4,414,713	8,395,638	(3,980,925) -	6,139,314	3,309,076	9,448,390	0	10,554,027
		(0)			0				(0)
Asset Verification System (AVS)					10,000,000	0	10,000,000	0	10,000,000
Total		164,707,721	195,501,637	(30,793,916) -	143,814,047	43,595,444	187,409,491	2,367,750	310,889,519
				-				AY15-17	33,593,837
								Project Total	344,483,356
									2

	DDI			DDI	M&O	Total	DDI	DDI
	AY17-19	POP 17-19	Increase (Decrease)	AY19-21	AY19-21	AY19-21	AY21-23	Total
Total federal	130,747,648	147,597,021	(16,849,373)	105,603,908	28,037,921	133,641,829	1,770,949	238,122,506
Total state	33,345,073	47,289,616	(13,944,543)	38,210,139	15,557,524	53,767,662	596,801	72,152,012
Issuance Costs	615,000	615,000	0	0		0	0	615,000
	164,707,721	195,501,637	(30,793,916)	143,814,047	43,595,444	187,409,491	2,367,750	310,889,518

6.3 Appendix D – IE Business Case V1.1 – Stage Gate 2 Submission



IE_Business_Case_v 1.1-SG2.pdf

6.4 Appendix E – IE Business Case V2.0 – Stage Gate 3 Submission



Integrated_Eligibilit y_Determination_Bu

6.5 Appendix F – HB2219 Legislative Report



HB2219 Legislative Report.pdf

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6.6 Appendix G – Kentucky System Components

Key application components in the *kynect/benefind* system for integrated eligibility determination are described in the following table.

Title	Description
Worker Portal	Module used by the State Agency workers to collect individual/family information to process SNAP, TANF, and/or Medicaid applications. Individuals can apply for one or more programs in a single application, and the module has a capability to interactively ask questions during the interview process based on the programs applied. Throughout the interview process, the modules call interfaces to verify information, as needed.
Eligibility Determination (Rules engine)	Rules base eligibility determination module to determine eligibility for main program and the sub programs to provide best possible benefits for the applicants. For example, when an individual applies for Medicaid, the rules engine cascade down through the Medicaid program hierarchy to provide best Medicaid coverage for the individual.
Benefit Issuance	This module manages daily or monthly issuances for SNAP/TANF/ERDC programs that are issued to individuals/vendors to support initial, monthly or supplemental payments.
Benefit Recovery	This module provides end to end management of SNAP, TANF, ERDC claims. It computes discrepancy, establish claim and start recoupment either through the benefit reduction process or other processes such as tax intercept.
Correspondence	This module manages generation of consolidated correspondences that are issued to the applicants and other stakeholders like vendors.
Task Management	A comprehensive task management module that supports key business processes. The module allows management of human services case management functions as a coordinated set of tasks.
Quality Assurance and Quality Control (QA/QC)	Module to create Random/Targeted sample universes for worker to review SNAP, TANF and Medicaid cases
Hearing/Appeals	Implements end-to-end work flows to support the hearings and appeal process. This module is also integrated with task management module.
Business Intelligence/Management Reports	This module implements operational reports, analytical reports and provides the framework and infrastructure required for several adhoc reporting needs.
Authentication and Identity proofing service	System for authorization and authentication services for users requesting access to various modules of the system.

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Title	Description
Document Management Services	Implements electronic case files functionalities where all documents submitted to the agency are indexed and filed for easy access.
Mobile and Tablet Application	Mobile app with full application features for citizens, community partners (application assisters) to apply for health coverage
Self Service Portal for Human Service programs	Self Service Portal for citizens to apply for SNAP, TANF and Medicaid programs.
Medicaid Waiver Management Application (MWMA)	A complete waiver workflow management module to determine eligibility for Medicaid waiver programs and enrollment into waiver services.
Master Client Index module (MCI)	Master client index module which uniquely identifies citizens. It also provides a 360-degree view of citizen enrolled in public assistance program(s).
Interfaces	Implements all required State & Federal Interfaces. Interfaces module also implements an integration framework that supports several integration patterns.
Medicaid Managed Care Enrollment Management	Module for auto assignment and management of Medicaid enrollees in managed care plans (MCOs)

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6.7 Appendix H – Kentucky to Oregon Functionality Comparison

As evident in the tables below, the programs are similar in their overall business requirements.

Supplemental Nutrition Assistance Program

Program Eligibility Comparison for Supplemental Nutrition Assistance Program

Eligibility Criterion	Kentucky Supplemental Nutrition Assistance Program	Oregon Supplemental Nutrition Assistance Program
Family Composition and Residency	• Recipients must live in Kentucky • Recipients must be U.S. citizens or certain legal foreign residents of the United States • A household is any person, family or group of people who live and buy and eat food together • The following people must be included in one household account, regardless of whether they purchase and prepare meals separately: o A spouse of any household member o Parents living with their natural, adopted or stepchildren who are age 21 or younger o Children younger than 18 who are dependents of an adult household member	• Recipients must live in Oregon; does not require intent to remain to establish residency • Recipients must be U.S. citizens or certain legal foreign residents of the United States • Filing group consists of members of a household group who choose to apply together or customarily purchase and prepare meals together • The following people must be included in one household account, regardless of whether they purchase and prepare meals separately: o A spouse of any household member o Parents living with their children who are under the age of 22 o Children younger than 18 who are financially dependent of an adult household member
Income	• Less than 130% of FPL for most households; 165% for elderly/disabled	• Less than 185% of 2015 FPL
Resources	• A household may have no more than $2,000 in assets OR $3,250 if a member of the household is 60 or older • Cash and bank accounts are counted; the dwelling, its contents and personal belongings, and vehicles are excluded	**Non-Categorically eligible households** • Have a resource limit of no more than $2,250 in resources OR $3,250 if a member of the household is 60 or older or disabled • Checking accounts, saving accounts, cash on hand, stocks and bonds, equity in vehicles, real property, etc., are counted. **Categorically eligible households** • Have a resource limit of $25,000 in liquid assets (checking accounts, savings accounts, cash on hand)
Employment	• Anyone in a household who is 16 to 60 years old and can work must register for, look for, and accept work. There are some exceptions to this requirement.	**OFSET (Employment and Training)** • Clients deemed mandatory because they do not meet an exemption must participate in a jobs activity for an eight week period every 12 months • Must accept bona fide offers of employment, even if it's part-time

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Eligibility Criterion	Kentucky Supplemental Nutrition Assistance Program	Oregon Supplemental Nutrition Assistance Program
		ABAWDS (Abled Bodied Adults without Dependents) • Only applicable in Multnomah and Washington counties, as the rest of the state is under a waiver • Requires those aged 18-49 without a filing group member under the age of 18, who do not meet an exemption, to participate a minimum of 20 hours a week, an average of 80 hours a month of special work requirements
Benefits	• Benefits are issued on an Electronic Benefit Transfer (EBT) card • The benefit amount depends on income and household size. • Benefits may be used to purchase almost any food item, except ready-to-eat hot foods • Benefits may be used to buy seeds and plants to grow fruits and vegetables • Benefits may not be used to buy tobacco, alcohol, pet food, soap and other household products, medicines, and other non-food items	• Benefits are issued on an Electronic Benefit Transfer (EBT) card • The benefit amount depends on income, household size and minus any applicable deductions • Benefits may be used to purchase almost any food item with a nutrition label, except ready-to-eat hot foods • Benefits may be used to buy seeds and plants to grow fruits and vegetables • Benefits may not be used to buy tobacco, alcohol, pet food, soap and other household products, medicines, and other non-food items • There is a cash out program in Multnomah, Washington, Columbia and Clackamas Counties for seniors and people with disabilities
Certification Periods	• Varying lengths of certification periods depending on household characteristics • Periodic reports required at least once every six months, except for elderly or disabled (12 months)	• Varying lengths of certification periods depending on household characteristics • Periodic reports required at least once every six months, except for elderly or disabled (12 months)
Deductions	• Utilizes Standard Utility Allowance (SUA) instead of actual utility costs. • Students are ineligible unless working 20 or more hours per week or have a child under age 6 or are a single parent of a child under age 12 and going to school full time • Must meet with a worker or do interview over the phone. Must be able to provide identification, social security numbers for everyone applying, proof of who lives in your home (can be written statement), proof that you live in Kentucky, proof of child care costs or child support paid, proof of living expenses, and proof of money you have received in the past 60 days, including pay stubs.	• Utilizes Standard Utility Allowance (SUA) instead of actual utility costs • Students aged 18 to 49 attending a higher education program that requires a diploma or GED at least half time must meet additional special criteria • Must meet with a worker or do interview over the phone. Must be able to provide identification, social security numbers for everyone applying, verification of income for recent representative month, and for non-citizens proof of lawful immigrant status of each household member seeking benefits

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Eligibility Criterion	Kentucky Supplemental Nutrition Assistance Program	Oregon Supplemental Nutrition Assistance Program
Other	• For ineligible non-citizens, income and deductions are prorated for both groups, which includes counting all income and deductions, or a prorated share. As well as, counting none of the income and deductions (with the allotment capped at the level that an all-eligible household would get), or a prorated share. • May disqualify applicants or recipients who fail to perform actions required by other means-tested program, primarily TANF.	• For ineligible non-citizens, income and deductions are prorated for both groups, which includes counting all income and deductions, or a prorated share. As well as, counting none of the income and deductions (with the allotment capped at the level that an all-eligible household would get), or a prorated share. • May disqualify applicants or recipients who fail to perform actions required by other means-tested program, primarily TANF.

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Temporary Assistance for Needy Families

Program Eligibility Comparison for Temporary Assistance for Needy Families

Eligibility Criterion	Kentucky Temporary Assistance for Needy Families	Oregon Temporary Assistance for Needy Families
Family Composition and Residency	• Recipient must be a US citizen • Family must have a child under 18 living in the home OR Pregnant woman must be within one month of her due date • Children must be citizens or have eligible alien status • Children must be 18 years old or younger OR Children must be full time student with expected graduation date before age 20	• Recipient must be a US citizen or have qualified non-citizen status (may be waived temporarily if domestic violence is a factor) • Family must reside in Oregon • Family must have a caretaker relative and a child under 18 living in the home OR Pregnant woman must be within one month of her due date (may be earlier if domestic violence is a factor) • Caretaker relative must meet certain blood, adoption, marriage relationship requirements • Children must be citizens or have qualified non-citizen status • Children must be under 18 years old OR 18 years old and a full-time student in HS or GED • Until March 2016, a child must be deprived of parental support due to continued absence, incapacity, or under/unemployment
Income	• Your family must earn less than a certain amount of money per month	• To qualify for TANF, families must have very few assets and little or no income. • Your family must earn less than a certain amount of money per month
Resources	• Countable assets must be $2,000 or less and licensed vehicles needed for individual's subject to the work requirement may not exceed $8,500	• Countable assets must be $2,500 or less for applicants, for individuals in sanction status, and for families with no caretaker relative in the need group • Countable assets must be $10,000 or less for all other recipients • Exclude up to $10,000 equity value of all motor vehicles; remaining equity counts toward asset limit • Applicants and recipients must pursue alternative assets available to them • Applicants and recipients must assign their support rights to, and cooperate with, child support

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Eligibility Criterion	Kentucky Temporary Assistance for Needy Families	Oregon Temporary Assistance for Needy Families
Employment	• Adults in families receiving cash assistance must work or participate in work related activities for a specified number of hours per week depending on the number of work-eligible adults in the family and the age of children	• Adults in families receiving cash assistance must work or participate in work-related activities for a specified number of hours per week depending on the number of work-eligible adults in the family, the age of children, and the family situation • Caretaker relatives must not be separated from their most recent employment due to discharge without good cause, or due to voluntarily quitting without good cause • Needy caretaker relatives must complete an employability screening
Benefits	• The current maximum monthly benefit for a family of 3 with a monthly gross income of $974, is $262	• The current maximum monthly benefit for a family of three is $506.
Certification Limits	• A family may receive benefits for no more than 60 total months. The 60 months needs not be consecutive	• Eligibility must be recertified every 6 months for families who have an open JOBS plan and are not participating or an active JOBS disqualification OR Eligibility must be recertified every 12 months • Recertification may be done earlier if deemed necessary by the case manager or to align with SNAP benefits • Heads of household may receive benefits for no more than 60 total months. The 60 months need not be consecutive. There are hardship exemptions that can stop the clock or extend benefits beyond 60 months. Children are not subject to the time limit.
Other	• Recipient must have a social security number	• Recipient must have a social security number

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Employment-Related Day Care

Program Eligibility Comparison for Employment-Related Day Care

Eligibility Criterion	Kentucky Child Care Assistance Program	Oregon Employment-Related Day Care Program
Family Composition and Residency	• Recipient must be resident of KY • Child must be a U.S. citizen or a qualified alien • Child must be under 13 or be 13-19 and physically or mentally incapable of self-care • Recipient must be parent by blood, by marriage, or by adoption, or recipient must be the legal guardian or standing *in loco parentis* in relationship to child	• Recipient must be a resident of OR • Child must be a U.S. citizen or qualified non-citizen (includes non-citizens who are at risk for, or currently the victim of domestic violence, and victims of severe trafficking) • Child must be under 12 or be 12-17 and receiving care due to special circumstances and needs • Recipient must be a parent or caretaker who has care, control, and supervision of the dependent child (not required to be a relative)
Income	• Less than 150% of 2011 FPL (On-line calculator considers earned income, net child support, social security, TANF, and "other sources")	• (At initial certification) Less than 185% of 2015 FPL (Application asks for all sources) • (On-going and at recertification) Less than 250% of FPL and less than 85% of the state median income
Resources	• No requirement	• No requirement
Employment	• Must be employed and average at least 20 hours per week for a single parent or average 40 total hours per week for a couple OR A teen parent attending high school or pursuing a GED OR Participating in the Kentucky Works Program OR Have a child protective or preventive services authorization	• Must be employed (no minimum number of hours) and if a couple, both must work and schedules must overlap (unless one parent cannot provide care due to a verified medical condition) Oregon does not cover teen parents attending high school or pursuing a GED, participants in an Oregon employment program, or parents who have children in protective or preventive services authorizations.
Benefit	• The program pays the provider's bill—less a copay—up to a maximum rate that depends on the age(s) of the child and the provider type • Recipient pays a copay that depends on income plus any part of the provider's rate that exceeds the maximum rate	• The program pays the provider's bill—less a copay--up to a maximum rate that depends on the age(s) of the child, provider type, location, and special care needs • Recipient pays a copay that depends on family size and income plus any part of the provider's rate that exceeds the maximum rate
Other	• Must use a provider that is licensed, certified, and registered	• Must use a provider that meets DHS requirements (includes licensed and licensed exempt providers)

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6.8 Appendix I – Alignment with Strategic Technology Plan

The table below summarizes the various components of the STP that an integrated eligibility system will satisfy.

Comprehensive View of Clients	o Supports use of a master client record o Single location for verified client data (e.g. financial, eligibility, benefit etc.) o Facilitate future view of an integrated case and payments through integration with legacy case management and payment systems
Trusted Sources for Health & Human Service Data	o Reduce data duplication and entry into multiple systems through single application for various programs. o Reduce data inconsistencies and inaccuracies through workflow automation o Trusted source for verified client data (e.g. financial, eligibility, benefit etc.) o Improve data access and data share across programs through integration with other DHS systems. o Role based data access and security improves data protection and compliance. o Consistent and accurate data reporting and analysis o Field-level audit and reporting capabilities
Business Automation	o Automated workflows using task queues inside the Worker Portal o Automated decision making and business rules using the business rules engine o Reduced manual and paper based processes o Real time determination of eligibility and benefit amount o Automated verification of client information o Interface with legacy systems
Connectivity Anytime, Anywhere, in Multiple Ways	o Applicant and worker portal allows real-time, 24/7 access to application, eligibility, and benefit information. o Clients can apply, update information, report change in circumstances, and communicate with their assigned case workers through multiple channels. o Multiple device and browser agnostic capability supports connectivity from anywhere
Dynamic Needs Supported by Seamless Services	o Industry best practices and standards based modular architecture and design (e.g., Service Oriented Architecture (SOA), Enterprise Service Bus (ESB) etc.) enables to leverage existing functionality and also expose functionality through web services

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6.10 Appendix J – Responsibilities

Agency and Contractor responsibilities as identified in the SI SOW #2, Amendment #4, are grouped by category below.

Project Area	Agency Responsibilities	Contractor Responsibilities
Planning & Project Management	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.1 of this SOW #2 • State-designated Project Director, in consultation with DHS leadership and the Contractor's Engagement Manager, will have overall responsibility and authority for driving all Project decisions; reviewing and approving all Deliverables; facilitating discussion and communication among the parties as needed; and securing any required State or third-party resources • Manage Joint Agency Governance Structure for ONE/Integrated ONE system (including vendor management structure)	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.1 of this SOW #2 • Engagement Manager, in consultation with Contractor leadership and State Project Director, will have overall responsibility and authority for driving all Contractor decisions; facilitating discussion and communication among the parties as needed; and securing any required Contractor resources. Meet on an agreed upon frequency with key stakeholders to review project performance and resolve issues between the Contractor and the State

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Project Area	Agency Responsibilities	Contractor Responsibilities
	• Subject matter specialists assigned to the Project will have the necessary time commitments to attend meetings, workshops and other Tasks. DHS and OHA personnel will have the role and authority to represent their various functions, and they will also be responsible to speak for, approve on behalf of, and communicate to and from their respective business units for the Tasks defined in SOW #2 • Allocate State resources based on work streams, as defined in the IPS, to allow multiple concurrent sessions to occur during SOW#2. Based on the current high-level timeline outlined in Appendix A, up to three concurrent work streams may be actively engaged at a point in time during the SOW #2 • Contribute to development and management of the IPS: o Identify State-owned tasks and work with the PMO to finalize relevant attributes required for each task o Collaborate with Contractor on understanding Contractor tasks and their attributes in the IPS, integrate timing between State-owned and Contractor tasks o Report progress on State-owned tasks weekly per the processes and cadence in the IMPF o Work collaboratively to identify corrective actions for slippages while reducing impact upon go-live dates • Manage and share schedule for work with implementation dependencies (i.e. legacy design and development). • Complete assigned tasks in the approved IPS in accordance with the baseline finish dates • Analyze Project risks and issues and work with the Contractor to approve issue resolutions and risk mitigations. Communicate risk and issue status discussed at the Executive Steering Committee meetings in consultation with the Contractor • Review and approve the proposed Deliverable Expectation Documents (DEDs) and Deliverable documents, consistent with the Project Management Plan	• Participate as requested in Joint Agency Governance Structure for ONE/Integrated ONE system • Contractor personnel assigned to the Project will have the appropriate experience, availability and skills to perform their function(s) • Follow established onboarding and off boarding processes, complete required privacy and security training; comply with building and server access and use rules • Allocate Contractor resources based on work streams to allow multiple (up to three) concurrent sessions to occur during SOW#2. Propose meeting schedule that takes into consideration the number of concurrent meetings due to State resource availability during the preparation period of the SOW #2 • Develop the IPS by: o Identify Contractor-owned tasks and work with the PMO to finalize relevant attributes required for each task o Collaborate with State on understanding State tasks, managed by the State and their finalization in the IPS; integrate timing between Contractor and State-owned tasks o Reporting progress on Contractor-owned tasks weekly per the processes and cadence in the IMPF o Work collaboratively to identify corrective actions for slippages while reducing impact upon go-live dates • Complete assigned tasks in the approved IPS in accordance with the baseline finish dates • Identify and help mitigate risks and issues related to the Project (scope, schedule, resources), using the agreed-upon Project processes • Prepare a Deliverable Expectation Document (DED) and submit for

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Project Area	Agency Responsibilities	Contractor Responsibilities
	• For each deliverable, participate in working sessions to provide input on deliverable content, provide direction, and vet content as it is being development • Analyze and approve proposed Project scope of work changes. Approve Change Orders and operational procedure changes • Coordinate the necessary State and federal reviews and assessments • If there is a conflict among the governing regulations regarding a specific standard, State will provide the statutory interpretation to resolve the perceived conflict to Contractor • Provide 24/7 access to facilities, servers, and environments for Contractor's Project team. This is subject to the planned maintenance and downtime necessary for servers and environments. Sufficient system and network access will be provided for a minimum number (##) Contractor resources • Maintain Project SharePoint as central document repository • Use PMC in accordance with processes documented in the approved PMFP • Follow Project management and quality management processes as defined in PMFP • Consult with the Contractor on quality improvement measures and determination of areas to be reviewed • Provide notice to the Contractor of inadequate performance; request, review, approve, and monitor proposed corrective actions taken by the Contractor • Protect any Confidential Information, including that of citizens and employees (e.g. limit the amount of data provided to Contractor, use secure channels or ways of sharing data, protect data that resides within the State's operating and IT environments). DHS/OHA will provide Contractor with access to conversion data on a State-provided network device. The State will not knowingly provide PHI, PII or FTI data, except as provided for data conversion activities at Contractor's request and as requested in writing by the Contractor's Project Manager	Acceptance from the State for the content and format of each Deliverable at least two weeks before beginning significant work on the Deliverable as per the dates in the approved IPS (or Section 3 until the IPS Acceptance occurs). • Prepare proposed Project scope of work changes, initiate Change Orders, and recommend operational procedure changes • Participate in State and federal reviews and assessments, as necessary • If there is a conflict among the governing regulations regarding a specific standard, Contractor shall identify perceived conflict and will seek guidance from Agency • Contractor is also responsible for ensuring that personnel use reasonable efforts to maintain property • Submit formal Project documentation to the State SharePoint domain, with access provided to Contractor and State staff. Access restrictions may apply to some documentation such as folders containing security, financial or contract information. All documentation restrictions shall be approved by the State Project Director prior to loading of documents on the SharePoint • Maintain PMC for Project • Implement and maintain Project management and quality management processes as defined in PMFP • Consult with the State on quality improvement measures and determination of areas to be reviewed • When provided notice by Agency of inadequate performance, Contractor will identify, submit for Acceptance, and implement proposed corrective actions to be taken by the Contractor • Handle any Confidential Information to which Contractor has access, in

Project Area	Agency Responsibilities	Contractor Responsibilities
		accordance with the terms of the Contract
Detailed Design Phase	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.2 of this SOW #2 • Actively participate in functional and technical design sessions based upon detailed schedules • Support development of design specifications with functional and technical SMEs that are familiar with legacy systems • Based upon approved design specifications, develop technical design for legacy side of interfaces, legacy application changes, and conversion extract routines	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.2 of this SOW #2 • Schedule and lead functional and technical design sessions with State SMEs • Develop design specifications that describe interfaces (including file formats) and conversions (including file formats) • Support State technical resources in developing technical designs for legacy side of interfaces, legacy application changes, and conversion extract routines
Development	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.3 of this SOW #2 • Review and provide inputs to the Application Development Plan • Provide inputs to functional clarifications and decisions raised during the course of Application Development • Develop interface components per design specified in the Interface Design Control Document (ICD) associated with connecting legacy systems and coordinate with interfacing agencies as defined in Appendix B of this SOW #2. • Provide files generated per the specifications of the interface components in accordance with Accepted design, for integration during development phase. • Provide data extraction files based upon Accepted Data Conversion Plan. • State will provide sample legacy data extracts with confidential information removed or masked for data quality assessment purposes • State SMEs will confirm data models, data definitions and provide available data dictionary documentation for source systems • Perform purification/cleansing of data required for conversion in legacy systems	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.3 of this SOW #2 • Develop the Application Development Plan • Develop the System in accordance with the Accepted Functional Design Document and proactively raise necessary clarifications to the State business and technology teams as applicable. • Recommend specifications for interfaces between the Integrated ONE system and in-scope legacy systems • Execute validation routines against conversion extracts and provide reports of data that fails validations • Advise State in defining data extract criteria for each legacy system • Assist with obfuscation protocols if needed • Advise State in conducting purification/cleansing of data in legacy systems required for conversion • Assist State by implementing Accepted conversion software (Deliverable 2.3.3) to support legacy data conversion and cleansing

Project Area	Agency Responsibilities	Contractor Responsibilities
	• Develop daily extracts to support interim conversion process based on the Accepted Data Conversion Design or addendum. • Process the flagging files generated post conversion to update information in the legacy source systems per the Accepted Legacy Data Conversion Design Deliverable or addendum.	• Generate flagging files post conversion run to indicate successful conversion • Develop conversion routines to support the interim conversion process • Perform calculations, modifications, or sorting required to further identify and extract data from the State-provided data files to support phased rollout, including 'other related individuals' tied to converted data.
Testing	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.4 of this SOW #2 • Participate in mock conversions by providing extracts, reviewing error reports, and validating converted data • Participate in security testing of IAM COTS products and support determination of recommendations and execution of corrective actions resulting from security tests • Coordinate with stakeholders that are participating in test activities to connect their system test and User Acceptance test environments with the Integrated ONE system test and User Acceptance Test Environments, respectively. • Document its test plan, including tests cases based upon the Accepted design and execute Pre- and User Acceptance Testing per the current Accepted schedule in IPS • Plan review sessions, conduct review of test plans SIT test plans, and test cases in accordance to the timeline defined in the current Accepted IPS • Participate in performance, stress/load, security, and end-to-end system integration test activities as defined in the applicable Accepted test plans • Review System Integration Test results and prioritize items for remediation or determine risk acceptance • Review in accordance with the Acceptance provisions the Test Plan(s) and other Testing Phase Deliverables • Schedule, coordinate, and manage IV&V independent testing to support alignment with	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.4 of this SOW #2 • Conduct security testing of IAM COTS products • Provide Agency and Agency partners that are participating in System test activities with access to relevant Test Environment(s) and coordinate testing schedule in support of data exchange. Test Plan and Test Cases as documented in relevant Deliverables will also be made available as additional references • Conduct and complete, in accordance with Agency accepted Test Plans, the performance, stress/load, security, and end-to-end system Integration Tests • Conduct test plan review sessions and finalize the test cases • Conduct testing activities defined in the Accepted test plans and report Test results for QA review • Update the RTM Deliverable to reflect refinements identified during system integration Testing that are mutually determined by the parties to be necessary to exit system integration test • Provide Defect triage, reporting, and the necessary application development support to the State in Pre-UAT and User Acceptance Testing as specified in Section 2.4 of the SOW • Participate in IV&V independent testing by preparing the system, provisioning tester access, and reviewing test results

Project Area	Agency Responsibilities	Contractor Responsibilities
	the approved design and adherence to approved IPS go-live dates	
Security	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.5 of this SOW #2 • State, DHS and supporting agencies will participate in work sessions and review sessions for the system Security Plan (SSP), Privacy Impact Assessment (PIA), Plan of Action & Milestones (POA&M) and Information Security Risk Assessment (ISRA) documents and assign owners, develop work plans, and resource estimates to address gaps that are identified. DHS will review and approve final CMS SSP and POA&M to CMS • Obtain required training on the Security related COTS products (CA IAM suite, QRadar, DataPower and Optim) from product vendor or another Vendor • Hardening server and desktop operating systems and network devices for the Integrated ONE system including patch management and perform penetration testing of the hosted infrastructure according to standards that align with those listed in NIST Vulnerability Security Configuration Standards as required for CMS security requirements • Lead the communication with CMS related to the review of security artifacts as part of the ATC process • Obtain and configure Secure Socket Layer (SSL) certificates on the Integrated ONE system infrastructure • Provide input to the Application Configuration Management Plan and Technology Management Plan deliverables for infrastructure security components of the DHS solution (e.g. Firewalls, Intrusion Detection/Intrusion Prevention systems, Anti-Virus, etc.) • Develop agreements with Federal Data Services Hub (FDSH) including the Interconnection Security Agreement (ISA), Business Associate Agreements (BAA's), Memorandums of Understanding (MoU's), Data Exchange Agreement (DEA), and Computer Matching Agreement (CMA) • Create or modify security and privacy policies and/or procedures for the State, with the	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.5 of this SOW #2 • Develop the system Security Plan, Plan of Action & Milestones), Privacy Impact Assessment, and Information Security Risk Assessment in accordance with CMS MARS-E 2.0 requirements. Prepare an initial SSP and a Final SSP and POA&M (which includes the input from SAR, ISRA, and PIA) in preparation of sending to State Acceptance for CMS submission • Provide suggestions for potential vendors, if required • Provide compliance requirements for operating systems and standards for infrastructure hardening components based upon CMS/NIST configuration standards • Provide security support for the artifacts as required • Provide server information for supporting the request for SSL certificates • Develop the Application Configuration Management Plan and Technology Management Plan • Provide input as required from the SSP documentation for the ISA and data agreements for the Integrated ONE system • Address questions related to the security requirements as required • Participate in the security sessions to review questions and direction from CMS and the State that impact the CMS SSP and security related artifacts as required for ATC • Collaborate with independent vendor hired to conduct independent security testing by preparing for and supporting test execution

Project Area	Agency Responsibilities	Contractor Responsibilities
	exception of operational procedures for security products installed by Contractor • Conduct review sessions with CMS and State Security Information Security Officer (CISO) • Hire an independent vendor to conduct independent security testing per relevant federal and State requirements • Hire an Independent third-party vendor to be responsible for completing the Security Assessment Report (SAR) • Maintain and operate DHS security products other than the CA IAM products and associated supporting components • Submit quarterly updates of the POAM, and annual updates of the ISRA and PIA, following obtainment of Authority to Connect for the Integrated ONE system	• Provide information needed to support the third party security assessments as required by CMS and FNS. • Maintain and operate CA IAM • Provide information for security gaps assigned to the Contractor for responsibility for remediation identified on the POAM • Perform design, configuration, testing and integration of security COTS products (e.g., CA IAM, QRadar, DataPower, Optim) with the Integrated ONE system components • Design, build test and deploy in-scope application security roles • Perform application vulnerability and application security code testing for the Integrated ONE system and provide support for tracking of open application vulnerabilities and support for remediation
Infrastructure	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.6 of this SOW #2 • State will be responsible for acquisition and configuration of servers and operating software needed to stand-up new environments for the Integrated ONE system based upon the approved Technology Management Plan and Contractor Specifications • The State will coordinate the timing of hardware acquisition and environment preparation with the Contractor • Provide access to Contractor in order to enable the hardware and software necessary to use the Integrated ONE systems environments • Implement firewall rules and network access control list modifications to accommodate the flow of network traffic for the security products to function to address business and regulatory requirements • Maintain the Hardware and Software at the SDC including OS-level, and software licensing, and patches for such as maintained by State (for example, Active Directory, DataPower, etc.) • Plan, install and verify OS patches, security system patches, and hardware related upgrades	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.6 of this SOW #2 • Contractor will be responsible for installation and configuration of database, application, and COTS software into new environments • The contractor will participate with State in the coordination of the timing and availability of new environments • Contractor will send State requests for access to the Integrated ONE system environments with reasonable prior notice • Document infrastructure gaps to be addressed to support the flow of network traffic for the security products based upon business and regulatory requirements • Maintain the COTS products and patches in collaboration with State for products identified in the Accepted Technology Management Plan • Plan, install and verify COTS mutually agreed upon patches and upgrades

Project Area	Agency Responsibilities	Contractor Responsibilities
	required to maintain ETS standards including existing ONE system environments, VDI infrastructure, and end user desktops • Agency will work with Contractor to reasonably schedule downtime for system maintenance and will provide prompt notification of emergency unplanned maintenance • Provision compute and network capacity for development machines (VDI) as defined in the Accepted Technology Management Plan to enable onsite and offsite team members' daily activities with reasonable hardware/virtual machine performance • Collaborate with State ETS and Contractor to configure and monitor server backups and conduct server recovery tests	required to maintain vendor support without impacting the approved IPS • Work with Agency to reasonably accommodate requested downtime for scheduled maintenance • Create and submit Deliverables as per approved timeline and DEDs • Collaborate with State and provide inputs regarding performance of development machines (VDI) and document the finalized capacity requirements in Technology Management Plan. • Conduct application and COTS validation after successful recovery of servers
Business Operations Implementation	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.1 of this SOW #2 • Provide leadership direction, input and session participants necessary to support the development, execution, evaluation, and Acceptance of the Business Operations Implementation Services plans • Make cross-program operational and policy SMEs available for to-be process model working sessions. SMEs will have detailed knowledge of current business processes and preferences for the proposed business processes for the Integrated ONE system • State leadership will be closely involved to confirm key decisions made and help assess and accept their impact on the current system and business operations • Revise and publish policy changes as required to align with approved system and process designs • Leadership will communicate any modifications to future DHS vision, including timing and schedule modifications • Identify resources for business operations implementation services deliverables so that they align with the on-going work of the DHS Business Transition Team responsible for integration of OHA to DHS operations • Responsible for communicating in a timely manner any decisions regarding integration of	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.1 of this SOW #2 • Lead business transition planning tasks • Discuss Integrated ONE program policies and operational practices, and help document key transition items • Review and notify the state of any inconsistencies on Policy draft alignment with System design • Coordinate with functional team to communicate potential design impacts as a result of business process redesign

Project Area	Agency Responsibilities	Contractor Responsibilities
	OHA operations into DHS operations including timing of activities • Responsible for integrating current OHA eligibility center operations to DHS operations • Provide operational performance data including baseline data for SSP, APD/AAA offices to support Business Operations Implementation services activities	
People Readiness	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.2 of this SOW #2 • Collaborate with the Contractor People Readiness team to plan the people transition to Integrated ONE by providing input into and approval of the People Readiness and Communications Support Plan (PR&CSP) deliverable. • Collaborate with the Contractor People Readiness team to provide input into the ongoing quarterly updates of the PR&CSP • Lead the people readiness activities, per the strategy defined in the People Readiness and Communications Support Plan • Identify stakeholders with knowledge and availability to execute the people readiness activities, per the strategy defined in the People Readiness and Communication Support Plan • Develop and maintain primary responsibility for executing an Integrated ONE system Communications Plan • Provide guidance and requested information (demographics, facilities, technical, current skills) as input to Training Plan • Support development of training material based upon the approved Training Plan and identify resources for any review or dry-runs of content under development • Provide support for determination of training data • Identify and staff sufficient trainers to receive train-the-trainer training • Conduct sufficient instructor lead training deliveries to support the approved IPS • Provide Learning Management System (LMS) or other training materials storage and delivery	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.2 of this SOW #2 • Lead development of the People Readiness and Communications Support plan deliverable • Collaborate with the State People Readiness team to provide quarterly updates of the PR&CSP • Collaborate with the State by attending events and meetings where People Readiness activities are occurring • Collaborate with the State People Readiness Team on the execution of the people readiness activities, such as providing feedback on State People Readiness materials • Develop Training Plan, describing the approach, the curriculum (including description, durations, delivery method, audience, and learning objectives of each course); includes train-the-trainer approach and roles and responsibilities for training material development and training delivery; materials to be provided from the Integrated ONE perspective and designed to be incorporated into State's comprehensive training that combines information technology, policy, and practice • Develop training material based upon the approved Training Plan and schedule reviews or dry-runs of content under development o Coordinate the identification and population of training data • Leverage State designated storage and delivery mechanisms for training

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Project Area	Agency Responsibilities	Contractor Responsibilities
	mechanism and any system requirements needed for coordinated development • Provide Train-the-trainer and End User Training scheduling tools; manage registration for TTT and End User Training class delivery; train Contractor resources on provided tools; and monitor and confirm WBT training compliance • Participate in a pilot of the Training program prior to Train-the-trainer launch • Provide the necessary facilities, network access, printed materials and tools to support Train-the-trainer and End User Training sessions • Deliver end user training based upon the approved IPS and communicate feedback on training results and issues • Provide and prepare 1 business process and policy SME for each class during Train-the-trainer and end user training sessions • Collaborate with the Contractor People Readiness team in the development of the Phased Rollout Support Plan deliverable • Provide access to accurate and timely data on headcount in each of the on-site support offices for planning and deployment • Deploy State resources to support the delivery of on-site support 4 weeks after Pilot and for each go-live, per Contractor and State agreed upon support resources and timeframes • Collaborate and Coordinate with the Contractor People Readiness Team to prepare resources to provide onsite support	materials and web-based training content • Leverage provided Train-the-trainer scheduling tool to schedule Train-the-trainer sessions • Deliver a pilot of the train-the-trainer program to designated State trainers, prior to UAT as per the Accepted Training Plan Deliverable. • Deliver Train-the-trainer training to designated State trainers, prior to Pilot go live as per the Accepted Training Plan Deliverable. • Provide feedback to the State regarding document training delivery logistics checklist, which defines requirements on facilities, printed materials, and tools • Collaborate with State to address issues related to the training environment and questions about the training materials during End User Training • Provide TTT reference materials and conduct a review session to prepare State business process and policy SMEs who will participate in training delivery • Lead the development of the Phased Rollout Support Plan deliverable. Collaborate with the State Business Transition Team to plan on-site support needs prior to, during and immediately after go-live • Deploy Contractor resources to support the delivery of on-site support for the duration of the Pilot and 4 weeks after go-live for each wave, per Contractor and State agreed upon support resources and timeframes. The following number of contractors will be deployed: o Pilot + ONE Upgrade: up to 11 o Wave 1: up to 31 o Wave 2: up to 33 o Wave 3: up to 26

Project Area	Agency Responsibilities	Contractor Responsibilities
		• Prepare State and Contractor resources in the activities to be performed at each site
System Implementation	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.3 of this SOW #2 • Establish criteria for go/no-go implementation decisions and make go/no-go implementation decisions as appropriate • Provide resources to support the development of cutover plan • Provide resource to support the approved cutover plan • Provide a Command Center Manager with the authority to make decision while the Command Center is effective	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.3 of this SOW #2 • Participate in and make recommendations as input into go/no-go decisions • Develop cutover plan in collaboration with State • Lead execution of cutover based upon approved cutover plan • Provide leadership presence onsite for command center meetings.

Table 4: Responsibilities

Parking Lot

Integrated ONE System Functionality includes:

- Workflow automation inside the Worker Portal
- Automated business rules using Corticon Rules Engine – including real time eligibility determination to support the Applicant Portal
- Automated notice generation using HP ExStream
- Address validation service using Melissa Data
- Automated verification interfaces with the Federal Data Services Hub, the state Medicaid Enrollment System (MMIS), and the Oregon Employment Department
- Automated Bi-Directional Account Transfer with the FFM & Minimum Essential Coverage check for Medicaid benefits
- Integration with the existing document management service provided by DHS Imaging and Records Management System
- Integration of Computer Associates Identity & Access Management Solution to provide single sign-on integration with OHA's Active Directory

3.6.2 Key Performance Indicators: Measures of Business Success

The following Key Performance Measures are routinely collected by DHS's Performance Excellence Office. Implementation of a new Integrated Eligibility system is expected to "move the needle" on these indicators in the desirable direction:

- Customer Satisfaction: % of DHS Customers that rank the quality of DHS Service as good or excellent
- Employee Engagement: % of DHS staff that report medium-high or high level of engagement
- Accuracy:
    - % of SNAP PER QC reviews for SSP branch offices where accuracy measures 95% or better
    - % of TANF QC reviews for SSP branch offices where accuracy measures 95% or better
    - % of ERDC QC reviews for SSP branch offices where accuracy measures 95% or better
    - % of APD QC and QA reviews for APD branch offices where accuracy measures 95% or better
- Timeliness:
    - % of new SNAP Expedited and Non-Expedited applications meeting processing timelines
    - % of new SNAP Benefits issued within 0-1 days
    - % of APD cases with a redetermination date that is current or less than 1 month overdue compared to the total cases with a review date

3.6.3 Measures of Project Success and Completion

Project Success Measures:

-

• Project is completed on time in comparison to the latest approved baseline schedule.
• The last approved baseline schedule does not deviate by more than 10% from the schedule projected at Stage Gate 3.

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• Project is completed within budget in comparison to the latest approved baseline budget.
• The latest approved baseline budget does not deviate by more than 10% from the budget projected at Stage Gate 3.
• The system satisfies all of the requirements in the Requirements Traceability Matrix at Stage Gate 3 as subsequently modified through the project's change management criteria.
• At the close of the warranty period, there are no Critical or Major defects remaining and the ratio of Minor defects remaining to the size of the system is below industry averages.

Project Completion Criteria
The project will be complete when all of the following are true:
• System has been in production through a six-month warranty period
• All contracted work has been completed and accepted, and final payments have been made to all vendors
• The Office of the State Chief Information Officer and the Legislative Fiscal Office have approved the project's Stage Gate 4 submission
• A steward for Operations and Maintenance is identified and has formally accepted handoff of the system
• The position responsible for post-project monitoring and reporting on measures of success has been identified and its occupant has formally accepted the handoff
• Final reports required by funders of the system, if any, have been delivered and accepted
• Project documentation has been assembled and archived consistent with agency and state records retention policies

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DHS
Oregon Department
of Human Services

DHS|OHA

Information Resource Request

Department of Human Services
Integrated Eligibility Determination Project

VERSION LOG

Version	Description	Author	Date
1.0	Initial Draft	Karl Olmstead	12/02/2015
1.1	Revisions based on comments from Ed Arabas	Karl Olmstead	12/15/2015
1.2	Update to schedule	Karl Olmstead	1/15/2015
2.0	Updates to Schedule/budget due to re-baseline	Rob Midtun	2/28/2018

SIGN-OFF

Role	Name	Version	Comments	Date
Independent Project Director	Tony Black	2.0	Appoval via email	2/28/2018
Chief Information Officer DHS/OHA	Kristen Duus	2.0	Approval via email	2/28/2018

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1 DAS Information Resource Request

State of Oregon **Information Resource Request**

PROJECT NAME	**Integrated Eligibility Determination Planning Project**		
AGENCY	**Department of Human Services**	**DATE**	**11/24/2015**
DIVISION	**Director's Office, Office of the Chief Operating Officer for Technology**	**DAS Control #**	
AGENCY CONTACT	**Trisha Baxter**	**PHONE NUMBER**	**503-580-7853**

SERVICES SUMMARY

- ✓ System Design Programming
- ☐ Planning and Project Management
- ✓ Project Review
- ☐ LAN Consulting
- ☐ Education and Training
- ☐ Maintenance
- ☐ Other _____

PROJECT COST SUMMARY
(Including development and operating costs)

ITEM	V1.2	UPDATE V2.0
Hardware	$ 0.0M	$ 2.7M
Software	$ 3.5M	$ 11.7M
Services	$ 101.6M	$ 218.9M
Other	$ 21.0M	$ 111 M
TOTAL	$ 126.1M	$ 344.3 M

_____
Agency Business Owner date

_____
Agency Technology Manager date

ATTACHMENTS
☐Statement of Work ✓ Business Case Analysis ☐ Feasibility Study
☐ Strategic Plan ☐ Other _____

DAS COMMENTS:

_____
CIO Analyst date

_____
State CIO (or designee) date

NOTE: Guidelines for completing this form are contained in the DAS/Information Technology Investment Review/Approval Policy

PROJECT NAME	Integrated Eligibility Determination Planning Project		
AGENCY	Department of Human Services	DATE	11/24/2015
DIVISION	Director's Office, Office of the Chief Operating Officer for Technology	DAS Control #	
AGENCY CONTACT	Trisha Baxter	PHONE NUMBER	503-580-7853

PROBLEM STATEMENT ***(Identify problem, opportunity, or mandate [legislative, Federal, etc.]. Include summary statement of business process(es) and stakeholders affected.)***

Background

Oregonians do not currently have the ability to apply for Non-Modified Adjusted Gross Income (Non-MAGI) Medicaid through a self-service portal via an on-line application. Additionally, while individuals currently may utilize an on-line application for Oregon's Supplemental Nutritional Assistance Program (SNAP) or with manual process supplementation for Temporary Assistance to Needy Families (TANF) or Employment Related Day Care (ERDC), the systems supporting the application does not link to a benefit authorization system. Department of Human Services (DHS) eligibility workers must engage in manual application processing activities, with little to no automation. Changes to regulations from federal agencies present challenges for eligibility workers when applying those regulations to each applicant's unique situation.

Oregon Department of Human Services seeks to reduce manual processing and reduce the reliance on legacy systems in support of Non-MAGI Medicaid, SNAP,TANF and ERDC eligibility determinations. The purpose of this project is to assess possible alternatives for the automation of eligibility processing, determine and develop the legacy system interface requirements to reduce or eliminate manual input, and provide a web-based front-end applicant portal to support customer self-service for at-minimum, Non-MAGI Medicaid, and potentially other human service programs (i.e., SNAP, TANF, Employment Related Day Care).

Opportunity Definition

The Oregon Health Authority (OHA), the state's designated Medicaid agency, has recently implemented a new system for MAGI Medicaid eligibility determinations. That system is called Oreg**one**ligibility, or ONE, and is the result of transferring the State of Kentucky's Affordable Care Act compliant state-based marketplace solution (*kynect*) for use in Oregon.

In late 2015, Kentucky rolled out an extension to the system that OHA has transferred to Oregon. That extension supports eligibility determinations for the following programs:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance to Need Families (TANF)
- Medicaid Waiver Management Applications
- Child Care

Given CMS direction that it will only provide enhanced funding match for extending the ONE system, the time is clearly right to consider extending ONE to support Non-MAGI Medicaid eligibility determinations and eligibility determinations for other DHS Human Service programs too.

The high-level business objectives driving this effort are:

- Allowing applicants to apply for benefits on-line, reducing the need to travel to local offices and reducing the need to provide duplicate information when applying for benefits from more than one program
- Automating manual processes in order to:
    - Reduce the amount of time that elapses between completing an application and making an eligibility determination
    - Reduce the amount of time that staff must spend creating, reviewing, and acting on each application
    - Reduce the rates of errors in making eligibility determinations
- Allowing for seamless sharing of information and transfer of cases among program staff

On August 10, 2011, three federal agencies (Centers for Medicare and Medicaid Services (CMS), Food and Nutrition Services (FNS) and the Administration for Children & Families (ACF)) announced a time-limited, specific exception to the cost allocation requirements set forth in Office of Management and Budget (OMB) Circular A-87. These provisions generally require the costs associated with building shared state-based information technology systems to be allocated across all benefitting programs. The exception reflected a federal focus on streamlining enrollment in health and human services programs while leveraging funding efficiencies at the state-level. On July 20, 2015, the three agencies extended the exception for an additional 3 years, through December 31, 2018, and provided additional guidance on how states may take advantage of it to leverage these investments to better serve consumers' multiple programs and needs.

AGENCY ANALYSIS ***(Identify alternatives considered and significant reasons for the alternative chosen. Include summary of agency analysis related to cost/benefit, feasibility, risk assessment, impacts on current environment, and other relevant business factors.)***

The CMS policy to fund only a single financial eligibility system per state and the fact that Medicaid Title XIX will provide 90 percent of the funds needed for the system means that Oregon's only viable alternative to the status quo must include enhancement of the ONE system to support Non-MAGI Medicaid eligibility determinations. DHS has explored four possible courses of action, including continuing in the current state. These are the alternatives:

Alternative #1: Implement Non-MAGI Medicaid Eligibility Determination into the ONE System
Under this alternative, the ONE system would be extended to support Non-MAGI Medicaid eligibility determinations and service authorization to community-based care programs only. This approach limits the scope of DHS programs that would be affected. It requires transfer of the Kentucky system, removal or disabling of the functionality in that system supporting

programs like SNAP and TANF, and customization for Oregon's Non-MAGI Medicaid program. This approach would use 90/10 federal funding.

Alternative #2: Implement Integrated Eligibility Determination into the ONE System
Under this alternative, the ONE system would be extended to support Non-MAGI Medicaid eligibility determinations and SNAP, TANF, and ERDC determinations, as well as service authorizations for community-based care programs. This approach involves a wider range of DHS programs. It avoids the risk and expense of removing functionality for these programs from the Kentucky system. It requires potential customization for a larger number of Oregon programs. This alternative could be rolled out all at once or it could be phased-in program-by-program. This approach would use Medicaid 90/10 federal funding to the benefit of other programs, which would only have to fund parts of the solution that were benefitting those programs exclusively.

Alternative #3: Acquire External Eligibility Determination Services from another State
Just like Alternative #1, this alternative would extend ONE to support Non-MAGI Medicaid eligibility determinations only. Like Alternative #2, it would support eligibility determinations for the SNAP, TANF, and ERDC programs. However unlike Alternative #2, that support would be outside of ONE. In this alternative, DHS would contract with another state to support SNAP, TANF, and ERDC eligibility decisions. At a minimum, that would involve modifying the partner state's system for those programs to accept applications from Oregonians and make eligibility determinations based on Oregon's rules. Limiting factors include lack of integration of Non-MAGI Medicaid program eligibility with MAGI program eligibility and recording of Oregon-specific MAGI, CHIP, and CAWEM rules. The project team was unable to identify a state where this approach is being used. Therefore, cost estimates for this alternative were unattainable.

Alternative #4: Do Nothing
Under this alternative, there would be no additional investment in the ONE system and no acquisition of eligibility services from another state. Improvements to current processes would be limited to those that arise naturally through the DHS's continuous improvement program. This alternative means losing the opportunity for enhanced federal funding to improve IT systems and thus results in greater cost in state funding for future enhancements.

Section 4 of the attached business case describes the costs, benefits, and risks of each of the alternatives. They are summarized here:

Cost, Benefits, and Risks Summary

Alternative	Project Cost	Program Benefits from Project	Overall Risk
1. Implement Non-MAGI Medicaid Eligibility Determinations	~$80.3M	Medicaid	Low
2. Implement Integrated Eligibility Determinations	~$126.1M	Medicaid, SNAP, TANF, ERDC	Medium
3. Acquire Eligibility Determination Services from Another State	Unknown	Medicaid, SNAP, TANF, ERDC	High
4. Do nothing	~$4.0M		High

Based on that analysis, DHS intends to pursue Alternative #2, Implement Integrated Eligibility Determination. This means extending the ONE system by transferring, configuring, and customizing Kentucky's Non-MAGI Medicaid, SNAP, TANF, and ERDC eligibility system to Oregon.

PROJECT SUMMARY ***(Provide summary narrative of the current project. Include summary statement of work, community/stakeholder impact, enterprise implications and opportunities, and alignment with the*** **State of Oregon Enterprise Information Technology Strategy** ***and published enterprise architecture and standards.)***

Section 5 of the business case sets out a tentative schedule that would implement the expanded, integrated eligibility determination system in mid-2018. These are the key project milestones.

Schedule Milestone v1.2	**Expected Date**
Stage Gate 2 Approval	December 2015
Independent Quality Assurance Vendor Under Contract	December 2015
Stage Gate 3 Approval	February 2016
System Integrator Under Contract/Fit-Gap Analysis Begins	March 2016
Fit-Gap Analysis Complete; Design/Development Begins	July 2016
Re-Baseline Based on Fit-Gap Findings	August 2016
Design and Development Iteration #1 Complete	April 2017
Design and Development Iteration #2 Complete	July 2017
Design and Development Iteration #3 Complete	November 2017
End-to-End User Acceptance and Regression Testing Complete	May 2018
Pilot Implementation Begins	July 2018
Roll Out Begins	September 2018
Stage Gate 4 Approval	June 2019
Project Complete	June 2019

Schedule Milestone v2.0 Re-Baseline	Expected Date
Project Planning Begins	July 2015
Stage Gate 1 & 2 Submission	December 2015
Stage Gates 1 & 2 Approval; Federal Advance Planning Document Approval	February 2016
System Integrator under Contract; Fit-Gap Analysis Begins	April 2016
Stage Gate 3 Submission	July 2016
Stage Gate 3 Approval, LFO Approval, Federal Approval of DDI SOW	September, 2016
Design Phase (Core)	September 2016 - March 2018
Iteration #1 Development & SIT Phase	April 2017 – September 2018
Iteration #2 Development & SIT Phase	April 2018- March 2019
End-to-End User Acceptance Testing Prep & Execution	October 2018- August 2019
OHA Upgrade & Production Pilot Period	September 2019-December 2019
Phase Implementation (3 waves)	February 2020 - July 2020
Roll Out Complete	August 2020
Stage Gate 4 Approval; Project Complete	January 2021
Warranty Complete	August 2022

These are the principal stakeholders:

- ***Oregonians applying for Non-MAGI Medicaid, SNAP, TANF and ERDC benefits***
- ***DHS Aging and People with Disabilities (APD) Field Offices*** statewide & ***Area Agencies on Aging (AAA)*** which are typically county-chartered organizations and under contract with the department. Collectively they deliver DHS's Non-MAGI Medicaid program including making initial and ongoing financial eligibility determinations for people over the age of 65 and people with disabilities who need assistance.
- ***DHS Self-Sufficiency Program (SSP) Field Offices*** which deliver DHS' SNAP/TANF/ERDC eligibility determinations
- ***Federal Partners, including Centers for Medicare and Medicaid Services, Food and Nutrition Services, Administration for Children and Families***

The proposed solution will be fully consistent with state and department IT architecture and standards.

Does this project conform to program and information technology related statutes, administrative rules, executive orders, and statewide policies? ✓ Yes ☐ No ☐ Don't Know
If not, please provide justification: _____

BUDGET IMPACT ***(Provide summary narrative of the budget and resource implications of this project, as well as its relevance to the core mission of the agency.)***

The preliminary estimate of the cost to implement the system in mid-2018 and operate it through June of 2019 is $126.1 million. Details and assumptions behind that estimate can be found in the attached business case.

Most of the cost will be eligible for a 90 percent federal match. Other portions will be eligible for a 50 percent match. The total state share will not exceed 20 percent.

A more detailed budget estimate will be developed as part of preparing for Stage Gate 3 review. That work will include establishing a precise expectation about the state share of the total cost.

Update February, 2018 v2.0 Re-Baseline:
The total Project one-time costs are estimated to be $344.3 million (July 2015-July 2020). This estimate includes the design, development, and implementation of the ONE IE & ME systems, the legacy systems work, the disaster recovery sub-project, all personal services (salary and benefits), IT professional services, hardware and software costs, hosting services, and training. Stage Gate 3 foundational documents have been updated and uploaded to OSCIO's enterprise Project and Portfolio Management (PPM) system such as an updated Business Case, v 3.0.

FUNDING SOURCE ✓ **General Funds** ✓ **Federal Funds** ☐ **Lottery Funds** ☐ **Other Funds**
If Other Funds, please identify source _____

CONTRACT SUMMARY ***(attach statement of work from procurement document)***
✓ **Personal Services** ☐ **Goods** ☐ **Trade Services** ✓ **PO/CRO/Task Order**
Contract Amount TBD **End Date** 12/31/2018 **Amendment #** _____

PRODUCT/HARDWARE SUMMARY	**HOST-BASED SOFTWARE**
Please indicate required hardware (if known):	☐ **System** _____ ☐ **LAN/WAN** _____ ☐ **Development** _____ ☐ **DBMS** _____ ☐ **Application** _____ ☐ **Other** _____

IRR COMPLETION PROCESS

At the commencement of an information technology-related project, agency prepares form, business case and any supporting documentation required.

Agency obtains Agency Business Owner and Agency Technology Manager signatures or e-mail approvals.

Agency sends IRR, business case and any supporting documentation to:

Department of Administrative Services
Chief Information Office
155 Cottage Street NE (4th Floor)
Salem, OR 97301

or by e-mail to: **IT_Investment.Review@das.state.or.us**

DAS will review and provide analysis related to completeness of the IRR and business case based on the context of the Information Technology Review/Approval Policy and potential enterprise applications and impact on enterprise programs.

If form is complete, IRR and accompanying analysis is forwarded to the State CIO for approval

OR

If form is not complete, documentation is returned to Agency with explanation.

After documentation is approved, the IRR is returned to the Agency with DAS Control Number.

Agency forwards approved IRR with procurement documents to Dept. of Justice and DAS State Procurement Office

Total Project Cost or Purchase Price:	Agency-Provided Supporting Documentation	Approval required
≥ $150,000	**Conform with Information Technology Investment Review/Approval Policy** **Information Resource Request** **Business Case** **Any additional supporting documentation**	State CIO
NOTE:	**Some projects may require Independent Quality Assurance Reviews as per the Technology Investment Strategy Development And Quality Assurance Reviews Policy Circumstances may include the following:** **Those projects that are required by legislative action or executive mandate to have independent reviews, and information technology projects that meet three of the following criteria, shall provide for an independent quality assurance review.** **The system, application or infrastructure affected by the project is considered mission critical by the affected agency or DAS.** **The project schedule exceeds one year in duration.** **The project scope includes changes or enhancements to systems, applications or infrastructure managed or maintained by more than one state agency or government entity.** **The complexity of the project is deemed medium or higher using the Department of Human Services, Business and Technical Assessment (Exhibit A) or similar tool that has been approved by DAS.** **The total project costs are estimated to be greater than $1,000,000.**	State CIO



Business Case for Medicaid Modularity Planning

Office of Information Systems

Date: 03/25/2020
Version: 2.0
Author: Sophia E. Grant

Business Case – Authorizing Signatures

PROPOSAL NAME AND DOCUMENT VERSION #			
AGENCY		DATE	
DIVISION		DAS CONTROL #	
AGENCY CONTACT		PHONE NUMBER	

The person signing this section is attesting to reviewing and approving the business case as proposed.

This table to be completed by the submitting agency Agency Head or Designee	
Name	
Signature	
Agency Executive Sponsor	
Name	(Date)
Signature	
Agency Chief Information Officer (CIO) or Agency Technology Manager	
Name	
Signature	
State Data Center Representative, if required by the State CIO	
Name	(Date)
Signature	

This Section to be completed by DAS Chief Information Office (CIO) IT Investment and Planning Section DAS CIO Analyst	
(Name)	(Date)
Signature	
State CIO	
(Name)	(Date)
Signature	

Executive Summary

The OHA Office of Information Services (OIS) is a shared-service information technology organization supporting Oregon's two largest state agencies: the Oregon Health Authority (OHA) and the Department of Human Services (DHS). OHA is Oregon's single State Medicaid agency responsible for ensuring access to health services is available to Oregonians, while DHS is the agency responsible for providing access to all other public assistance benefits. The partnership between OHA and DHS and their alignment with business operations and technology services unites these two agencies in their common goal to establish streamlined Medicaid eligibility, improve access to care and service delivery, and expand coverage to more Oregonians.

Current Oregon MMIS is a monolithic system implemented in 2008. CMS has indicated that eligibility for continued federal funding is dependent on compliance with CMS mandates and evidence that states are committed to a thorough planning effort supporting a modular future state. The goal of the Oregon Medicaid modularity program is to move from a monolithic system to a modular Medicaid environment that facilitates efficient administration of Oregon's Medicaid program. Since Oregon does not need to replace its current MMIS in the immediate (near term) future, the focus of the Oregon Medicaid modularity program is to evaluate Oregon Medicaid enterprise architecture for possible improvements; and develop a strategy and plan for the Medicaid modularity activities. The Modularity program planning effort provides a long term roadmap for modernization of Medicaid related systems.

The goal of the proposed program is to support DHS and OHA in crucial planning activities to achieve compliance with CMS requirements and improve interoperability and sustainability of the technology solutions supporting Medicaid service delivery. Federal government will support funding of modularity planning activities at an enhanced 90/10 match rate. This level of federal support translates into substantial financial savings for Oregon to transform its existing Medicaid system to provide sustainable foundation into the future. Access to enhanced funding will allow Oregon to incrementally implement modular solutions over the next 5-7 years while shouldering only 10% of the primary costs.

Purpose and Background

Oregon's current MMIS is based on the DXC Technology Services LLC interChange Healthcare platform implemented in 2008. The MMIS was designed to support a fee-for-service model; there were extensive modifications implemented later to support Oregon's Coordinated Care Organization (CCO) capitation-based model. OHA intends to create an enterprise vision for transforming the way services and programs are delivered to Oregon citizens, going beyond technology. This encompasses a re-evaluation of processes and organization structures used to manage and deliver program services, efforts to work across organizational boundaries to more effectively manage and deliver health and human services (HHS) in Oregon, and transition from current operating models to an outcomes-based focus. This program supports core value of Innovation for both OHA (https://www.oregon.gov/oha/Pages/Portal-About-OHA.aspx) & DHS (https://www.oregon.gov/DHS/ABOUTDHS/Pages/index.aspx)

In 2016, the federal Centers for Medicare & Medicaid Services (CMS) issued regulations which represent a fundamental shift in the approach states must use to procure, implement, and obtain certification for their MMIS. The new modular approach championed by CMS involves packaging a business process or group of processes into a distinct "module" with open interfaces which can easily be integrated with other modules to

create a flexible, service-oriented architecture. Because the modules are independent components, they can be replaced in the future more easily and with lower risk and duration than a traditional "big-bang" MMIS replacement or the modernization overhaul.

The underlying rationale for Medicaid Modularity planning effort supports the fundamental principles of the OHA & DHS Strategic Plan to: 1) "*provide the agencies with tools & capabilities to automate workflows, decision making & business rules, while reducing manual, paper-based processes & increasing efficiency & effectiveness*" (https://teams.dhsoha.state.or.us/sites/ois/SiteCollectionDocuments/DHS_OHA%20Strategic%20Technology%20Plan%202013.pdf p 15) : 2) "*provide modular, common services & capabilities which promote agility, re-use, & capitalize on best practices leveraging enterprise capabilities*" https://teams.dhsoha.state.or.us/sites/ois/SiteCollectionDocuments/DHS_OHA%20Strategic%20Technology%20Plan%202013.pdf, p 15).

The modular approach also enables Agency to design and conduct a sequenced procurement and deployment of an end-to-end MMIS solution, prioritizing the implementation of modules based on business needs. Modularity offers many benefits to Agency, such as the ability to adapt to changes in state and federal policy, new programs and initiatives, and technological advancements in a timely and cost-effective manner and to increase innovation and potentially lower costs through new market entrants and greater competition. It allows Agency to focus on "best-of-breed", interoperable solutions.

Problem or Opportunity Definition

Oregon made numerous enhancements to its current MMIS. These changes impact 1,800 state users, 17,000 provider users, and over 1 million Oregonians receiving healthcare services. Despite various improvements, large sections of Medicaid enterprise system are from legacy technologies. In order to continue supporting its business mission, OHA needs to transform its business operations and modernize its IT ecosystem to align to rapid changes in healthcare delivery system.

Medicaid Modularity planning is highlighted in Healthy People IRM 2019-2021 (Sec 4.3.1, p 29) as this program responds to several key drivers of the Strategic Information Management Framework, identified in the Healthy People IRM 2019-2021. These drivers include: Federal mandates (sec 2.1.3 p 12), Modernization (Sec 2.1.5 p 13), Health System Transformation (Sec 2.1.7 p 14) and the Overall Driver of Aligning Strategy, Priorities & Plans (Sec 2.2 pp 14-15). The program aligns with the overall Agency vision of investing for sustainability & agility (Sec 2.4 p 17). Planning effort will comply with all relevant federal, state, and agency requirements, including OHA 2019-21 Affirmative Action Plan, DHS office of Equity & Multiculturalism Policy & Processes and DHS-OHA Reasonable Accommodation policy.

OHA completed its first MITA SS-A in 2013 to review existing capabilities and determine future needs. In the early stages of the MITA SS-A, it was determined that even the current MMIS implemented in 2008 is unlikely to meet future business needs of OHA. An update to MITA SS-A will identify the current level of maturity of a broad range of organizational processes and include organizational change management recommendations to improve its level of maturity across a broad spectrum of Organizational Change Management practices.

The move to modularize Oregon Medicaid Enterprise Systems (MES) is federally mandated through a letter issued to State Medicaid Directors on Aug 16, 2016. CMS requires all states to plan for and implement modular technology solutions in support of Medicaid programs. Oregon MES needs to be updated with modular functionality to eliminate redundancy, duplication of effort and waste of IT assets. Modularity planning effort will be led by vendor resources and agency FTEs that will be dedicated to this effort. The planning activities have been scheduled considering other large agency-wide strategic initiatives to ensure critical business resources will be available to support the planning effort. Agency has an established appropriate governance structures to adequately oversee this investment, as outlined here: https://dhsoha.sharepoint.com/teams/Hub-SS-OIS/SitePages/IT-Governance.aspx Additional processes will include the following elements: engaged executive sponsorship, steering committee, vendor and contract management, change control and stakeholder representation processes.

OHA is soliciting for planning consulting services around Medicaid modularity. Consultant will be tasked with several critical activities: 1) update of the current MITA State Self-Assessment (SS-A), 2) create of the strategic modernization roadmap and 3) prepare for procurement activities to solicit for and acquire services of SI & PMO vendors for Medicaid Modularity along with individual module acquisition strategy that meets Agency needs.

Medicaid Modularity planning will take a holistic approach, looking at a broad range of technological, budgetary and business process challenges OHA will face as it moves from a single MMIS into the modular environment to address the wide variety of business needs. The consultant will produce a roadmap of modernization projects that span multiple biennia, which will allow for long term budget planning, using the approach that considers:

- Agency's short- and long-term goals and priority initiatives and the vision and expected outcomes of the Medicaid modularity.
- The ability of the market to support Agency's vision for the Medicaid modularity with modular offerings versus custom development.
- The grouping and sequencing of modules for federal funding requests, procurement, and implementation to support the Medicaid modularity.

Alternatives Analysis

Two other (*less desirable*) alternatives include:

Do Nothing – continue to extend the existing support contract with DXC (that, per CMS guidelines, cannot be continued *indefinitely*). The current MMIS was implemented 12 years ago with optional M&O contract that will expire in 2022. Maintaining the current state will cause Oregon to miss a unique opportunity to streamline Medicaid related systems while taking advantage of enhanced FFP. CMS expects Oregon to demonstrate a strong commitment to plan and execute a modular Medicaid Enterprise environment in compliance with CMS mandates. Non-compliance with CMS mandates will lead to significant negative financial ramifications for Oregon – loss of enhanced funding for enhancements or renewal of the system and doubling of state fund requirements for M&O expenditures.

Implement another State's planning approach

Oregon could choose to bypass its own planning efforts and implement the planning approach of another state, leveraging its planning outcomes and RFPs to procure new modular solutions. This approach will likely result in a lack of a cohesive roadmap and executable plan to meet Oregon-specific needs and increase the overall risk of this crucial program. It is also likely, that the solutions adopted by another state either would require significant modifications to address Oregon-specfic requirements or would require significant business process and operational workflow reengineering.

Consequences of Failure to Act

- Lost opportunity to develop a modern, sustainable and scalable solution environment supporting Oregon Medicaid service delivery.
- Lost opportunity to leverage CMS enhanced 90% funding for future replacement of existing aging Medicaid supporting technology. In just 5 more years, the current MMIS solution will be 17 years old and will be approaching its end of life. The typical cost to replace MMIS systems is over $150 million. Without enhanced funding, the general fund share of a replacement would be over $75 million, compared to $15 million.
- Lost opportunity to negotiate competitive maintenance and operations vendor support as a result of increased competition. The current contract with DXC for maintenance and operations increases by 2% annually.
- Potential significant financial impact due to loss of CMS enhanced funding support for maintenance and operations. The current annual maintenance and operations cost is approximately $20 million per year. CMS funds 75% or approximately $15 million. If Oregon lost CMS enhanced funding, the federal funding level will drop from 75% to 50%. This will increase Oregon's need for GF for annual maintenance and operations from $5 million to $10 million per year.
- Potential significant financial impact due to loss of CMS enhanced funding support for system change requests and for major enhancement projects. System change requests average $10 million annually. Major enhancement projects range between $5-20 million. CMS currently pays 75% of the cost of system change requests and 90% of the cost of major enhancements. If Oregon lost CMS enhanced funding, the federal funding level will drop to

50%. This will increase Oregon's typical annual general fund change request and enhancement projects cost from under $4 million to over $11 million.

Conclusions and Recommendations

It is essential for OIS to engage in this federally funded effort to transform business and technical architecture of the Medicaid Enterprise Systems. The Strategic Advisor consultant is expected to provide experience and technical expertise and successfully develop Medicaid modularity roadmap for OHA. The underlying rationale for this planning effort supports the fundamental principles of the OHA & DHS Strategic Plan to: 1) "provide the agencies with tools & capabilities to automate workflows, decision making & business rules, while reducing manual, paper-based processes & increasing efficiency & effectiveness" (https://teams.dhsoha.state.or.us/sites/ois/SiteCollectionDocuments/DHS_OHA%20Strategic%20Technology%20Plan%202013.pdf, p 15) : 2) "provide modular, common services & capabilities which promote agility, re-use, & capitalize on best practices leveraging enterprise capabilities" https://teams.dhsoha.state.or.us/sites/ois/SiteCollectionDocuments/DHS_OHA%20Strategic%20Technology%20Plan%202013.pdf, p 15).

Medicaid Modularity planning will facilitate search for solutions that leverage investments to avoid silos and redundant expenditures and maximize the return on investment, while improving interoperability and sustainability of technology solutions that support Medicaid service delivery.



Business Case for *OEBB & PEBB New Benefit Management System*

Oregon Health Authority, Health Policy & Analytics, OEBB/PEBB

Date: June 2018
Version: 1.0
Author: Alice Vetter

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Business Case – Authorizing Signatures

PROPOSAL NAME AND DOCUMENT VERSION #	**Business Case for OEBB & PEBB New BMS**		
AGENCY	OHA	DATE	
DIVISION	Health Policy & Analytics	DAS CONTROL #	
AGENCY CONTACT		PHONE NUMBER	

The person signing this section is attesting to reviewing and approving the business case as proposed.

This table to be completed by the submitting agency Agency Head or Designee	
(Name) Ali Hassoun	(Date)
OEBB-PEBB Interim Director	
Signature	
Agency Executive Sponsor	
(Name)	(Date)
Signature	
Agency Chief Information Officer (CIO) or Agency Technology Manager	
(Name) Kristen Duus	(Date)
DHS/OHA CIO	
Signature	
State Data Center Representative, if required by the State CIO	
(Name)	(Date)
Signature	

This Section to be completed by DAS Chief Information Office (CIO) IT Investment and Planning Section DAS CIO Analyst	
(Name)	(Date)
Signature	
State CIO	
(Name)	(Date)
Signature	

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Appendix A – POP Overview

Appendix B – Enrolled Senate Bill 1067

Executive Summary

The Oregon Educators Benefit Board (OEBB) and Public Employees' Benefit Board (PEBB) are the divisions of the Oregon Health Authority (OHA) charged with providing certain employee benefits to educators, state, and local government employees, respectively[1]. Over 283,000 Oregonians annually use the OEBB and PEBB Benefit Management Systems (BMS) to access benefit selections and enroll in benefits during their respective open enrollment periods. Members also use the BMSs throughout the year to select benefit plans and coverage levels upon hire, or update selections in response to qualifying events.

OEBB and PEBB's current BMS were developed ten (10) and fifteen (15) years ago respectively, and have undergone continuous development and enhancements over those periods. Maintenance and operational support, as well as annual updates to support benefit enrollment is currently provided by Perspecta (formerly DXC). Due to the number of changes made to the systems since their implementation, as well as custom written code, the systems have become costly to continuously update and maintain to provide the needed functionality.

The extension through June 30, 2021 of the existing Maintenance and Operation (M&O)/enhancements contract with Perspecta secured continued stability and support of the systems while alternatives could be assessed. OEBB and PEBB can now turn their focus to the long-term goal of replacing the existing systems with a robust, centralized, sustainable, and scalable benefits management solution, supporting the unified PEBB and OEBB business practice.

OEBB and PEBB are evaluating a longer-term strategy for a BMS replacement solution through the following objectives:

- Conduct preliminary market research – identify potential Benefits Management Solutions options and assess whether COTS, SaaS, Transfer System, or other alternatives provide the capabilities needed by OEBB and PEBB in administration of benefits.
- Evaluate the impact of State legislation – in the 2017 legislative session, Senate Bill 1067 directed OEBB and PEBB to merge administrative functions effective immediately; OEBB and PEBB are determining how the merger will inform future OEBB and PEBB benefits management contracts, and potential Request for Proposals (RFPs).
- Determine funding needs – the agency must assess the budget required to support planning and implementation of a new solution supporting benefits management and enrollment for PEBB and OEBB (including resources required), determine the source of funding, and secure such funding for the duration of the project.
- Issue a competitive solicitation (RFP) – the solicitation will be inclusive of fully detailed technical documentation of the solution (including any enhancements over the life of the contract), comprehensive Business Continuity/Disaster Recovery planning and services, and will consider the capabilities available in best-of-breed benefits management solutions. The outcome of this process will provide a secure foundation to procure and implement a new BMS solution, and resources to support implementation and ongoing maintenance and operations.

[1] See ORS 243.135 and 243.866

Purpose and Background

Purpose

OHA's Health Policy and Analytics (HP&A) Division is submitting this Business Case on behalf of its OEBB and PEBB programs in support of comprehensive planning analysis, for the purpose of developing a request for proposal (RFP) for a benefit management system replacement project. The system project would be jointly administered by both programs.

Background

OEBB and PEBB are the divisions of OHA charged with providing certain employee benefits to educators, state, and local government employees, and handle benefits administration for these members through separate benefits management solutions. OEBB and PEBB incorporate utility-like fees for members and entities/agencies in rates charged for benefits administration, including use of these systems - see ORS 243.061-243.302, and OAR Chapter 101 and Chapter 111. In August 2002, PEBB contracted with Saber Software, Inc. (Saber) to design, develop, and implement an integrated BMS called pebb.benefits (or PDB) for the Public Employees Benefit Board. In April 2008, OEBB contracted with Saber to design, develop, and implement an equivalent BMS called MyOEBB based upon the PBD system. These systems provide benefits selection and management for more than 283,000 Oregonians representing most state agencies and education districts. After several acquisitions and company mergers, Perspecta is now the contracted service provider of maintenance, support, and enhancements for both OEBB and PEBB's Benefit Management Systems.

OEBB and PEBB benefit management systems have been in service over ten years and are highly customized with nearly all code tailored for each program's customer based needs. Over the years, the systems have become more and more complex, resulting in an increased likelihood for security vulnerabilities, further reliance on contracted developers who are familiar with these specific systems, and increasing costs for ongoing operations and maintenance.

An analysis of the two systems and a resulting "Technical Assessment Report of the Benefit Management System" was produced in early 2015. The report notes that both systems are supported with obsolete technologies lacking significant historical documentation, and candidates for transitioning to a more modern and stable solution. The continued reliance upon the older base code and architecture of these systems further constrains OEBB/PEBB to dependence on Perspecta for technical expertise, while remaining responsible for managing the tendency for accruing technical debt inherent to a custom solution. Other recommendations were followed, including implementing hardware and software system upgrades to remedy issues identified in the report, and to allow OEBB and PEBB to continue meeting their statutory responsibilities until the replacement solution would be implemented.

To ensure system support stability and enable OEBB/PEBB to focus on planning for the necessary and eventual replacement of their systems, OHA has extended its existing contracts with DXC for 3.5 years until 2021, which will also end the special procurement period granted by DAS. In the 2017 legislative session, Senate Bill 1067[2] directed OEBB and PEBB to merge administrative functions and operations of the programs. The "pebb.benefits" and "MyOEBB" legacy Benefit Management Systems (BMS) are

[2] See Appendix B – Enrolled SB 1067

becoming increasingly costly and challenging to support, additional gains in efficiency which would be supported through technology automation would be difficult at best to realize. The primary goals of this business case and supporting Policy Option Package are the same: provide a modernized, centralized, standardized, supportable, and scalable solution to replace both benefit management systems for educators and public employees, with the ability to accommodate the administrative and organizational changes subsequent to SB 1067, while implementing and maintaining more rigorous security best practices.

The near and longer-term plans set forth in this Business Case align with the DHS/OHA Strategic Technology Plan (STP) Initiatives:

- **Business Automation**
  While the current BMS solutions have provided significant efficiency gains, the multitude of options now available provide greater functionality and capability to further automate and streamline essential business processes, including support of dependent eligibility verification

- **Dynamic Needs Supported by Seamless Technology Services**
  OEBB and PEBB's existing systems have been continuously enhanced to meet the needs of the member populations served, and the program staff responsible for overseeing benefits administration; replacement solutions will be reviewed and assessed for additional capabilities including modularity, agility, reusability, and incorporation of best practices in benefit administration

- **Enables Connectivity Anytime, Anywhere, in Multiple Ways**
  The current solutions provide connection capability via multiple interfaces, but alternatives solutions offer expand capabilities to better meet member, staff, and partner needs through inclusion of mobile devices

- **Trusted Source for Health & Human Service Data**
  The member information collected in the existing systems is organized in such a way as to allow searching and reporting capabilities, but lacks the capacity to provide predictive analytics, which may be available with more modern solutions

Problem or Opportunity Definition

Problems

Several issues currently exist with the OEBB and PEBB BMS solutions:

Technology and Integration Issues

- Dated software code and architecture lacking proper documentation
- Lack of integration of business functions, such as financial management and dependent eligibility verification, into a single system has resulted in multiple one-off systems; this has resulted in maintaining sensitive data across multiple systems
- Contact Management System in BMS doesn't link with all OEBB and PEBB processes
- Lack of user notification capabilities

- Communications based on exports from criteria in BMS, then OEBB / PEBB staff send to OHA communications for printing and mailing (e.g. 12-month wait letters, Health Assessment reminders, etc.)
- Maintenance and enhancements performed on BMS' often result in new bugs or errors
- Applications developed using older, more difficult to support coding language

Vendor Issues

- Lack of complete, current system and technical documentation
- High rate of turnover for vendor developers and technical staff, as well as project management and account staff due to frequent organizational changes
- No provisions or enforcement mechanisms in existing vendor contracts to enforce regulations, standards, best practices, or methodologies
- Service Level Obligations do not specify penalties for vendor's failure to perform
- Business continuity and disaster recovery services not included in current contracts

Processes done outside of both OEBB and PEBB BMS

- Financial management including invoicing to entity-customers, individual subscribers, Consolidated Omnibus Budget Reconciliation Act (COBRA) benefits administrators, and other third parties, which then OEBB and PEBB must reconcile back to carrier payments (currently handled in Microsoft Access)
- COBRA is managed by a 3rd party vendor (currently Benefit Help Solutions for OEBB and PEBB)
- Open Enrollment Plan comparisons, training and reference pricing handled in other tools
- Notifications (e.g. COBRA, reminders for those who haven't enrolled during open enrollment, and other required notices)
- Dependent eligibility verifications (e.g. birth certificates, marriage certificates, etc.); validation of eligibility currently documented in Microsoft Access
- Wellness programs owned and managed by carriers (e.g. Health Assessments, Tobacco, Diabetes, Weight Watchers, etc.)
- Appeals Process (managed using Word, Excel, Outlook, faxes, and shared drive)
- Manual entry of plans / carriers (2 OEBB), Qualified Status Changes (QSCs), rates (5 OEBB), member changes, and corrections (700+ plans entered for OEBB in 2016; PEBB 3-4 staff perform manual data entry)
- Reporting is currently performed using Business Objects which uses Crystal Reports, which must be maintained separately

Opportunities

OEBB and PEBB share the goal of implementing a centralized, standardized, supportable, and scalable solution to replace both OEBB and PEBB's systems, which will provide easier enrollment, better coordination of benefits management, improved access to plan information, and enhanced integration with other tools that improve the overall experience for all customers and users. Additionally, this presents the opportunity to accommodate the administrative and organizational changes subsequent to SB 1067, while implementing and maintaining more rigorous security best practices. The Manadatory and Value Added solution requirements identified in the Alternatives Analysis section below further detail potential gains anticipated through implementing a replacement solution.

The objective of this initial phase will be to outline a plan for system replacement including:

- Conduct preliminary market research to identify potential Benefits Management Solutions options
- Identify HP&As strategy for procuring a unified system supporting OEBB and PEBB
- Determine funding options and procurement approaches
- Issuance of an RFP to procure a replacement solution, and if needed, secure the services of a systems integrator
- Develop a written Transition Plan through partnership between OEBB/PEBB, OHA's Office of Information Services (OIS), ETS, and Perspecta

Alternatives Analysis

OEBB, PEBB, and OIS are committed to moving forward with the initiation and planning process for a new system, including prioritizing resources, documenting detailed requirements, and performing a full alternatives analysis. As the replacement of the OEBB and PEBB BMS solutions will require significant OIS and business resources, the estimates provided herein cover a significant workload in preparation of the expected project to implement the yet to be determined solution. To lay the groundwork for such a project, OIS intends to aid OEBB and PEBB at this point of the project's concept origination phase with fully identifying functional and non-functional requirements, and detailing a comparative analysis of the alternatives. This effort will include the development of a high-level business case (this document), preliminary risk assessment, an overall project plan, and potentially initiating a Request For Information (RFI) process to support both internal and external (DAS OSCIO) approval.

Assumptions

- OEBB and PEBB resources will be dedicated for requirements gathering, initiation, and planning phases
- Funding will be available to cover the cost of continued vendor support of the systems
- OHA and DAS agree that aggressively pursuing transition to a new, sustainable replacement benefits management solution is preferable to continued reliance on the existing solutions with the current system vendor, or transitioning the maintenance and support work to a new vendor

Solution Requirements

Viable solutions should include, but are not limited to the following requirements:

Mandatory

- Role-based access for internal OEBB and PEBB access, as well as for external groups including:
    - Plan carriers
    - Members
    - Entity admins
    - Wellness vendors
    - Other state and local government agencies
- Compliance with federal and state security and privacy requirements

- Reporting (e.g. canned, ad hoc, and self-service for carriers, entities, school districts, and other state agencies)
- Contact management (e.g. comments, chat, integration with phone system, member profile, appeals, dependent eligibility verification, tracking of communications, help desk ticketing, etc.)
- Online Help for OEBB and PEBB staff, members, carriers, and other vendors
- Self-service administrative capabilities (e.g. OEBB and PEBB would have the ability to manage history of changes to qualifying events, etc.)
- Expanded automated error checking / data validation
- Compatibility with commonly used browsers, devices, mobile applications, and operating systems
- Ability to import data into, and export data from solution, in multiple formats
- Financial management including invoicing to entity-customers, individual subscribers, COBRA benefits administrator, and other third parties
    - Solution allows OEBB and PEBB to reconcile back to carrier payments
- Notifications (e.g. COBRA, reminders for those who haven't enrolled during open enrollment, and other required notices, etc.)
- Dependent eligibility verifications among, and between OEBB and PEBB member groups
- Integrated appeals process

Value Added

- Single sign-on for members to access carrier accounts
- COBRA managed as part of the integrated solution for OEBB and PEBB instead of in a third-party vendor's solution
- Wellness programs managed in integrated solution for OEBB and PEBB (e.g. Health Assessments, Tobacco, Diabetes, Weight Watchers, etc.)
- Open Enrollment support tools
    - Plan comparison tool integrated into solution for OEBB and PEBB to show premium amounts, plan benefits, and other items required for Open Enrollment
    - Provider searches
    - Medical home searches
    - Health assessments
    - Premium quotes
- Trainings and webinars integrated into solution for OEBB and PEBB
- Integrated reference pricing (information based on plan for services)

Alternatives

For this high-level business case, a detailed view of alternative solutions has not been prepared. During the planning phase, the RFI and/or RFP will uncover requirements, as well as performing a formal alternatives analysis, and initiation/planning preparations for commencing with a major project initiative.

Note: Analysis, planning, and initiation will require dedicated OEBB and PEBB staff time to aid with documenting and validating requirements.

Cost

OIS estimates a duration of 8 to 12 months to adequately cover this initial phase of project preparation prior to vendor solicitation, solution identification, implementation and transition. Detailed estimates will need to be developed to forecast the time and budget required for project execution, solution implementation, close out, and transitioning to operations & maintenance. The following high-level cost estimates have been gathered for Phase 1 Planning:

OEBB / PEBB Positions	**Duration**	**Cost**
Operations & Policy Analyst 3 position "Program Business Analyst"	12 months	$140,028
Operations & Policy Analyst 4 position "Program Project Manager"	12 months	$173,465
Estimate:		$313,493
OHA OIS Positions		
Information Services Specialist 8 "Technical Project Manager"	12 months	$157,533
Information Services Specialist 7 "Business Systems Analyst"	12 months	$147,679
Estimate:		$305,212
Professional Services		
"IT Strategic Advisor"	12 months	$375,000
Total 1st year package estimate (4 FTE + 1 Contracted Resource)		**$993,705**

This information is identified in a Policy Option Package, currently under development[3]. Funding would be through Other Funds category, provided by OEBB and PEBB Administrative Fees attached to plan premiums.

Benefits

OEBB and PEBB will expect to realize cost efficiencies with lower maintenance and operations costs for a new combined system. Program efficiencies anticipate full integration with finance and budgeting, COBRA administration, wellness program administration, and other business functions that are not currently integrated. A new system will also reduce duplication between programs and the use of "one-off" systems. Soliciting for a new, consolidated system will enable OEBB and PEBB to establish a strong on-going support contract with terms favorable to the State, and position the agency to better manage the technical debt associated with a benefits solution.

As stated in the Background section above, this initiative also aligns with the following DHS / OHA Strategic Technology Plan (STP) Initiatives:

- Business Automation
- Dynamic Needs Supported by Seamless Technology Services
- Enable Connectivity Anytime, Anywhere, in Multiple Ways
- Trusted Source for Health & Human Service Data

Risk

The current OEBB and PEBB benefit management systems were built on antiquated legacy technology that now presents significant risks to properly maintain. The systems are costly and cumbersome to support due to the age and custom nature of the code upon which they were built. High turnover with contractor and account management staff compounds this problem, as it takes new staff a much longer period of time to understand the systems well enough to address identified issues.

[3] See anticipated costs in Appendix A (POP overview)

Though it has undergone a series of acquisitions and mergers, OEBB and PEBB have continued contracting with the same vendor from initial build to current maintenance and operations. This continued contractual relationship results in increased dependence on the contractor due to the age, high degree of customization, and complexity of the systems, without sufficient technical or architectural documentation. It is also cumbersome and costly to transition to a new vendor to support its maintenance and operations. Special procurement authority for the current contract ends in 2021.

Conclusions and Recommendations

Conclusions

Once DAS approval is achieved, OIS resources will work in partnership with OEBB/PEBB staff to create the detailed business case, project charter, detailed risk assessment, and fully developed project plans communicating how the project's intended scope, schedule, and budget will be managed. Business, functional, technical, security, and other requirements will need to be documented, that will establish the foundation for a Request for Proposals (RFP) to solicit potential solution providers. Project management resources will also be identified and assigned in this timeframe, as well as other necessary project team members to support initiation.

Recommendations

The project to replace OEBB and PEBB's BMS is expected to exceed $1 million. As a result, the initiation and planning processes need to begin as soon as possible. OEBB and PEBB need prioritization of OIS resources to support the effort required for commencing with a major project initiative. Additionally, OEBB, PEBB, and OIS will continue supporting development of the POP for consideration by the 2019 legislature, which will authorize additional funding of positions to support planning, coordination, project management, and implementation.

Consequences of Failure to Act

Not prioritizing the necessary resources supporting a replacement effort means OEBB and PEBB will continue using technology that is fragmented, non-standard, difficult to support, and is not scalable. OEBB and PEBB members would be at risk for benefits interruption if a replacement system is not implemented prior to existing vendor support expiration in 2021. OEBB and PEBB's BMS are not meeting all current business needs, which have grown since their original implementations in 2008 and 2003 respectively. OEBB and PEBB both seek to have more processes integrated into a new solution that improves communication and care for all member and user experiences.

OSCIO IT Investment Form

IT Investment Name:	OEBB-PEBB BMS Replacement System	Date:	07/03/2019
Agency:	Oregon Health Authority	Division:	Health Policy & Analytics, OEBB/PEBB
Agency Contact:	Jay Torres, Sr. Project Manager, OHA/OIS	Phone Number:	503-378-2798
Approving Business Owner:	Damian Brayko, OEBB/PEBB Deputy Director	Phone Number:	503-373-0800
Approving Technology Mgr.:	Kristen Duus, Chief Information Officer, DHS/OHA	Phone Number:	503-947-5378

Approving Business Owner — Date: 8/27/19

Approving Technology Manager — Date: 8/27/2019

Information Technology Investment Type(s):

☒ New Investment ☐ Renew/Life Cycle Replacement ☐ Other:

Information Technology Investment Description (What is being proposed and why):

Background:

OEBB and PEBB are the divisions of OHA charged with providing certain employee benefits to educators, state, and local government employees, and handle benefits administration for these members through separate benefits management solutions. Over 283,000 Oregonians annually use the OEBB and PEBB Benefit Management Systems (BMS) to access benefit selections and enroll in benefits during their respective open enrollment periods. Members also use the BMSs throughout the year to select benefit plans and coverage levels upon hire, or update selections in response to qualifying events.

OEBB and PEBB's current BMS were developed ten (10) and fifteen (15) years ago respectively, and have undergone continuous development and enhancements, with almost all of the software code custom tailored for each program's customer-based needs. Consequently, the systems have become increasingly complex, resulting in an increased likelihood for security vulnerabilities, further reliance on contracted developers who are familiar with these specific systems, and increasing costs for ongoing operations and maintenance.

Systems maintenance and operational support, as well as annual updates to support benefit enrollment, are currently being provided by Perspecta (formerly DXC) under an existing Maintenance and Operation (M&O)/enhancements contract now extended through June 30, 2021.

A technical assessment conducted in 2015 notes both systems are supported with obsolete technologies, lack significant historical documentation (some of which was addressed in the subsequent 2018 study requested by OSCIO) and are therefore candidates for transitioning to a more

modern and stable solution. The continued reliance upon the older base code and architecture of these systems further constrains OEBB/PEBB to dependence on Perspecta for technical expertise, while remaining responsible for managing the tendency for accruing technical debt inherent to a custom solution.

Finally, State of Oregon procurement standards require all vendors to periodically re-bid their services in order to ensure the best possible support and pricing. Given the current system technologies and business processes are outdated/unsupported, thereby restricting the addition of new, desirable functions and processes, this opportunity to better serve our fellow Oregonians comes well timed.

Problem Identification:

Several significant issues exist with the current OEBB and PEBB BMS solutions:

Technology and Integration Issues

- Dated software code and architecture lacking proper documentation.
- Lack of integration of business functions into a single system has resulted in maintaining sensitive data across multiple one-off systems.
- Contact Management System in BMS does not link with all OEBB and PEBB processes and also lacks user notification capabilities.
- OEBB/PEBB BMS staff must first manually create and export communications material before sending it to OHA communications for printing and mailing (e.g. 12-month wait letters, Health Assessment reminders, etc.)
- Maintenance and enhancements performed on BMS' often result in new bugs or errors.
- Applications developed using older, more difficult to support coding language.

Vendor Issues

- High rate of turnover for vendor developers and technical staff, as well as project management and account staff, due to frequent organizational changes.
- Existing vendor contracts have no provisions or mechanisms to enforce regulations, standards, best practices, or methodologies.
- Service Level Agreement Obligations do not specify penalties for vendor's failure to perform.
- Current contracts do not include business continuity and disaster recovery services.

Processes done outside of both OEBB and PEBB BMS

- Financial management including invoicing to entity-customers, individual subscribers, Consolidated Omnibus Budget Reconciliation Act (COBRA) benefits administrators, and other third parties, which then OEBB and PEBB must reconcile back to carrier payments (currently handled in Microsoft Access)
- COBRA is managed by a 3rd party vendor (currently Benefit Help Solutions for OEBB and PEBB)
- Open Enrollment Plan comparisons, training and reference pricing handled in other tools.
- Notifications (e.g. COBRA, reminders for those who haven't enrolled during open enrollment, and other required notices).
- Dependent eligibility verifications (e.g. birth certificates, marriage certificates, etc.); validation of eligibility currently documented in Microsoft Access.

- Wellness programs owned and managed by carriers (e.g. Health Assessments, Tobacco, Diabetes, Weight Watchers, etc.)
- Appeals Process (managed using Word, Excel, Outlook, faxes, and shared drive)
- Manual entry of plans / carriers (2 OEBB), Qualified Status Changes (QSCs), rates (5 OEBB), member changes, and corrections (700+ plans entered for OEBB in 2016; PEBB 3-4 staff perform manual data entry)
- Reporting (both customer-based and regulatory – i.e. ACA, IRS, etc.) is currently performed using Business Objects which uses Crystal Reports, which must be maintained separately

***High-Level Business Opportunity*:**

OEBB and PEBB share the goal of implementing a centralized, standardized, supportable, and scalable solution to replace both OEBB and PEBB's systems. It is anticipated this shall provide easier enrollment, better coordination of benefits management, improved access to plan information, and enhanced integration with other tools that improve the overall experience for all customers and users. Additionally, this presents the opportunity to accommodate the administrative and organizational changes subsequent to SB 1067, while implementing and maintaining more rigorous security best practices.

***Alternatives to be considered*:**

The assessment and recommendation of a solution will be based on current and projected operational requirements, business and technical process management, long-term support, and security, with a focus on customer services, commonality of functions, communications, training, security and overall product sustainability.

At this still early point of the project a detailed analysis of alternative solutions has not been developed. An initial baseline analysis of the present system will be conducted to properly identify areas which may lend themselves to improvement or replacement including, but not necessarily limited to, the following replacement alternatives:

- Upgrade/enhance current OEBB/PEBB systems (including consolidation of core processes and reporting methods) by current support vendor.
- Incorporation of BMS reporting and management into the current WorkDay HR platform.
- Outsourcing of operations and support to a third-party entity (e.g., IaaS, SaaS, Business Processes as a Service (BPaaS), External Service Provider/Integrator (ESP, ESI).
- Internal custom development and support of a state-funded, self-maintained software package and hardware platform (an "in-house" product).
- Development and release of a Request for Proposal (RFP) for competitive bidding by third party entities able to fulfill business, technical and sustainability requirements of the State.
- Transfer/leverage solution already being used by another public sector organization in Oregon or another state

OSCIO IT Investment Form

	Yes	No
1) Is the investment a project?	☒	☐
2) Will the investment have a Project Manager?	☒	☐
3) Will the investment include other agencies?	☒	☐
4) Will the investment include Information Asset Classification Level 3 or 4 data? (see DAS Policy 107-004-050)	☒	☐
5) Will the investment be for Cloud Services (as defined in Policy #107-004-150)	☒	☐

IT Investment Estimated Cost Summary

Hardware:	**$0**	**Software:**	**$6,300,000**
Services/Maintenance (projected over five years):	**$14,500,000**	**Personnel (Project) Adjusted for five years:**	**$4,500,000**
Source of Funding:	Other Funds	**Deadline for fund use:**	07/2021
Anticipated Start Date:	07/2019	**Anticipated End Date:**	07/2024
		TOTAL:	**$25,300,000**

NOTES:

1 - The initially approved POP amount of $1,993,396 by the legislature allows for work to be completed through the project planning phase. An added POP request will be made in CY2020 to obtain funding for the 21-23 biennium to enable final delivery.

2 – Personnel costs are based on 5 FTE project resources (2 each Project Managers and Business Analysts) from OIS and the business) plus a Strategic Advisor. Additionally, another 7 SMEs will be assigned as project resources with 10% each of their work time allocated to the project.

3 - Maintenance costs reflect anticipated 20% reduced expenses for the five-year period following implementation and delivery of the new system, on the assumption that the new system will replace some manual processes, newer technology is less expensive to maintain, and one system is cheaper to maintain than two. (Cost estimates based on costs for O&M related activity for the current systems).



Provider Time Capture (PTC)
Project Reboot
Business Case

DHS/OHA
APD and HSD

Date: 7/22/19
Version: v1.3
Author: Shannan Chaney

Authorizing Signatures

PROPOSAL NAME AND DOCUMENT VERSION #			
AGENCY		DATE	
DIVISION		DAS CONTROL #	
AGENCY CONTACT		PHONE NUMBER	

The persons signing below are attesting to reviewing and approving the business case as proposed.

This table to be completed by the submitting agency Agency Head or Designee	
Ashley Carson-Cottingham	Date
Signature	
Agency Executive Sponsor	
Mike McCormick	Date
Signature	
Project Director	
Brandon Crews	Date
Signature	
CIO for OHA/DHS	
Kristen Duus	Date
Signature	

This Section to be completed by DAS Chief Information Office (CIO) IT Investment and Planning Section DAS CIO Analyst	
Shelly Lofgren	Date
Signature	
State CIO	
Terrence Woods	Date
Signature	

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Purpose

The primary need for the Provider Time Capture (PTC) Project is to meet the Electronic Visit Verification (EVV) requirements of the 21st Century CURES Act. The CURES act was designed to improve the quality of care provided to individuals through furthered research, enhanced quality control, and strengthened mental health parity. The following data elements are required to be captured electronically at the time of service: Date of Service, Person Providing the Service, Person Receiving the Service, Time the Service Begins and Ends, Location of Service, and Type of Service Performed.

This document will help establish the scope of the project and contains an analysis of available options including the associated benefits and risks to identify a viable solution for a successful outcome. In addition, the solution will ensure continuity of care for critical community services provided to individuals and their families by Homecare Workers (HCWs) and Personal Support Workers (PSWs).

***See Appendix A for Acronym List.*

Background

The Department of Human Services (DHS) and the Oregon Health Authority (OHA) programs utilize approximately 24,000 HCWs and PSWs to provide in-home care for approximately 19,000 individuals across Oregon. DHS and OHA have documentation requirements which apply to HCWs/PSWs who provide personal care assistance to older adults and people with disabilities. As of October 2013, the Fair Labor Standards Act (FLSA) required the records to include certain identifying information about the HCW/PSW and data about the hours worked. The law requires individuals and service providers attest services rendered are accurate. Due to the compliance deadline of January 2016 set by the Department of Labor (DOL), the State completed the implementation of a short-term solution to pay providers for time worked for Aging and People with Disabilities (APD) and Health Systems Division (HSD) in the Client Employed Provider (CEP) system using a paper process for services beginning October 2015. The Office of Developmental Disabilities Services (ODDS) instituted upgrades to their current Express Payroll Reporting System (eXPRS) platform to meet their needs. The State then completed the cross-system payroll components (overtime and travel time) by the end of October 2016.

For APD and HSD, these records are being captured through manual processes. Paper timesheets are completed by HCWs/PSWs, and the data is entered manually into State systems by employees at State field offices and Type A and Type B Area Agency on Aging (AAA) offices. These manual processes are time intensive. In June 2015, the PTC Project was authorized to continue with the Request for Proposal (RFP) process for the long-term solution for APD, ODDS, and HSD. In November 2015, the RFP was posted for responses due by January 2016. Public Partnerships, LLC (PPL) was selected as the solution vendor for the project. In November 2016, stakeholders from across DHS and OHA gathered with PPL to discuss the possibility of combining the Financial Management Agent Services (FMAS) component with time capture. It was thought at the time the work to align the programs and modernize the approach taken would be more readily achievable. In conjunction with this, ODDS began using PPL for their FMAS needs in January 2017. The RFP outlined the desire for a provider payment option as an added value to the State. This was a direct need identified as a component of moving the State forward in the maturity models as defined by Centers for Medicare and Medicaid Services (CMS). The goal is to provide data that is timely, accurate, usable, and easily accessible to support analysis and decision making for healthcare management and program administration.

In mid-2017, ODDS officially withdrew participation in the design efforts of the PTC Project and have begun work on an enhancement for eXPRS to meet the EVV requirements. One of the key drivers for ODDS joining the project initially was the mobile application offered by PPL. Over time as the required system, policy, and

resourcing concerns were uncovered, using the same solution proved to be too significant a hurdle for ODDS. In November 2017, Stage Gate 3 was rescinded due to significant scope change and the continued struggles with PPL. Amendment 2 was executed in June 2018, to bring the State and PPL to an agreement to move forward based on the changes to the project scope from November 2017.

Due to delays, previously allocated technical resources from the Office of Information Services Solution Development and Delivery (OIS SDD) had been reassigned to the higher-priority Integrated Eligibility (IE) Project. In February 2018, OIS management notified Mike McCormick, the PTC Project Sponsor, that technical resources would not be available to the PTC Project until April 2019. This timing was contingent on the IE Project remaining on schedule, which has been extended by multiple months. The lack of dedicated technical resources caused a delay in progress on development tasks. This caused an additional complication with PTC Project scope, cost, and schedule.

The PTC Project reached a stage in which a re-evaluation of the project scope was necessary. The PTC Project Team worked closely with APD and HSD business and leadership, as well as OIS Project Solutions and OIS SDD, to create options to continue work on the project. Many options were considered, and it was decided to pursue an expanded scope to include FMAS with PPL in April 2018.

As the FMAS option was explored, PPL was presented with updated requirements to review for a cost proposal. PPL's cost proposal to include FMAS amounted to a 236% increase in the five-year cost. The PPL leadership changes and PPL's lack of knowledge of the out of box solution made it difficult for the PTC Project to understand configuration verses customization, which increased the risk in continuing the contract further. In January 2019, it was determined the cost increase was not in alignment with our responsibility around fiscal stewardship and it was decided to expire the contract via Amendment 3 with PPL and explore other options. As the Project continues to explore other options as it relates to EVV, Mike McCormick remains the PTC Project Sponsor supporting APD and HSD programs.

Estimated Project Expenditures

In the third quarter of 2016, the PTC Project began contracted work with the Design, Development, and Implementation (DDI) vendor. As of the Advanced Planning Document Update (APDU) in October 2018, the total CMS approved budget for the PTC Project was $9,569,050. As of May 2019, the cumulative budget spent for the PTC Project was $7,048,075. This included $3,407,622 for State staffing costs plus $3,640,453 for IT Vendor Services, which includes PPL and NTT DATA State Health Consulting, LLC (formerly Cognosante Consulting, LLC). Below are the breakdown tables for reference.

The below projections were compiled by federal fiscal year, based on a SaaS solution, and a completion date of September 30, 2021.

Project Expenditures	Total FFY19*	Total FFY20	Total FFY21	Total
State Staffing / Personal Services 90/10	226,909	1,755,101	2,894,015	**4,876,025**
Cost Allocation on Personal Services 90/10	6,123	263,265	421,862	**691,250**
IT Contractors - Professional Services 90/10	57,475	3,449,061	3,449,064	**6,955,600**
HW/SW Initial Purchase 90/10	0	548,208	548,208	**1,096,416**
Projected Yearly Spend	**290,507**	**6,015,635**	**7,313,149**	**13,619,291**

*This accounts for the remainder of FFY 2019, June – September

The total projected cost for Operations and Maintenance staffing and licensing for three years is $4,684,349. The breakdown of these costs is located in the Alternative Analysis section, under Option 6 – SaaS.
Below is the table for the total projected project expenditures:

Total Cost of Ownership for Five Years	
Cumulative Budget Spent to Date	$ 7,048,075.00
Budget Forecast through September 2021	$ 13,619,291.00
Three Year Operations and Maintenance Costs	$ 4,684,349.00
Total	**$ 25,351,715.00**

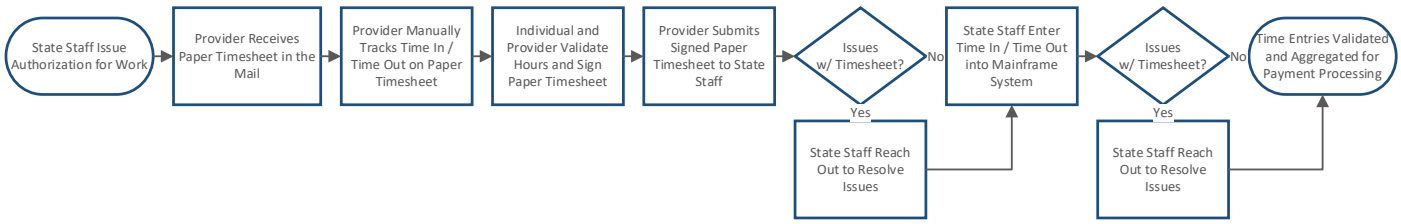
CMS has advised only one EVV solution will be funded per state, which has potential cost impacts and requires an inclusive solution. The Project is aware the APDU will need to go to CMS for review and approval for any updated costs. CMS will also be required to review any RFP or DDI contract.

**See Appendix B for the May 2019 Budget Update for more detailed information.

Current State Process

Currently, State Staff issue an authorization for the Provider to work for a specified Individual. HCWs/PSWs are then mailed a paper timesheet for a two-week service period. As they work, they are required to physically write the date, their time in, and their time out for each shift on the timesheet. A signature from the Individual or their representative is necessary when work has been completed to validate services were performed for the two-week period. The signed timesheet is then submitted to State Staff for additional verification to identify any issues i.e., start and end dates are filled out and legible, the timesheet is signed by the HCW and individual, etc. If there are no issues identified, State Staff enter the date, the time in, and the time out into the mainframe system for each shift the Provider reports. If State Staff identify any issues, they contact the Case Manager, Individual, or Provider to resolve the issues prior to entering the data. The time entries entered into the mainframe are run through additional system validations and aggregated for payment processing. If any issues are identified with the additional system validations, State Staff resolve these issues prior to the system aggregating the data for payment processing. The mainframe captures the Date of Service, Person Providing the Service, Person Receiving the Service, Time the Service Begins and Ends, and Type of Service Performed, but doesn't capture the Location of the Service. The mainframe system currently does not have the ability to capture these data elements in a real-time manner which is required for EVV.

See below for high-level current state process flow:

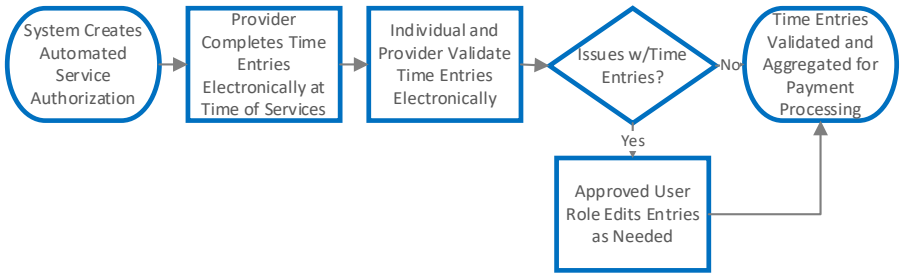


**See Appendix C for comprehensive Current State Process Flows.*

Future State Process

In the ideal future state, HCWs/PSWs will complete the enrollment process to receive an automated service authorization. HCWs/PSWs will electronically capture the required EVV data elements at time of service (Date of Service, Person Providing the Service, Person Receiving the Service, Time the Service Begins and Ends, Location of Service, and Type of Service Performed). If HCWs/PSWs are traveling directly from one individual to another to perform applicable services, departure and arrival time between individuals will be captured electronically. HCWs/PSWs will validate time entries and fix any issues they identify. The Individual or their representative will then validate entries to ensure services were performed as indicated on the timesheet. Specific user roles will have the ability to edit time entries as needed. Once time entries are validated, they will be aggregated for payment processing.

See below for high-level future state process flow:



***See Appendix D for comprehensive Future State Process Flow.*

EVV Solutions in Other States

After researching other state solutions, it was determined the most commonly used solution is Santrax by Sandata. According to the available data, 19 states are still in process of determining the solution or the information was unavailable. Based on the data compiled, most states with solutions identified have selected single vendor solutions. With many states already EVV compliant and more states in the implementation phase, the State has a lot of accessible information to draw from to make our solution work for our stakeholders.

***See Appendix E for detailed information on Alternative Analysis Out of State Solutions.*

Problem Examples

The implementation of the short-term solution to meet the FLSA requirements created a workload which was not accounted for in any workload model by DHS. The current manual process of State Staff keying information into the system from a paper timesheet is very time intensive and causes replication of existing data. Timesheets are stored locally, often in paper and electronic format, as well as being stored in the mainframe system. Additionally, this increases the risk of data entry errors which can result in inaccurate payments to providers. State Staff spend a significant amount of time communicating back and forth with providers due to timesheets being filled out incorrectly or time entries not being legible. This can potentially delay payments to providers. An estimated 70 full-time employees (FTEs) spend their time dedicated to manually entering provider time in and time out from a paper timesheet submitted by the HCWs/PSWs.

FMAS has been a topic throughout the life of the project and reflects the long-term vision of APD and HSD. The decision was made not to include FMAS in the initial phase of the project. With the exclusion of FMAS in the initial phase, there will still be a need to process payroll and claims through legacy systems. The Office of Financial Services (OFS) recommends claims processing stay in legacy systems to interface with Accounting Interface (AI) and State Financial Management Application (SFMA) for funding and reporting to CMS.

Opportunity Examples

Section 1903(l)(5)(A) of the 21st Century CURES Act provides that the system must be able to electronically verify, with respect to visits conducted as part of personal care services, the following:

1) the type of service performed;
2) the individual receiving the service;
3) the date of the service;
4) the location of service delivery;
5) the individual providing the service; and
6) the time the service begins and ends

Section 1903(l)(2) also requires states to provide a stakeholder process to allow input into the state's implementation of the EVV requirement from providers of Personal Care Services (PCS) and home health services, beneficiaries, family caregivers, and other stakeholders.

An EVV solution must be in place for personal care services starting January 1, 2020. If a state demonstrates to the Secretary that: (1) that the state has made a good faith effort to comply with the EVV requirements (including taking steps to adopt the technology used for an electronic visit verification system); and (2) that the state, in implementing such a system, has encountered unavoidable system delays, then the FMAP reductions shall not apply for calendar quarters in 2020 (for personal care services).

Compliance with the 21st Century CURES Act within the required implementation timeline will allow the State to avoid penalties. The good faith effort exception will allow for a January 1, 2021 implementation due date. The resulting penalties for non-compliance include a reduction of Federal Medical Assistance Percentages (FMAP) for Consumer-Based Care and In-Home Care expenditures beginning with a 0.25% on January 1, 2021. The percentage will increase to 0.50% by 2022, 0.75% by 2023, and 1% from 2024 going forward. See *'Option 10 - Cost of Doing Nothing'* in the *'Alternative Analysis'* section for cost estimates.

Being compliant with the 21st Century CURES act gives the State the opportunity to remove a significant burden from Providers, Field Staff, and System Teams. The savings in staff time will allow those staff to take on other responsibilities and allow case managers more time for person-centered planning and engagement.
It will also help improve the safety and security of vulnerable Oregonians by ensuring services are actually provided to the individual through monitoring location and real-time activity. By moving away from a manual process, it will save staff time and decrease the risk of data entry errors and erroneous payments to providers.

Lessons Learned Evaluation

The State requested the Quality Assurance (QA) vendor, Cognosante, prepare a Lessons Learned report to document project successes, challenges, and recommendations through collaborative information gathering sessions. This information will be used to identify areas of reinforcement and areas where mitigations are needed as the project reboots. The results of these sessions are comprehensive of the early stages of the project until the contract was expired with PPL.

***See Appendix F for Lessons Learned Report with mitigations added addressing recommendations.*

Goals, Objectives, and Measurements

Below is the list of Goals, Objectives, and Measurements (GOM) for the PTC Project, formulated utilizing the PTC Project Guiding Principles. The PTC Project Guiding Principles were drafted collaboratively and approved by APD and HSD program leadership, OIS management, and other impacted stakeholders.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
Goal #1: Comply with Federal requirements, including 21st Century Cures Act.	1.1 **Objective:** Establish use of Electronic Visit Verification (EVV) compliant recording mechanism(s).	N/A	Percentage of provider compliance.	Report – 30- and 90-days post pilot and statewide.
	1.2 **Objective:** Establish electronic approval of time entries by individuals.	N/A	Percentage of electronic approvals.	Report – 30- and 90-days post pilot and statewide.
	1.3 **Objective:** Capture the six required data elements for Electronic Visit Verification (EVV).	N/A	Percentage of data elements captured electronically.	Report – 30- and 90-days post pilot and statewide.
Goal #2: Improve program integrity.	2.1 **Objective:** Decrease number of time entry/reporting errors.	Total number of adjustments to paid claims both positive and negative 30 days prior to pilot for two pay cycles.	Compare total number of adjustments in the adjustments queue for reduction in errors.	Report – 30 days prior to pilot, and 45 days post pilot and statewide (adjustment reason codes used in post go-live reports).
	2.2 **Objective:** Decrease number of over/under payments.	Total number of over/under payments reported 30 days prior to pilot for two pay cycles.	Total number of timesheet adjustments in the adjustments queue that result in a change in pay.	Report – 30 days prior to pilot, and 45 days post pilot and statewide out of legacy system.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
	2.3 **Objective:** Decrease number of incidents of potential fraud.	Total number of potential incidents of fraud reported 30 days prior to pilot for the previous 6 months.	Total number of potential incidents of fraud reported post pilot and statewide.	Report – via Fraud Unit every 30 days prior and post pilot, through 90 days post statewide.
	2.4 **Objective:** Decrease number of errors in reporting travel time.	Total number of adjustments to paid claims positive or negative 30 days prior to pilot for two pay cycles.	Total number of adjustments in the adjustments queue post pilot and statewide.	Report – 30 days prior to pilot, and 45 days post pilot and statewide (adjustment reason codes used in post go-live reports).
	2.5 **Objective:** Increase reporting traceability processes and capabilities.	Record time between process steps pre-pilot.	Record time between process steps post-pilot.	Process Mapping – compare baseline durations with those 30 days post pilot.
Goal #3: Decrease workload on identified impacted groups.	3.1 **Objective:** Decrease workload for Voucher Clerks (Field Offices) and Provider Relations Unit (PRU) (Central Office) in voucher issuance and reprint processes.	Determine current workload for Voucher Clerks (Survey), and for PRU Staff (Time Study).	Establish workload for Voucher Clerks and PRU Staff 90 days post pilot and statewide.	Survey – send 90 days prior to pilot with 60-day deadline. Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.
	3.2 **Objective:** Decrease workload for Travel Time Clerks (Field Offices) and PRU staff in processing travel time.	Determine current workload for Travel Time Clerks (Survey), and for PRU Staff (Time Study).	Establish workload for Travel Time Clerks and PRU Staff 90 days post pilot and statewide.	Survey – send 90 days prior to pilot with 60-day deadline. Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
	3.3 **Objective:** Decrease workload for field staff in time entry and correction processes (time entry corrections and over/under adjustments).	Determine current workload for Field Staff (Survey), and PRU Staff (Time Study).	Establish workload for Field and PRU Staff post pilot and statewide.	Survey – send 90 days prior to pilot with 60-day deadline. Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.
	3.4 **Objective:** Decrease workload for staff in the payment correction processes (adjustments, exceptions, and corrections). (PRU and ITBS)	Determine current workload for staff to process all payment corrections via baseline from Objectives 2.1, 2.2, and 2.4.	Establish workload for staff post pilot and statewide via measurement from Objectives 2.1, 2.2, and 2.4.	Report – 30 days prior to pilot, and 45 days post pilot and statewide. Survey – send 90 days prior to pilot with 60-day deadline. Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.
	3.5 **Objective:** Decrease workload for providers in submitting time worked.	Determine current workload for providers.	Establish workload for providers post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
	3.6 **Objective:** Decrease workload for individuals in approving time entries.	Determine current workload for individuals.	Establish workload for individuals post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
	*3.7 **Objective:** Decrease workload for staff in collecting, updating, and issuing payroll related documentation (W-2, W-4, DD, etc.).	Determine current workload for State Staff.	Establish workload for State Staff post pilot.	Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.
	*3.8 **Objective:** Decrease workload for staff in garnishment and recoupment processes.	Determine current workload for State Staff.	Establish workload for State Staff post pilot.	Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.
Goal #4: Decrease processes within legacy systems functions and/or data.	4.1 **Objective:** Decrease number of functions performed by the existing state systems in the time entry, calculation, and payment processes.	Determine current workload 30 days prior to pilot.	Establish workload post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
	4.2 **Objective:** Decrease number of validations performed by the existing state systems in the time entry, calculation, and payment processes.	Determine current workload 30 days prior to pilot.	Determine workload post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
	4.3 **Objective:** Decrease number of business processes that require legacy systems.	Determine current workload 30 days prior to pilot.	Determine workload post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
Goal #5: Reduce costs associated with manual processes.	5.1 **Objective:** Decrease paper voucher storage costs and physical location needs.	Determine storage costs and location needs at pre-determined go-live locations 30 days prior to pilot.	Establish storage costs and location needs at pre-determined go-live locations 30 post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
	5.2 **Objective:** Decrease number of time entry claims that are paid solely out of the General Fund.	Determine provider payments that are paid out of General Fund 30 days prior to pilot for 90 days data timeframes.	Establish provider payments that are paid out of the general fund post pilot.	Report – 30 days prior to pilot, and 90 days post pilot and statewide (determine average for 90-day data timeframes).
	5.3 **Objective:** Decrease printing and mailing costs for printed paper vouchers.	Determine printing and mailing costs for vouchers 30 days prior to pilot.	Establish printing and mailing costs for vouchers post pilot.	Report – 30 days prior to pilot, and 90 days post statewide (compare previous voucher costs and mailing of Welcome packets and paper timesheets).
	5.4 **Objective:** Decrease Mainframe processing and storage costs.	Determine processing and storage costs.	Establish processing and storage costs post pilot.	Report – 30 days prior to pilot, and 90 days post pilot and statewide.
Goal #6: Maximize user adoption through identified, organized, and prioritized change management, communications, and trainings.	6.1 **Objective:** Decrease stakeholder barriers to adoption.	Gather barriers as well as communication or training needs to tailor outreach efforts to best meet the stakeholders' needs.	User experience survey results.	Survey – Collect barriers to adoption 90 days prior to pilot; satisfaction survey 90 days post pilot and statewide.
	6.2 **Objective:** Increased accessibility for successful time entry and approval.	N/A	User experience survey results.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
	6.3 **Objective:** Ensure stakeholders rely on appropriate resources for project information updates.	N/A	User experience survey results.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
	6.4 **Objective:** Increase user satisfaction for all impacted groups.	N/A	User experience survey results.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
Goal #7: Ensure system and processes are clear and understandable for identified impact groups (Individuals, Providers, and Staff)	7.1 **Objective:** Increase number of readily accessible training materials and online documentation.	Determine current training materials available.	User experience survey results.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
	7.2 **Objective:** Decrease time for staff in describing/explaining the time entry and approval processes.	Determine time needs for staff in describing /explaining the time entry and approval process.	Establish time needs for staff in describing /explaining the time entry and approval process.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.

**These objectives are related to payroll and may be considered in the future projects.*

Functional Alignment and Scope Information

The Project conducted research to determine what would be involved for functional alignment, as some of the programs have the same need to meet EVV requirements. The aging technology systems and the business processes they support have been siloed and customized within programs and counties, limiting access to and preventing the sharing of key data. Processes have evolved from exclusively paper-based processes to a mix of paper and technology, enhanced occasionally as technology changes have been available and policy requirements have dictated. Research included the solutions APD in-home agencies are utilizing for EVV requirements and whether they are meeting the requirements. The results of this research are outlined below.

1. **Functional Alignment -** The Project met with APD, HSD, ODDS, SSP, and OHA to see where there could be alignment between all the programs for appropriate Medicaid populations.

    a. APD In-Home Agencies are required to become EVV compliant by January 1, 2020. The Project did research and determined that 61% of in-home agencies in Oregon reported being EVV compliant, with the most commonly applied solutions to meet requirements being ClearCare and Generations (which support the needs of larger agencies). Both ClearCare and Generations have EVV compliant options via a mobile application and telephony system, with extensive training, self-help features, and tutorials available on their website. End users have reported positive experiences and the systems include nice to have features like care notes and real-time messages and notifications to users. Needs of in-home agencies may be different than the needs of the State but the State has a responsibility to aggregate this data for reporting.

***See Appendix G for more detailed In-Home Agency EVV Information.*

b. Office of Developmental Disabilities Services (ODDS) is currently planning a redesign of eXPRS with their stakeholder groups to align with their strategic vision. ODDS provides services to the developmental disabilities population and shares the same needs as APD and HSD for meeting EVV requirements. Currently ODDS issues yearly authorizations for the individuals/authorized representatives to manage the hours the providers can work. ODDS serves approximately 12,000 individuals (which includes both children and adults) in their homes with PSWs providing the care. The PSWs are enrolled in the eXPRS system. They also enter their time in and time out in the eXPRS system and once time is entered for the pay period, they print the timesheet and the individuals sign for approval. ODDS issues hours and rate to an FMAS vendor for payment and tax calculations for their PSWs. APD, HSD, and ODDS programs are not in alignment for policy/program and ODDS is in the process of separating out Oregon Administrative Rules (OAR) which could potentially divide the programs even more. In the early planning of the project, the goal was to align policy/program between the programs, but it was determined this was not achievable due differing policies/programs.

c. Self Sufficiency Program (SSP) may have time capture needs for their Temporary Assistance for Needy Families (TANF) and Employment-Related Day Care (ERDC) programs. The Project gathered information on the SSP population to identify if these programs have time capture needs. The SSP programs TANF and ERDC may be interested in integrating with an EVV solution in the long-term. TANF is interested in tracking the attendance of participants in the Job Opportunity and Basic Skills (JOBS) program receiving funding through the TANF block grant. SSP is interested in the tracking of day care recipients paid by SSP on behalf of the Individual enrolled in the ERDC program. SSP is working on the IE Project and will be maintaining legacy systems upon the completion of IE to support these populations.

   ERDC previously attempted a project called Child Care Billing and Attendance Tracking (CCBAT) which was designed around capturing attendance and authorizations. This project did not successfully roll out, and SSP may be interested in rolling the EVV project into this. In 2017, ERDC funding was reduced by $9.3 million due to a reduction in federal funds while serving 16,323 children across 8,658 cases. As of October 2017, there were 1,691 licensed child care providers actively providing child care across the state for DHS families.

   TANF works with recipients to identify a path to self-reliance. TANF has tools that may need to be integrated into the system, including a data tracking tool used to track family progression. TANF, combined with Pre-Supplemental Security Income (Pre-SSI) and Social Security Disability Insurance (SSDI) programs, served 21,664 families, including 38,821 children and 18,571 adults in 2018. Most parents/caretakers in TANF are required to participate in the JOBS program, which requires them to attend education and training opportunities. Currently, there are no active efforts to automate the attendance on either the TANF, JOBS, or ERDC programs.

d. OHA 1915i and Home Health Services (HHS) programs are currently outside of scope for PTC. OHA is interested in integrating into an EVV solution with APD and HSD. Currently, the 1915i program serves 400 individuals and the providers that serve these individuals are a variety of mental health and peer support specialists. They are currently enrolled and managed in the

Medicaid Management Information System (MMIS). Billing is through Prior Authorizations (PA) and has a set rate per hourly unit authorized. The providers submit units through MMIS for reimbursement. There are validations in place that check all eligibility and won't allow billing over the PA. These providers are 1099 contractors.

There are 40 provider agencies (nursing, physical therapy, occupational therapy, medical supplies, durable medical equipment, etc.) for Home Health Services (HHS). These providers are prior authorized through plan of care (fee-for-service). They bill at an agency level through revenue codes. The revenue codes used to bill home health services can be found at the following link: https://www.oregon.gov/oha/HSD/OHP/Tools/Home%20Health%20Rates%20-%20January%201,%202019.pdf. Time in and time out is captured by the agencies but not provided to OHA. The location is assumed as the Individual's home but is not actively captured.

e. IE (Deloitte) was in review for a potential EVV solution. There was consideration and research done into the option of either pursuing integration/enhancement to IE or utilizing the master services agreement with Deloitte. Deloitte does offer a module for time capture, but it was determined to be out of scope of the special procurement for IE. Department of Administrative Services (DAS) Procurement Services advised the type and level of work required to complete the project was not supported under the master services agreement. At this time, any procurement that might benefit the State to align with existing technologies and vendors would have to be managed through a separate procurement process.

f. Workday has experienced ongoing delays with the implementation including work on phase two. Workday is continuing to clarify what will be in/out of scope for the time capture and payroll solution and how/what options exist for differing needs. Based on the information received, planning efforts are still being researched for the scope, and the goal is to do the State payroll system before involving other partners.

g. MMIS Modularity Project is in the process of hiring a planning vendor to assist with modularization of MMIS. This may suggest any EVV related module would be later in the 10-year plan of modularization of MMIS.

2. **COTS Basic + COTS Plus Customization (Galaxux) -** There is not a COTS specific solution for scoring. The Project has updated the COTS information from Galaxux.

   ***See Appendix H for more detailed information on COTS Basic + COTS Plus Customization.*

Solution Requirements

The solution requirements are organized into the following categories:

- **Business Rules** - Describes the specifics about each rule for validating time entries, authorizations (service matrix), and relationships for Individual/Provider.

- **Data Management** - Describes EVV components such as how time and location are captured including travel time.

- **Data Processing** - Describes the specifics about how time entries and adjustments are processed (what triggers are for adjustments) and determines what will happen with failed validations.

- **Security and Privacy** – Describes user role-based security (detail on each role and what access they have), user profiles, and any privacy rules.

- **User Experience** - Describes what users (Individuals, Providers, State Staff, etc.) will see and related functionality. Also, describes performance, languages, accessibility, etc.

- **Reporting** - Describes basic and detailed reporting functionality including custom reports.

- ****Payroll** - Describes the payroll process i.e., taxes, union dues, garnishments, quarterly and yearly reporting, etc. Also describes the rules and flow for calculating overtime.

The requirements are prioritized by Critical, High, Medium, and Low. The goal of the critical requirements is to set the minimally viable product for initial release. High, medium, and low requirements will be used for planning future releases depending on the status of the project. Please see below for the definitions.

- **Critical** - "Shall"- Critical Impact - required to achieve strategic outcomes.
- **High** - "Should"- Considerable Impact - highly recommended but not required.
- **Medium** - "Could"- Some Impact - preferred but not required.
- **Low**- "Would" - Low Impact - considered for future enhancement.

***See Appendix I for comprehensive Project Requirements.*

***See Appendix J for Payroll Requirements (for reference for future projects)*

Project Assumptions

The following are project assumptions:

- The agreed upon option will continue to support the final rule set forth by DOL in the FSLA to Domestic Service, 78 FR 60454 (Oct. 1, 2013).
- The agreed upon option will ensure compliance with the 21st Century CURES Act.
- Federal and State funding will be made available as needed for the life of the project.
- Key project members will possess the skills needed to complete project tasks as assigned.
- Planning activities will be based on the availability of expected resources (Technical, Business, SME's and Stakeholders)
- There will be an increase in required resources for security administration and management for internal and external users.
- The level of risk between alternatives is not equal, but an average risk score was the most objective way to compare alternatives.
- Through real-time tracking, it will help improve the safety and security of vulnerable individuals by ensuring services are being provided and give the State a better understanding of individuals who may be at risk of not receiving their services.
- Claims processing will remain in existing legacy system to ensure correct funding allocation.
- Through the life of the project there will continue to be IE related policy and code freeze processes the project will need to accommodate in schedule planning.

- The IE Project will continue to be the priority project above PTC.

Alternative Analysis Options

Below are the alternative options the Project Team researched for mobile application and web functionality to determine which would be viable options for the project to move forward. See below for high level summary of each option:

1. **In-House Build**
    - A front end to CEP for time capture capability meeting EVV requirements.

2. **eXPRS Time Entry option**
    - APD and HSD to transition to eXPRS for all time capture related needs and pass the information to the mainframe for processing.

3. **All in-eXPRS Mobile-EVV with Mainframe**
    - APD and HSD to transition to eXPRS for all time capture related needs as well as inclusion of FMAS.

4. **All in-eXPRS Mobile-EVV without Mainframe**
    - APD and HSD to transition to eXPRS for all (policy/rules/business process/system) needs.

5. **MMIS Current Contract**
    - Utilizing the current MMIS vendor and contract to support an EVV solution.

6. **SaaS**
    - Utilizing SaaS would eliminate the need to install new servers and software at the State Data Center and data would be stored with the vendor solution.

7. **Other Agency Solutions-Oregon Department of Transportation (ODOT)**
    - Integrating into the State instance of KRONOS, a time keeping software being piloted by ODOT.

8. **Free and Open Source Software (FOSS)**
    - FOSS that may be utilized for EVV with our current systems.

9. **Salesforce**
    - A cloud-based platform solution that would require a separate procurement for system integration services.
    - Given the State's licensing contract for Salesforce, the State could independently develop on the Salesforce platform.

10. **Cost of Doing Nothing**
    - The cost the Agency would incur if an EVV option is not implemented.

Alternative Analysis

Below are the alternatives the Project analyzed which describe the option with the associated benefits, risks, and estimated cost for each alternative. For more information regarding the methodology used to calculate "Staffing Costs/Professional Services Costs" for each of the alternatives, see the 'Selection Criteria and Ranking' section.

Option 1 – In-House Build

This option proposes a mobile application and a web front-end user interface that allows HCWs and PSWs to enter time electronically. HCWs and PSWs will use the online web interface and mobile application to record their service time and mileage entries. The scope of work for this option will only include the system modifications to the Mainframe systems, new development for a web front-end UI (user interface), and new development for a mobile application. Ongoing maintenance and enhancement work will remain in house.

Benefits to implementing In-House Build:

- Providers have access to both mobile application (with offline capability) and online functionality
- Individuals and their Authorized Representatives (AREPs) have access to electronic approval of time entries
- Least impact to mainframe applications and mainframe development resources by utilizing existing mainframe functionality for authorizations and payments
- Real-time provider eligibility validation
- Real-time individual eligibility validation
- Individual and provider demographic information is accurate/up to date
- Continue to allow last day worked and emergency payments/off cycles processing
- EVV compliant

Risks or negative outcomes associated with implementing In-House Build:

- Resourcing issues may still be a risk with prioritization of OIS resources
- Additional resourcing needed for ongoing Operations and Maintenance for the online/web application

Estimated Cost:

In-House Approach – 12-18 Months	**Total**
State Data Center Costs	$158,270
Software Costs	$0
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$3,803,800
Implementation Total	**$3,962,070**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190

Software Licensing, Hosting or User/Transaction Based Fees	$0
State Data Center	$324,870
Maintenance Total	**$697,060**
TOTAL	**$4,659,130**

Option 2 – eXPRS – Providers enter time via eXPRS System

This option will utilize the existing technology, with eXPRS desktop and eXPRS Mobile-EVV, for time entry currently done by ODDS PSWs. This option will require modifications to both eXPRS and Mainframe to allow HCWs and PSWs to log into eXPRS and enter time entries via an online web interface. This will allow for a consolidated environment across all applications, individual populations, and provider populations. Time entries will be sent to CEP to process payroll. Ongoing maintenance and enhancement work will remain in house.

Benefits to implementing eXPRS - Providers enter time via eXPRS System:

- eXPRS can access the authorization information in real-time
- Basic time entry validations exist in eXPRS
- eXPRS, in the upcoming release, will have the ability to capture last day worked and emergency payments/off-cycles in an automated manner (manual functionality is currently available)
- Pended time entries: Queue already exists in eXPRS to work pends (by Field Office and Central Office – depending on the reason for the pend)
- Real-time provider eligibility validations
- Real-time individual eligibility validations
- Would allow for individual notifications to be sent
- Individual and provider demographic information is accurate/up to date

Risks or negative outcomes associated with implementing eXPRS - Providers enter time via eXPRS System:

- Estimated number of OIS hours would likely exceed 3,000 actual effort hours (could be more during design sessions) (OIS performs estimation based on the combination of size/risk/complexity along with the expert judgement of their system developers.)
- Expected risk of change to existing legacy application would be medium to high
- Policy and business processes are not in alignment
- Potentially not EVV compliant due to limited current CMS guidance (lack of offline functionality would be non-compliant) (Offline functionality is being pursued by ODDS)
- Resourcing issues may still be a risk for ODDS and APD with prioritization of OIS resources.
- Limitations to include OHA Home Health program
- Limitations to include OHA 1915i program

Estimated Cost:

eXPRS Time Entry End Approach – 18-24 Months	**Total**
State Data Center Costs	$158,270
Software Costs	$0

Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$6,738,959
Implementation Total	**$6,897,229**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees	$0
State Data Center	$324,870
Maintenance Total	**$697,060**
TOTAL	**$7,594,289**

Option 3 – All in-eXPRS Mobile-EVV with Mainframe – Provider Time Capture and FMAS in eXPRS

This option will utilize the existing technology with eXPRS desktop and eXPRS Mobile-EVV for time entry currently done by ODDS PSWs, including FMAS for payroll processing. This option will require modifications to both eXPRS and Mainframe to allow HCWs and PSWs to log into eXPRS and enter time entries via an online web interface. This will allow for a consolidated environment across all applications, individual populations, and provider populations. This option would require some policy and business process alignment. Ongoing maintenance and enhancement work will remain in house.

Benefits to implementing All in-eXPRS Mobile-EVV with Mainframe:

- Basic time entry validations already exist in eXPRS
- Would have the ability to capture last day worked and emergency payments/off cycles in an automated manner
- Pend queue already exists in eXPRS to work pends (by Field Office and Central Office depending on the reason for the pend)
- Real-time provider eligibility validations
- Real-time individual eligibility validations
- Individual and provider demographic information is accurate/up to date
- OT and Travel time would be calculated accurately with cross program providers in the same solution (same payment system for programs)
- Would allow for individual notifications to be sent
- Single source payment system

Risks or negative outcomes associated with implementing the All in-eXPRS Mobile-EVV with Mainframe:

- Expected risk of change to existing legacy application would be medium to high
- Additional development on the mainframe for claim financing for funding sources
- Policy and business processes are not in alignment
- Pay cycles are not in alignment

- Resourcing issues may still be a risk for ODDS and APD with prioritization of OIS resources
- Updating/changing coding could cause some unforeseen system issues
- Potentially not EVV compliant due to limited current CMS guidance (lack of offline functionality would be non-compliant) (Offline functionality is being pursued by ODDS)
- Limitations to include OHA Home Health program
- Limitations to include OHA 1915i program

Estimated Cost:

eXPRS All-in w/MF Approach – 24 Months	**Total**
State Data Center Costs	$158,270
Software Costs	$0
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$7,701,667
Implementation Total	**$7,859,937**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees (This includes payroll services through existing contract held by ODDS)	$47,684,712
State Data Center	$324,870
Maintenance Total	**$48,381,772**
TOTAL	**$56,241,709**

Option 4 - All in eXPRS Mobile-EVV without Mainframe

This option will utilize the existing technology and bring APD, HSD, and ODDS into alignment for rules/policy/business process/system. This option will require modifications to eXPRS to allow HCWs and PSWs to log into eXPRS and enter time entries via an online web interface. This will allow for a consolidated system application across individual and provider populations. Ongoing maintenance and enhancement work will remain in house.

Benefits to implementing All in eXPRS Mobile-EVV without Mainframe:

- Utilization of existing technology
- Basic time entry validations already exist in eXPRS
- Would have the ability to capture last day worked and emergency payments/off cycles in an automated manner
- Pend queue already exists in eXPRS to work pends (by Field Office and Central Office depending on the reason for the pend)
- Real-time provider eligibility validations
- Real-time individual eligibility validations

- Individual and provider demographic information is accurate/up to date
- OT and Travel time would be calculated accurately with cross program providers in the same solution (same payment system for programs)
- Would allow for individual notifications to be sent
- Single source payment system

Risks or negative outcomes associated with implementing the All in eXPRS Mobile-EVV without Mainframe:

- Expected risk of change to existing legacy application would be high
- Policy and business processes are not in alignment
- Pay cycles are not in alignment
- Resourcing issues may still be a risk for ODDS and APD with prioritization of OIS resources
- By updating/changing coding could cause some unforeseen system issues
- Potentially not EVV compliant due to limited current CMS guidance (lack of offline functionality would be non-compliant) (Offline functionality is being pursued by ODDS)
- Additional resources may be needed for Operations and Maintenance
- MMIS resourcing needs for modifications to the eligibility interface with eXPRS to include APD and HSD eligibility
    - *Note: Oregon Project Independence (OPI) and Extended Waiver Eligible (EWE) individuals are not in MMIS and/or Oregon ACCESS*
- Limitations to include OHA Home Health program
- Limitations to include OHA 1915i program

Estimated Cost:

eXPRS All-in w/out MF Approach – 24 Months	**Total**
State Data Center Costs	$158,270
Software Costs	$0
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$7,701,667
Implementation Total	**$7,859,937**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees (This includes payroll services through existing contract held by ODDS)	$47,684,712
State Data Center	$324,870
Maintenance Total	**$**48,381,772
TOTAL	**$56,241,709**

Option 5 – MMIS Current Contract

This option would entail using current MMIS vendor and contract to support an EVV solution. If the timeline for modularity is far enough in the future, it would be equivalent to the "Do Nothing" option.

Benefits to implementing MMIS Current Contract:

- Potential to coordinate efforts with OHA and utilization of existing resources, contract and technology
- DXC is aware EVV compliance requirements and is the vendor for MMIS for Oregon
- Some staff are already familiar with using the MMIS system
- In-Home Agency and Home Health providers currently use the system for the MMIS Web portal
- HSD providers are currently stored and maintained in MMIS system
- Alignment on enterprise solution for MMIS

Risks or negative outcomes associated with implementing MMIS Current Contract:

- Potential risk if need to change legacy/mainframe
- Prioritization of other MMIS work including IE interfacing
- System and/or vendor limitations that prevented CEP inclusion in initial MMIS implementation
- Cross program travel time hours/OT hours calculation
- Movement of information into MMIS could have downstream impacts to other systems
- New mainframe interface needed for non-financial eligible OPI and EWE not stored in MMIS and IE ONE
- MMIS does not always apply Service Eligibility date ranges (segments) in Recipient module
- Long-term Operations and Maintenance are unclear past the 2-year contract extension option
- Sub-contracting with Sandata via MMIS would add an additional vendor to the project
- An amendment for the special procurement would be required due to added cost
- Sub-contracting could also mean a separate license agreement could be required when transitioning away from DXC
- If we include PTC in the MMIS scope, DAS Procurement Services would have to be involved at some level and it's possible there is risk of losing delegation for MMIS in trying to force this body of work under the MMIS RFP from 2004
- CMS will only pay for one EVV solution for the State
- Additional resources may be needed for Operations and Maintenance

Estimated Cost:

- For cost comparison purposes the Montana modularity pricing for a provider module is claims based and includes some degree of provider management. The cost is around $50 million total. DDI is $13 million and Operations and Maintenance is $37 million for 4 years.

Below is the estimated cost breakdown:

MMIS Approach – 18-24 Months	**Total**
State Data Center Costs	$0
Software Costs	$662,450
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$5,843,514
Implementation Total	**$6,505,964**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees	$7,000,000
State Data Center	$0
Maintenance Total	**$7,372,190**
TOTAL	**$13,878,154**

Option 6 – SaaS

The SaaS approach involves implementing new software but does not require installing new servers and software at the State Data Center. Data for this approach is stored by the solution vendor in an environment that meets the agency security and privacy requirements.

Benefits to implementing a SaaS solution:

- With multiple EVV solutions having been implemented, the market place for vendor solutions is much larger than previously identified
- Since SaaS solution vendors have implemented solutions in other States for EVV, they are familiar with the EVV requirements
- Offers robust functionality with automated workflows, a variety of time capture methods, and electronic or telephonic notifications
- Several vendors in this space have deep experience providing time capture solutions to Direct Care Workers under the Medicaid program
- Most of the desired functionality is already existing; project efforts to implement are focused on configuration, integration, and training
- Requires fewer technical resources from the state
- Shorter implementation timeframe
- No hardware/software to install/maintain
- Provides necessary output to solve the business problem
- Many SaaS solutions are extensible to meet future business goals, such as payroll
- Most of the responses to the original PTC RFI proposed a SaaS solution, which is consistent with the direction of the software industry and market research into time capture solutions

- No dependency on State Data Center
- The solution will automate the time capture process and eliminate or greatly reduce manual processes associated with time capture

Risks or negative outcomes associated with implementing a SaaS solution:

- Lack of direct access to State owned data can result in the inability to analyze and report on the data and may preclude ad-hoc queries
- May be limited in the ability to incorporate agency requirements into a Service Level Agreement with the solution vendor, therefore changes in business process, policy, and potential workarounds will need to be considered.
- Agency specific customizations may be difficult or unattainable depending on the solution
- Solution may consist of technology involving unique hardware that must be in place at all service locations (Fixed Visit Verification/Electronic Visit Verification devices)
- Not all SaaS solutions can scale into additional case management and provider payment (payroll) functions that are envisioned in the long-term future state
- Additional resources may be needed for Operations and Maintenance

Estimated Cost:

This approach assumes an 18-24-month DDI period with the commencement of licensing or fees after implementation. It is assumed that the solution and all data is hosted by the SaaS vendor. Some vendors may require an up-front payment of a portion of the implementation and integration services.

SaaS Approach – 18-24 Months	**Total**
State Data Center Costs	$0
System Integration/Software Costs**	$7,542,540
Hardware Costs	$18,375
State Staffing Costs / Professional Services Cost	$5,026,884
Implementation Total	**$12,587,799**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees	$4,312,159
State Data Center	$0
Maintenance Total	**$4,684,349**
TOTAL	**$17,272,148**

** All associated cost Information is provided as captured in the Galaxux Alternative Analysis document, compiled in 2015, with updates made to account for inflation and an extended implementation timeline. Inflation costs were calculated at 2% for software licensing and impacted costs per Galaxux, and staffing costs were calculated at ~6% per COLA (2016 – 1.48%, 2017 – 2.75%, 2018 – 1.85%, 2019 – 0).*

**System Integration/Software Cost Breakdown:

System integration costs were calculated by compiling five current/recently executed State of Oregon SaaS solutions similar in size, scope, and complexity, and averaging the associated contracted system integration costs. Project information has been deidentified for confidentiality. See below for individual costs used for calculations.

Project A	$ 9,000,000.00
Project B	$ 6,543,300.00
Project C	$ 4,196,300.00
Project D	$ 6,286,900.00
Project E	$ 6,296,000.00
Average (System Integration)	**$ 6,464,500.00**

Software costs were calculated as 25% of the licensing costs (per Galaxux). See below for calculations.

$4,312,159 (Software Licensing) *25% = **$1,078,040 Software Costs**

These costs were then added together for a comprehensive system integration/software cost estimation.

$6,464,500 (System Integration)
+$1,078,040 (Software Costs)
= **$7,542,540 System Integration/Software Costs**

Note: These costs are for estimation purposes only - actual costs may vary.

Option 7 - Other Agency Solutions – ODOT

This option would require collaboration with DAS to integrate into the State instance of Kronos, a time keeping software currently in the process of being rolled out to replace multiple time and attendance systems. The key limitation is the completed implementation for currently prioritized agencies before expansion can occur. The Workday implementation delays have pushed back implementation dates for ODOT.

Benefits to implementing Kronos:

- Kronos is a highly-regarded and well-proven system for the tracking of time and attendance
- APD utilizing the ODOT contract could potentially lower the overall cost of integration
- Since ODOT's project is in the pilot phase, there are experienced state resources

Risks or negative outcomes associated with implementing Kronos:

- The Workday implementation delays have pushed back implementation dates for ODOT
- Would need to identify an additional component for cross program travel time and OT calculations

- Would need to identify an additional component for integration of data for reporting and payroll
- Additional conversations with the vendor to confirm EVV compliance scenarios
- Additional resources may be needed for Operations and Maintenance

Estimated Cost:

ODOT provided the Project with a fee schedule which outlines the annual fees and hosting costs plus per employee per month (PEPM) costs. With 24,000 providers, a rough estimate puts costs at $1.2 million per year. This number does not include costs for professional services, training, or hardware. Professional services and training are estimated to cost roughly $1.5 million for ODOT's project. Hardware costs could be optional.

The estimated cost breakdown below does not account for the optional hardware:

Kronos Approach – 18-24 Months	**Total**
State Data Center Costs	$0
Software Costs	$0
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$5,446,884
Implementation Total	**$5,446,884**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees	$6,000,000
State Data Center	$0
Maintenance Total	**$6,372,190**
TOTAL	**11,819,074**

Option 8 – FOSS

This option would allow us to meet the minimum requirements for EVV Compliance, with less of a financial burden than procuring a vendor solution. The selection of open source software would provide the State with the opportunity to improve functionality and adapt the software to fit our needs. If this solution is chosen, an RFP will be required if the license fees exceed $150,000.

There are several FOSS solutions available to help meet the EVV data collection items. The solutions that were explored for the sake of this analysis are as follows:

- Axxess
- Alora
- AlayaCare
- MyGeoTracking – Solution offers Geofence Based visit verification, mobile time clock apps, and phone call and text-based visit recording

- Vesta EVV – Mainly used in Texas, currently serving Aetna, Accenture, Anthem, Blue Cross Blue Shield, Cigna-Healthspring, and United HealthGroup

Benefits to implementing FOSS:

- Decreased or free software costs
- Agency would have full control of using and customizing source code (also facilitates in discovering and fixing security/privacy vulnerabilities proactively)
- Agency could test against the OSS without committing to the solution
- No contracts required to secure the solution
- There are many FOSS vendors that the state could explore as options

Risks or negative outcomes associated with implementing FOSS:

- There is less guarantee of development with free software systems
- Support services generally rely on communities of other users as opposed to vendor support
- If vendor support exists, we will be limited to their support hours which are likely not 24/7
- Shifting project priorities may require OIS resource re-allocation that would be needed for this solution
- With open source code, potential security vulnerabilities are quantifiable and accessible for remediation vs closed source solutions where you have no tangible way to verify if the security meets our need

Estimated Cost:

Alora – Cost is based on either unlimited users or unlimited individuals. Pricing is tiered by size of Agency (tier details are not included). Medium sized agencies pay between $600-$1,200 a month, while large agencies may range from $1,200 to $6,000 per month. More specific pricing is available upon request.

AlayaCare – Cost is determined by the number of modules selected and the total number of service hours each month. More specific pricing is available upon request.

MyGeoTracking – Cost is based on modules selected per user/per month. At a non-enterprise level, Tracking costs $5/month/user, Manual Time Clock with GPS or IVR/SMS Time Clock costs $5/month/user, and Automatic Time clock with Geofencing costs $10/month/user. Field Data also starts at $5/month/user for mobile forms and includes notes/pictures and electronic signature. Each module includes add-ons for a fee.

State of Oregon Estimates:

Vendor	Number of Users (Role)	Cost / Provider	Total / Month	Total / Year	Total / 5 Year
Alora	N/A	N/A (flat rate)	$1,200 - $6,000	$14,400 - $72,000	$72,000 - $360,000
MyGeoTracking	24,000 (Provider) 1,000 (State Staff)	$5.00/month - $10.00/month $5.00/month	$120,000 - $240,000 $5,000	$1,440,000 - $2,880,000 $60,000	$7,200,000 - $14,400,000 $300,000 **Combined Total** $7,500,000 - $14,700,000

FOSS Approach – 12-18 Months	Total
State Data Center Costs	$158,270
Software Costs	$0
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$3,232,172
Implementation Total	**$3,390,442**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees	$14,700,000
State Data Center	$324,870
Maintenance Total	**$15,397,060**
TOTAL	**$18,787,502**

Option 9 – Salesforce

This option is a cloud-based Customer Relationship Management (CRM) system - data for this approach is stored by Salesforce in an environment that meets the agency security and privacy requirements. *Note: Because the State will need to hire a system integrator to perform the work, an RFP will be required along with additional DDI costs, as the State lacks skilled Salesforce developers.*

Benefits to implementing Salesforce:

- Confirmed ability to work with Carahsoft to purchase licenses (without seeking competitive quotes for other CRM tools)

- Offers robust functionality with automated workflows, a variety of time capture methods, and automated notifications
- Most of the desired functionality is already existing; project efforts to implement are focused on configuration, integration, and training (faster deployment)
- Solution may allow State to utilize the Deliverables from PTC 1.0
- Requires fewer technical resources from the state
- Shorter implementation timeframe
- No hardware/software to install/maintain (automatic updates)
- Provides necessary output to solve the business problem
- Flexible and scalable to meet potential future needs
- Most of the responses to the original PTC RFI proposed a SaaS solution, which is consistent with the direction of the software industry and market research into time capture solutions
- Cloud-based system - no dependency on State Data Center
- Centralized data that is instantly accessible, including customized dashboards and notifications

Risks or negative outcomes associated with implementing Salesforce:

- May be limited in the ability to incorporate agency requirements into a Service Level Agreement (SLA) with Salesforce
- Agency specific customizations may be difficult or unattainable
- Additional resources will be needed for Operations and Maintenance

Estimated Cost:

Salesforce Approach – 12-18 Months	**Total**
State Data Center Costs	$0
System Integration*	$6,464,500
Software/Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$3,639,658
Implementation Total	**$10,104,158**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees**	$21,663,450
State Data Center	$0
Maintenance Total	**$22,035,640**
TOTAL	**$32,139,798**

*System Integration/Software Cost Breakdown:

System integration costs were calculated by compiling five current/recently executed State of Oregon SaaS solutions similar in size, scope, and complexity, and averaging the associated contracted system integration costs. Project information has been deidentified for confidentiality.

Project A	$ 9,000,000.00
Project B	$ 6,543,300.00
Project C	$ 4,196,300.00
Project D	$ 6,286,900.00
Project E	$ 6,296,000.00
Average	**$ 6,464,500.00**

Note: this cost is for estimation purposes only - actual cost may vary.

**License Cost Breakdown:

State Staff/Provider Licenses:

25,500 licenses (24,000 Providers + 1,500 State Staff users) x $125* = $3,187,500

**Actual current cost is $125 per year per license (this cost could be reduced based on volume)*

Individual Licenses:

20k logins a year for $60 x 365 = $21,900**

***Calculated using community licenses (No access to mobile app – access to website for approvals, etc.)*

*$3,187,500 + $21,900 = $3,209,400 x 1.35*** = 4,332,690 a year for licenses x 5 years =* ***$21,663,450***

****This number represents the associated support costs as quoted by Salesforce.*

Option 10 - Cost of Doing Nothing

This option would continue current process.

Benefits to Doing Nothing:

- The team would be dissolved, and no additional money or time would be invested in the project
- No time or money would be spent on procuring a product nor a vendor for the project

Risks or negative outcomes associated with Doing Nothing:

- Failure to comply with federal regulations will result in a loss of funds matched by the federal government
- Continued reliance upon an outdated computer system (Mainframe) means limited resources could be a problem further down the line

Estimated Cost:

- If the state fails to incorporate an EVV solution, it is subject to incremental reduction in Federal Medical Assistance Percentages (FMAP) up to 1%. The penalties enforced on the State and APD for non-compliance for the first year alone amounts to $874,314. When penalties reach 1%, penalties are to be nearly $6.7 million annually.
- This lack of a solution means the state continues to pay an estimated 70 Full-Time employees at APD offices to enter time (typical classification for this role is an Office Specialist 2), at an estimated current annual cost of $4.2 million. This annual cost is likely to increase over time.
- Doing nothing will also mean that the state continues with printing vouchers, a cost which annually is nearly $1.4 million. This number is likely to grow with the population.
- Total costs are shown below and assume the unlikely scenario that employment and printing/postage costs will stay stagnant. It is very likely these numbers will increase over time; however, it is not possible to accurately depict those numbers.

Fiscal Year	Penalties	Employment	Printing / Postage	Total
2020	$874,314	$4,200,000	$1,387,815	$6,462,129
2021	$3,202,812	$4,284,000	$1,415,571	$8,902,383
2022	$5,007,680	$4,369,680	$1,443,883	$10,821,243
2023	$6,676,906	$4,457,074	$1,472,760	$12,606,740
2024	$6,676,906	$4,546,215	$1,502,216	$12,725,337
5-year total	$22,438,618	$21,856,969	$7,222,245	$51,517,832

Alternative Scoring Guide

Each alternative was scored using the below criteria. Note: The percentage next to the ranking criteria represents the weighted score for each category totaling 100%.

Alternative Scoring Guide		
Ranking Criteria (100%)	**Definitions**	**Scoring Key (1 – 5)**
Requirements (30%)	The estimated requirements met by the solution.	1- 0-92% Requirement Alignment 2- 93-94% Requirement Alignment 3- 95-96% Requirement Alignment 4- 97-98% Requirement Alignment 5- 99-100% Requirement Alignment
Estimated Cost* (25%)	Comparative estimated cost for the solution.	1- Comparative High Cost 2- Comparative Middle-High Cost 3- Comparative Middle Cost 4- Comparative Low-Middle Cost 5- Comparative Lowest Cost
Resources (15%)	Estimated amount of resources identified to implement the solution on schedule.	1- 41+ FTE 2- 31-40 FTE 3- 21-30 FTE 4- 11-20 FTE 5- 0-10 FTE

Schedule (10%)	Estimated implementation timeline for the solution.	1- > 2 years 2- 1 ½ years – 2 years 3- 1 year – 1 ½ years 4- 6 months – 1 year 5- < 6 months
Risk (10%)	Likelihood and impact of associated risks.	1- Overall Risk Score = 4.1- 5 2- Overall Risk Score = 3.1- 4 3- Overall Risk Score = 2.1- 3 4- Overall Risk Score = 1.1- 2 5- Overall Risk Score = 0-1
Mission (5%)	Alignment with State and APD goals and objectives.	1- 0-19% Mission Alignment 2- 20-39% Mission Alignment 3- 40-59% Mission Alignment 4- 60-79% Mission Alignment 5- 80-100% Mission Alignment
Reusable Artifacts (5%)	Previous documentation utilization.	1- 0-19% Reusable Content 2- 20-39% Reusable Content 3- 40-59% Reusable Content 4- 60-79% Reusable Content 5- 80-100% Reusable Content

* These criteria will be a comparison with the other options, as opposed to evaluating as stand-alone elements.

Selection Criteria and Alternatives Ranking

The following criteria for scoring identify quantitative and qualitative project areas to evaluate the most viable alternatives. The criteria were selected based on prior project analysis and research into industry standards evaluating alternatives for the implementation of the best solution. See *'Alternative Scoring Guide'* section for scoring key.

Requirements: Requirements the solution must support are in the Hewlett Packard Application Lifecycle Management (HP ALM) requirements documentation. The Project Team recently reviewed, revised, and vetted the requirements with impacted stakeholders. The requirements were then prioritized as Critical, High, Medium, and Low and were evaluated to ensure the solution meets the critical business needs.

Out of the total number of business requirements scored (42), 31 were identified as Critical, six were identified as High, and five were identified as Medium. For the purposes of scoring, all business requirements determined to be Low were not included as they are all low impact and considered "nice to have" features. In addition, functional requirements were not scored as they directly support the identified business requirements. The selection of critical requirements will be essential for the viable product for the initial release. High and Medium will be considered during the RFP process for scoring purposes. Low requirements will be used for future planning.

Each requirement was scored for alignment individually against each alternative using the key below:

KEY	
0	**Does NOT Meet Requirement**
0.5	**Partially Meets Requirement**
1	**Meets Requirement**

These scores were then totaled for each alternative option, for a total percentage of alignment by priority. This alignment percentage was then used to calculate the weighted percentages as follows (for a total of 100% requirement alignment): Critical – 60%; High – 30%; Medium – 10%; Low – 0%

Below is a summary table outlining requirement alignment scoring results based on the weighted percentages. An overall score was assigned using the alignment criteria for the Total Percentage as defined in the '*Alternative Scoring Guide*.'

Alternative Options	Critical	High	Medium	Total Percentage	Overall Requirements Score
In-House Build	60%	30%	10%	100%	5.00
eXPRS Time Entry	57%	30%	10%	97%	5.00
eXPRS with Mainframe	57%	30%	10%	97%	5.00
eXPRS w/o Mainframe	57%	30%	10%	97%	5.00
MMIS	56%	30%	10%	96%	5.00
SaaS	60%	30%	10%	100%	5.00
Kronos	55%	30%	9%	94%	5.00
FOSS	58%	30%	10%	98%	5.00
Salesforce	58%	30%	10%	98%	5.00
Do Nothing	47%	25%	0%	72%	4.00

***See Appendix K for the Project Requirements Detailed Scoring*

Estimated Cost: An estimated cost has been collected in the Alternative Analysis, when available. The full life-cycle costs including Design, Development, Testing, Training, Migration, Implementation, and Operations and Maintenance (total and by fiscal year) will be used for comparison; see example below:

**Given the following estimated costs: $10 MM, $15 MM, $8 MM, $12 MM, $20 MM, $4 MM, $13 MM, $22 MM, $6 MM, $25 MM, $30 MM, $7 MM

The alternatives would be ranked in order of high to low: 4, 6, 7, 8, 10, 12, 13, 15, 20, 22, 25, 30
The median value would be determined (High-Low/2=Average): (30-4)/2=**13** – this value would be assigned a ranking of 3.

The median value of the high-middle would be determined [(High-Middle)/2] + Middle]: (30-13)/2=8.5 + 13 = **21.5** – this value would be assigned a ranking of 4.

The median value of the low-middle would be determined [(Middle-Low)/2] + Low]: (13-4)/2=4.5 + 4 = **8.5** – this value would be assigned a value of 2.

Once this is complete, the values would be assigned a ranking: 1 (4), 2 (8.5), 3 (13), 4 (21.5), 5 (30)
The example above would be ranked as follows: **1**- (4, 6), **2**- (7, 8, 10), **3**- (12, 13, 15), **4**- (20, 22), **5**- (25, 30)

Below is a summary table outlining the estimated cost scoring results.

Alternative Options	Total Estimated Cost	Overall Estimated Cost Score
In-House Build	$4,659,130	5.00
eXPRS - Time Entry	$7,594,289	4.75
eXPRS - All-in with MF	$56,241,709	1.00
eXPRS - All-in without MF	$56,241,709	1.00
MMIS	$13,878,154	4.25
SaaS	$17,272,148	4.00
Kronos	$11,819,074	4.50
FOSS	$18,787,502	4.00
Salesforce	$32,139,798	3.00
Do Nothing	$51,517,832	1.50

***See Appendix L Alternative Analysis Cost Comparison*

Mission: The mission includes an evaluation of qualitative factors important to the selection of a path forward. Factors include but are not limited to: project goals including the effects on business processes and functions; the effects on the organization such as culture and end user benefits; and other non-quantifiable aspects of the business environment.

The following elements were extracted directly from the APD Strategic Plan:

DHS Mission: To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.

APD Vision: Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, well-being, honor choice, respect cultural preferences and uphold dignity.

The following APD Goals will be assessed for alignment with each alternative:

- **Accessibility**: Oregonians can readily and consistently access services and supports to meet their needs.

  Actions - Design improvements to increase individual knowledge of access to services and case management. Continue developing platforms (such as Aging and Disability Resource Centers (ADRC) and IE platforms) and best practices for individuals who are technologically savvy, such as web sites, hotlines, and other self-serve mechanisms where individuals can access information and services while retaining the option for individuals to get information in one-on-one, in person contact with staff. Implement ongoing, sustainable supports for the direct care workforce in partnership with stakeholders.

- **Quality outcomes**: Oregonians engage in services and supports that are preventive, evidence-informed, and lead to quality outcomes.

  Actions - Continue modernizing data and information technology systems (CAM, IE, ADRC) to develop greater capacity for data collection and analysis. Work with DHS and other agencies to develop strategic data sharing agreements for policy planning in the areas of health, housing, transportation, and other services under other state agencies' purview, as well as potential partnerships with universities and community colleges.

Each identified element was scored for alignment individually against each alternative using the key below:

KEY	
0	**Does Not Align with Mission**
0.5	**Partially Aligns with Mission**
1	**Fully Aligns with Mission**

These scores were then totaled for each alternative option, for a total percentage of alignment.

Below is a summary table outlining the mission scoring results. An overall score was assigned using the alignment criteria for the Total Percentage as defined in the '*Alternative Scoring Guide*.' Please note: These overall mission scores are based on qualitative measures and are subjective. The team evaluated each option and assigned an overall score of how well it aligned to the Agency's mission, vision, and goals.

Alternative Options	Total Mission Alignment	Overall Mission Score
In-House Build	91%	5.00
eXPRS - Time Entry	82%	5.00
eXPRS - All-in with MF	73%	4.00
eXPRS - All-in without MF	77%	4.00
MMIS	86%	5.00
SaaS	95%	5.00
Kronos	86%	5.00
FOSS	95%	5.00
Salesforce	95%	5.00
Do Nothing	14%	1.00

See *'Goals, Objectives, and Measurements'* for more information on the project goals.

***See Appendix M for the Mission Detailed Scoring*

Estimated Schedule: An estimate for how long each option will take to implement was determined for each alternative based on the type of solution. Estimates were based on a combination of previously suggested timelines and expert judgement from experienced team members.

Below is a summary table outlining the estimated schedule scoring results In-house and eXPRS options were based on estimates from OIS as referenced in the *'Alternative Analysis'* section. The project team divided out what would be the longest effort and then broke it out into 6-month increments.

Alternative Options	5 (<6 mo)	4 (6 mo – 1 yr)	3 (1 yr – 1 ½ yrs)	2 (1 ½ yrs - 2 yrs)	1 (>2 yrs)	Overall Estimated Schedule Score
In-House Build			X			3.00
eXPRS Time Entry				X		2.00
eXPRS with Mainframe					X	1.00
eXPRS without Mainframe					X	1.00

MMIS				X		2.00
SaaS				X		2.00
Kronos				X		2.00
FOSS			X			3.00
Salesforce			X			3.00
Do Nothing	X					5.00

Risk: Risk items were captured for each alternative utilizing the Probability and Impact Matrix (included in appendix O). The Project used the methodology and tools defined in the PMP. The overall risk assessment includes the following factors: capability of the agency to manage the investment, overall risk of investment failure, organizational and change management, technology, strategic plan, and project resources.

Below is a summary table outlining the risk scoring results.

Alternative Options	Total Average Risk Score	Overall Risk Score
In-House Build	4.1	2.00
eXPRS - Time Entry	2.9	3.00
eXPRS - All-in with MF	3.0	3.00
eXPRS - All-in without MF	3.1	3.00
MMIS	3.4	2.00
SaaS	2.0	4.00
Kronos	3.9	2.00
FOSS	3.8	2.00
Salesforce	2.7	3.00
Do Nothing	4.3	1.00

***See Appendix N for complete Alternative Analysis Risk Log for each alternative.*

***See Appendix O Project Risk Narrative for the definitions of probability and impact by objective.*

Resources: The solution needs to have the required resources to be successful. Each solution was compared to the estimated resources needed to implement each option.

Staffing costs were estimated using existing policy option package data for personnel costs. Total number of staff needed is based on the staffing model developed to support the project approach.

Below is a summary table outlining the resources scoring results.

Alternative Options	Project Director	Project Mgrs.	Tech. Resources	Business Analysts	Org. Change Mgmt.	Training	Total Resources	Overall Resources Score
In-House Build	1	2	3	6	6	6	24	3.00
eXPRS Time Entry	1	2	6	8	6	6	29	3.00
eXPRS with Mainframe	1	2	6	8	6	6	29	3.00

eXPRS w/o Mainframe	1	2	6	8	6	6	29	3.00
MMIS	1	3	3	8	6	6	27	3.00
SaaS	1	3	2	6	6	6	24	3.00
Kronos	1	3	3	6	6	6	25	3.00
FOSS	1	1	2	6	6	6	22	3.00
Salesforce	1	3	2	6	6	6	24	3.00
Do Nothing	0	0	0	0	0	0	0	5.00

***See Appendix L Alternative Analysis Cost Comparison*

Reusable Artifacts: The Project completed an assessment of project artifacts to determine how much existing documentation could be leveraged based on each alternative option. The Project scored each alternative against each deliverable and associated state supporting documentation to determine an estimated percentage of reusable content for the future effort. There were deliverables not used in the scoring such as the Project Management Plan, PMP Monthly Reports, Development Checkpoints, System Testing, Test Cases Part 2, Test Results, and Implementation Plan as these were relevant to PPL's core system and would not be applicable for any other solutions. The Project was able to use the Requirements Traceability Matrix (RTM) as an input for re-baselining the reboot of the project.

Below is the summary table with the estimated percentages of reusable documentation for each alternative option. Please note these percentages are based on qualitative measures and are subjective.

Alternative Options	Total Percentage	Overall Reusable Artifacts Score
In-House Build	34%	2.00
eXPRS - Time Entry	28%	2.00
eXPRS - All-in with MF	28%	2.00
eXPRS - All-in without MF	38%	2.00
MMIS	30%	2.00
SaaS	44%	3.00
Kronos	40%	3.00
FOSS	44%	3.00
Salesforce	44%	3.00
Do Nothing	0%	1.00

***See Appendix P Approved PPL Deliverables for more information regarding scoring details.*

Alternative Option Comparison

Below are the Alternative Option Comparison final scores based on the scoring criteria using the Scoring Guide.

Alternative Options	Final Score
In-House Build	**4.05**
eXPRS - Time Entry	**3.99**
SaaS	**3.95**
Kronos	**3.88**
FOSS	**3.85**
MMIS	**3.76**
Salesforce	**3.70**
Do Nothing	**3.03**
eXPRS - All-in without MF	**2.90**
eXPRS - All-in with MF	**2.90**

There are some important points to keep in mind when looking at this list where no clear way existed to include specific factors into the scoring model. Much of the impact to resource availability and schedule duration depend greatly on when project reinitiating occurs and how long it would take to obtain the appropriate resources (internal or external). Should the project receive immediate approval to move forward key resources from DHS and OHA remain committed to other projects (IE and CAM) and the schedule will be adjusted to reflect the constraints. This greatly decreases the feasibility of success of the options that would rely more heavily on internal development options (In-House Build, eXPRS- all options, & FOSS).

The scores do represent we have the most ability to control outcomes, cost, and delivery of items that are managed in-house.

These scores are not representative of both DHS and OHA's desires to move to more modern technologies and begin to reduce the support workload of existing resources that are already overburdened in supporting more and more systems. The team who developed this Business Case has also engaged repeatedly with the OIS leadership who are working on a variety of strategic initiatives to help move the Agencies forward from a technology perspective.

***See Appendix Q for full Alternative Analysis Scoring Matrix for comparison details.*

Conclusions & Recommendation

The PTC Project is intended to capture the following required data elements electronically at the time of service: Date of Service, Person Providing the Service, Person Receiving the Service, Time the Service Begins and Ends, Location of Service, and Type of Service Performed. This planned workflow involves the transition from a paper-based data gathering method to a more modern, electronic time capture solution.

As part of this new process, the Provider will record EVV data elements in real-time via a mobile app/web portal interface. The processing of the data will involve data-integrity validations to ensure accuracy of services performed, the date/time of service, and the location of the service delivered to the Individual.

The Software as a Service (SaaS) option is the most realistic available option that balances the needs of the organization in the short to medium term for compliance with the longer-term goals of more modular systems. Through the RFP process we can prioritize those vendors able to deliver a compliant solution through a phased delivery model to support quicker time to value with a projected estimated cost total of $25,351,715.

Because Salesforce, Kronos, MMIS (Sandata), FOSS would require outside support from an integrator and an RFP would be required there is no recommendation for a specific SaaS solution. Any selection during the RFP process will reflect the appropriate criteria for scoring between any proposers, which could include any of the above mentioned.

SaaS Option:
The recommended approach for the PTC Project is to utilize a SaaS solution for the following reasons:

- Ability for advanced configuration, integration with other applications, and possible customization
- Aligns with the direction the software industry is going
- Possibility to expand to other solutions in the future for FMAS, Case Management, Provider Management, etc.
- Fewer technical resources would be required from the State and there would be no dependency on the State Data center
- Possibility of faster implementation
- Workload reduction in the State field offices and Type A and Type B AAA offices
- Moves the Agency away from having sole responsibility for supporting an increasing number of systems
- Ability to access data for reporting
- Several vendors are now offering EVV solutions that are incorporated into their system

To best support incremental delivery of this effort the following prioritization are put forth in conjunction with the recommendation for a SaaS solution:

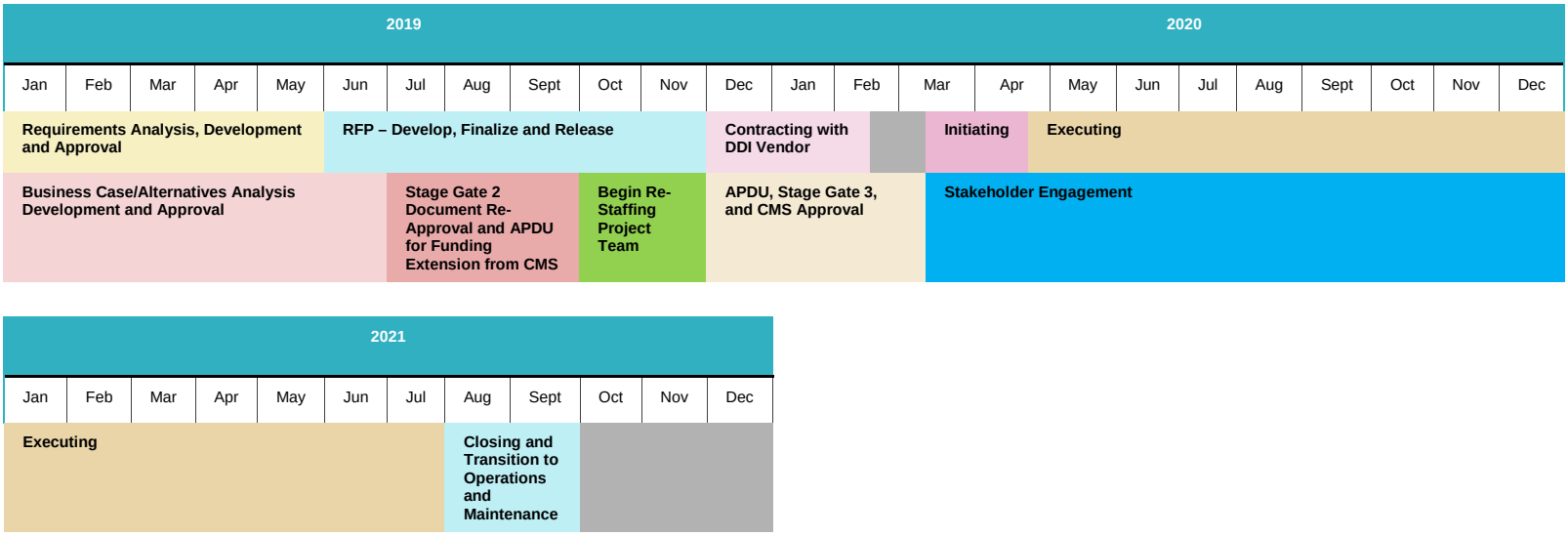
<u>Iterative Phases which would include ongoing Operations and Maintenance once implemented:</u>

1) Required data element capture through EVV compliant tool which may require manual entry of initial provider demographic information, individual demographic information, and service authorization details such as service period, authorized hours, type of service, etc.
2) Interfaces
    a) Implementation of inbound interfaces for provider demographic information, individual demographic information, and service authorization details such as service period, authorized hours, type of service, etc.;
    b) Implementation of outbound interface by extracting data from new solution to map to existing tables for payment processing via CEP.
3) OHA inclusion & Data Aggregation
    a) Phasing in other programs (OHA 1915i) over a longer timeframe
    b) Phasing in data aggregation as CMS delivers updated guidance

<u>Future Phases or Efforts:</u>

1) Payroll processing and interface with accounting and/or system
2) Potential opening to other program/agency participants

See below for a high-level proposed timeline for the solution implementation (Phases 1 minimally, Phase 2 potentially):



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A. Acronym List
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D. Future State Process Flow
E. Alternative Analysis Out of State Solutions (Spreadsheet)
F. Lessons Learned Report
G. In-Home Agency EVV Information (Spreadsheet)
H. COTS Basic + COTS Plus Customization (Galaxux)
I. Project Requirements
J. Payroll Requirements
K. Project Requirements Detailed Scoring
L. Alternative Analysis Cost Comparison
M. Mission Detailed Scoring
N. Alternative Analysis Risk Log
O. Project Risk Narrative
P. Approved PPL Deliverables (Reusable Project Artifacts)
Q. Alternative Analysis Scoring Matrix
R. Original Business Case

OSCIO IT Investment form

IT Investment Name:	Provider Time Capture (PTC) Project	Date:	08/20/2018
Agency:	Oregon Health Authority (OHA) & Department of Human Services (DHS)	Division:	Aging and People with Disabilities and Health Delivery Systems
Agency Contact:	Mike McCormick, APD Deputy Director	Phone Number:	503-945-6229
Approving Business Owner:	Mike McCormick, APD Deputy Director	Phone Number:	503-945-6229
Approving Technology Mgr:	Jon Debban	Phone Number:	503-947-5378

8/23/18

Approving Business Owner Date

Approving Technology Manager Date

Information Technology Investment Type(s):

☒ New Investment ☐ Renew/Life Cycle Replacement ☐ Other:

Information Technology Investment Description (What is being proposed and why):

In Oregon, the Department of Human Services (DHS) and Oregon Health Authority (OHA) are considered joint employers. Their Home Care Workers (HCW) /Personal Service Workers (PSW) programs must be modified to comply with the federal mandates under 21st Century CURES Act for an Electronic Visit Verification (EVV) system and U.S. Department of Labor's (U.S. DOL) Fair Labor Standards Act (FLSA). DHS and OHA must keep certain records for each HCW/PSW. The requirements apply to HCW/PSW's who provide personal and home care assistance to older adults and people with disabilities. Both federal mandates require that records include certain identifying information about the HCW/PSW and data about the hours worked. The law requires this information to be accurate and attested to by both clients and providers. DHS and OHA do not have shared technology in place necessary to meet the regulations.

In addition, Electronic Visit Verification (EVV) was created to help cut down on fraud and ensure that people receive the documented care they need. EVV was designed to help verify that services billed for home healthcare are for actual visits made.

A final component of this project is to enable payment services to the care workers through a Financial Management Agent Services (FMAS) option. The inclusion of a payment services option allows for an "end-to-end" process of capturing time and services through to payment.

An Information Technology (IT) solution will help minimize the long-term costs associated with increased workload, increased dependency on manual paper process and fraudulent reporting of services being provided to Medicaid recipients.

This project offers an opportunity for the State to develop and implement technology that will assist case managers in meeting the workload associated with HCW/PSW management. The solution should also assist

OSCIO IT Investment form

HCW/PSW and the consumers they serve in streamlining the service management portion of their relationship. The solution will do this with the following solution enhancements:

- Worker Portal – a secure web-based portal which allows Agency staff and partners to view and edit information pertaining to service planning and provider management.
- Provider Portal – a secure web-based portal which allows providers to enter time, view information about the service recipient(s) they serve, manage voucher/payment information, and update personal contact information.
- Service Recipient Portal – a web-based portal which allows service recipients (or their authorized representatives) to view necessary information about their cases and service plans. Service recipients will be able to validate reported hours and services, send requests, and update personal contact information through the portal.
- Database – a single, well-designed database to support all three portals listed above.
- Optimized Reporting – optimized reporting functionality providing access to current and historical service recipient and provider data in real time.
- Document Management – track, manage and store documents. The Solution will auto-populate and generate specified paper and electronic notices.
- System and Data Integration – ability to integrate and interface with a variety of systems real-time and batch including, but not limited to Medicaid Management Information Systems (MMIS).
- Role-based Security – the Solution will utilize role-based security allowing usage of internal and external partners as determined by the business.
- Multiple Access Channels - real time accessibility and data entry through web, and mobile technology. The Agency will be able to capture location using geospatial data accessible online or offline.
- Automated Workflow - automatic routing, processing, and integration between different functional software applications. Including validations, alerts, and notifications.
- Secure Payment Processing – ability to process provider payments directly through Financial Management Agent Services.

		Yes	***No***
1)	Is the investment a project?	☒	☐
2)	Will the investment have a Project Manager?	☒	☐
3)	Will the investment include other agencies?	☒	☐
4)	Will the investment include Information Asset Classification Level 3 or 4 data? (see DAS Policy 107-004-050)	☒	☐
5)	Will the investment be for Cloud Services (as defined in Policy #107-004-150)	☐	☒

IT Investment Estimated Cost Summary

Hardware:	N/A	**Software:**	N/A

OSCIO IT Investment form

Services/Maintenance (projected over five years):	$51,095,931	**Personnel (Project):**	$9,455,142
Source of Funding:	Federal Fund	**Deadline for fund use:**	dd/mm/yyyy
Anticipated Start Date:	10/06/2016	**Anticipated End Date:**	07/31/2021
		TOTAL:	**$60,551,073**

ODHS|OHA

Business Case (revised January 28, 2021)

Centralized Abuse Management (CAM)

(Formerly Statewide Adult Abuse Data and Report Writing System – SAADRWS)

VERSION LOG

Version	Description	Author	Date
0.1	Initial Draft	N Grengs	3/15/2016
0.2	Initial Draft with Core team feedback from J Thompson, K Wymore, L Stutheit, F King, J Ammon, T Holland, and J Telagarapu	N Grengs	3/24/2016
0.3	Executive summary, alternatives and conclusions drafted and questions identified	N Grengs	5/5/2016
0.4	Update to reflect Salesforce as the primary alternative, updated costing models, benefits, and risks	N Grengs	5/26/2016
0.5	Reviewed by Executive Steering Committee. Incorporated comments from K Naugle-Wilk, Lea Ann Stutheit, Ian Wilson, and John Thompson. Funding still needs alignment.	N Grengs	06/13/2016
0.6	Updated costs for SF licenses, removed indirect costs.	N Grengs	06/15/2016
1.0	Final Draft updates per Business Case Review Team meeting: Lilia Teninty, Lea Ann Stutheit, Don Erickson, Ian Wilson (for Ashley Carson-Cottingham), Marie Cervantes, Paul Ettinger, Kathryn Naugle Wilk, John Thompson	C. Hawkins-Weltz / K. Wymore	06/23/2016
1.1	Updates to Final Draft based on stakeholder review	C. Hawkins-Weltz	6/27/2016
1.2	Continued updates to FD based on stakeholder comments	K Naugle Wilks	6/28/2016
1.3	Minor edits to spelling, grammar and typing corrections: feedback from Gary Brower and Kristi Ivers	C Hawkins-Weltz	7/15/2016
1.4	Edits from QA feedback	K. Wymore	8/25/2016
1.5	Edits from OSCIO feedback	K Wymore	12/1/2016
2.0	Update to reflect current schedule and cost.	E. Lamb	12/19/2018

[DJD1]

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1. Executive Summary

Oregon's Department of Human Services (DHS) and Oregon Health Authority (OHA) are committed to ensuring the safety of vulnerable Oregonians. This revised business case outlines the purpose and proposed approach to better serve this population by implementing an integrated solution to investigate, track, and report on incidents of adult abuse

The approach to this revision is to correct errors and update naming conventions within the original business case. Appendix C has been added to detail the schedule and budget changes that have been implemented since the original business case was approved. The goals and objectives are largely unchanged. The scope of the project has not changed. The system was successfully launched in July of 2018 starting with a pilot implementation with the Aging and People with Physical Disabilities (APD) program. Currently, there are over 300 APD users Statewide relying upon this system daily while we prepare to design and develop the next set of functionality to serve the needs of the Office of Developmental Disabilities (ODDS) and Mental Health programs.

The Office of Training, Investigations, and Safety (OTIS) formally known as the Office of Adult Abuse Prevention and Investigations is a DHS/OHA Shared Service that provides abuse-related services to the Aging & People with Physical Disabilities (APD), Office of Developmental Disabilities Services (ODDS), and Child Welfare (CW) programs at DHS, and the Mental Health program in the Human Services Division (HSD) at OHA.

Together with its program partners, OTIS serves some of Oregon's most vulnerable residents, in their own homes or in licensed care facilities. The approximate numbers served include:

- 500,000 older adults and people with physical disabilities;
- 16,000 adults enrolled in ODDS programs;
- 55,000 adults receiving Community Mental Health Services or residing in the Oregon State Hospital (OSH); and
- 3,600 children residing in licensed facilities that provide therapeutic treatment, or children enrolled in ODDS services.

Establishing a centralized abuse management system is of paramount importance to DHS and OHA (herein referred to as "The Agencies".) The Agencies seek to eliminate manual processes as well as the need to utilize legacy systems to standardize and centralize adult abuse data collection for The Agencies.

The objective of this effort is to develop and implement a comprehensive web-based multi-program abuse management system. This system will reduce or eliminate manual input/processes, replace or reduce functionality in legacy systems, standardize, and centralize adult abuse data collection across Oregon, and provide a web-based tool for reporting and analyzing adult abuse. This system will capture abuse allegations and investigations from intake and screening through investigation, case closure, and referrals documentation, and will support abuse management oversight and inquiries. A centralized system will enhance DHS and OHA's ability to protect vulnerable Oregonians, by replacing existing manual and disparate processes and systems across the state with a fully integrated system that improves visibility.

1.1 Background

Oregonians will be better served with a centralized adult abuse management system replacing the existing collection of manual processes and disparate systems currently used across the state. Currently, State Agencies, partner organizations, and local office workers[1] interpret Oregon Administrative rules differently regarding which allegations of abuse to screen in. Most offices lack a consistent, automated mechanism to screen in, investigate, document, and report or track the full life cycle of an abuse incident and the parties involved. Implementing a single, stable, rules-based solution will improve consistency, streamline workflow, increase efficiencies at local offices and reduce gaps in the availability of timely, pertinent information to support abuse investigations throughout the state. The Agencies' goal is to increase awareness of patterns of abuse in licensed settings and in the community.

1.2 Opportunity Definition

The Agencies' are championing this initiative to improve services and support for vulnerable Oregonians through implementation of consistent processes and robust systems.

The outcomes this project will achieve are responsive to challenges identified by multiple studies and legislation including House Bill 4151 (HB4151) and Senate Bill 1515 (SB1515). HB4151 requires DHS to standardize resources and technologies related to abuse investigations. SB1515 requires DHS and OHA to improve communications about abuse investigations with certifying, licensing, and authorizing organizations. A centralized abuse management system will also address DHS Elder Abuse Prevention Audit findings, Adult Safety and Protection Team Report recommendations and the Resident Safety Review Council Report from February 2013.

The high-level business objectives driving this effort are to:

- Better protect the individuals we serve.
- Increase productivity and efficiency through automation.
    - Document reports of abuse, screening decisions, and investigations centrally and in real-time so local staff, local management, Central Office, OTIS, and others with a need to know have immediate access to information.
    - Reduce duplicate data entry and manual work.
- Support program variation and frequent changes.
- Support the growing abuse management workload.
- Identify and track abuse across the lifespan of a person (victim and/or perpetrator).
- Identify and track abuse and abuse history at DHS-licensed facilities across programs.
- Produce standardized information for auditing and analysis.
- Implement an easy-to-use, web-based, system.

The Agencies' original vision was to have at least a minimally viable solution of core functionality across all programs in scope implemented in a first release with a second release to follow with

[1] Local office workers include screeners, investigators, and supervisors in the offices across the state that are performing the work for any of the programs included in the scope of this project.

the remaining requirements and enhancements. Core functionality was defined as the functionality to support intake and screening through investigation, case closure and referrals documentation, and reporting processes. However, the Agencies intended to enlist the assistance of a System Integrator (SI) to propose implementation options for the Agencies' consideration that included the suggested scope, functionality, programs included and release dates for the implementation of the CAM system, with the success criteria for the project's planned releases to be determined in the execution phase in collaboration with the System Integrator.

1.3 Alternatives Analysis

After a preliminary business case proposed the development of a custom solution, the Agencies invested significant efforts to assess other alternatives. A team comprised of program and technology members conducted in-depth market research. The market research included in-depth interviews with 18 states to discover their abuse management solutions. This market research yielded two viable solutions utilized by other states and two used in Oregon. The team did further in-depth analysis of the capabilities of these four options against functional and technical requirements and conducted customer demos and on-site visits. The Agencies concluded that building a custom Centralized Abuse Management System introduced much higher risk and cost compared to pursing a different alternative. Detailed information from the in-depth analysis and site visits are in the Alternatives Analysis, Section 5.0, of this document and in the supplemental documents. Information gained during customer demos and site visits eliminated some alternatives under consideration identified from the project's initial market research. These eliminated options included Commercial off the Shelf (COTS) solutions and transfer solutions used by other entities resulting in the following remaining alternatives.

Alternative 1: Purchase Software as a Service Solution; leverage another state's use of that SaaS

Under this alternative, a Software as a Solution (SaaS) CRM solution would be purchased, configured, and customized to meet the CAM Project's detailed requirements. This approach allows relatively quick design, build and implementation plus ongoing flexibility to meet the continuously changing business/regulatory environment at a reasonable cost.

Oregon has the opportunity to leverage requirements for Colorado's Adult Protective Services (CAPS) solution implemented in June 2015 as a starting point for a SaaS solution. Colorado implemented CAPS in June 2015 using Salesforce, a Customer Relationship Management (CRM) SaaS solution. Oregon can leverage CAPS' foundational capabilities, substantially reducing the time to deliver, the cost of implementation, and the exposure to risk for Oregon. DHS and OHA Executive Leadership believe this synthesized approach represents the best fit for Oregon's needs. More details regarding Colorado's solution and the proposed implementation approach are outlined later in sections 5.1.1 and 6.2 of this document.

Under this alternative, Oregon will leverage Colorado's solution as foundational requirements for Oregon's abuse management toolset, using the services of a Systems Integrator to configure and/or customize the software to meet Oregon's needs. The estimated cost of this alternative through implementation is ~4.7 million dollars with at total estimated cost through 2023 of approximately ~8.4 million dollars.

Alternative 2: Implement a Custom Build System

Under this alternative, the Agencies would design, develop, test, and deploy a custom solution for

The Agencies' Centralized Abuse Management needs. This alternative would allow a tailor-made solution that would meet all the functional, technical, and organization requirements. The cost, risks, and timeline to implement are substantially higher than implementing a SaaS solution leveraging Colorado's foundational requirements. The total estimated cost for this alternative through implementation is ~11.9 million dollars with a total estimated cost through 2023 of approximately ~$17.0 million dollars.

Alternative 3: Maintain the Status Quo

Under this alternative Oregon would maintain the current status quo with disparate, disconnected systems and highly manual processes and there would be no additional investment in abuse tracking system automation. The requirements and recommendations made by HB4151, SB1515, and various reports and audits would not be met in the foreseeable future. The Agencies' fragmented approach would continue and improvements to current processes would be limited to those that arise naturally through the Agencies' continuous improvement program. The Agencies would continue with ineffective, disconnected, automated and manual systems, which are increasingly difficult to oversee and analyze. The total estimated cost of this alternative through 2023 of approximately ~$5.2 million dollars.

In light of the settlement that was reached with Oracle in September of 2016, the Agencies were asked to evaluate the appropriateness and feasibility of implementing the CAM solution using Oracle products contained in the negotiated User License Agreement (ULA). The settlement offers Oracle's catalog of products free of charge for the next 5 years and 10 months. However, use of Oracle products would not allow the Agencies to leverage the foundational capabilities of the Colorado CAPS solution due to the fact that Colorado's code is specific to the Salesforce platform. The Colorado solution is the only proven implementation of an Abuse Management System on a CRM platform. An approach using Oracle products would substantially increase the time to deliver a solution and expose Oregon to additional risk as the Agencies would be unable to leverage the work done in Colorado and would be required to develop a solution on an unproven platform from the ground up. Implementation costs would increase to support additional requirements, design, and development efforts. A transfer approach of Colorado's solution will establish a collaborative relationship with Colorado and enable Oregon to continue to benefit from any new developments that Colorado makes to their solution. This continuous collaboration, allowing Oregon the option to use those enhancements free of charge, is dependent on the transfer and use of the CAPS code on the Salesforce platform and could not be utilized with an approach including Oracle products.

1.4 Conclusions and Recommendations

Based on the analysis of the alternatives, DHS and OHA intend to pursue Alternative 1: Implement a SaaS Solution and leverage another state's capabilities with that SaaS. This strategy will help accelerate Oregon's implementation efforts, while reducing risk and shortening the implementation timeline.

Section 6.2, Table 5 (5) of this document sets out a preliminary schedule to implement the Centralized Abuse Management system in two releases. To support the commitments made to the Legislature of an implemented solution within the 2015-2017 biennia and in response to HB4151 and SB1515, the project's scope will be implemented in two releases. A first release is projected to complete by June 2017 and the second release by December 2017. The high-level estimated cost of implementing the system and operating it through December 2017 for both releases is approximately $4.7 million. The project has been funded for a total of $5,632,037 which includes $1,437,494 of general funds, $3,300,000 of Q bonds and $894,543 for Qbond

issue and debt service for a total of usable project funds of $4,737,494. Funds for issue and debt service will not be reported in the funding. Ongoing operating costs post-implementation through June 2023 are estimated at another $3.0 million, for a total 7-year investment of approximately $8.4 million. Actual costs may differ depending on per user licensing costs and vendor responses to the planned Request for Proposal (RFP) for System Integrator (SI) services.

2. Background & Purpose

2.1 Current State of Abuse Management Operations

The Office of Training, Investigations, and Safety(OTIS) is a DHS/OHA Shared Service that provides abuse-related services to the populations served by The Agencies and provides services for some of Oregon's most vulnerable residents, in their own homes or in licensed care facilities.

The Agencies use many different methods to support screening, investigations, referrals, and other abuse management processes. At their core, these processes have very similar steps. They vary depending on: 1) The population served; 2) If the intake/screening/investigating organization is a state organization or contracted party and; 3) Which computer applications and end user tools they have available for their use. There are seven (7) key systems, six (6) of which are state owned and one (1) owned by a local county, and more than 120 local databases and Microsoft (MS) Excel spreadsheets in use at this time. These systems are not integrated, nor do they provide all the essential information required for local workers, local managers, and Central Office oversight.

In 2014, almost 750,000 Oregonians were in one of the nine populations supported by the Agencies. During that same year, the Agencies received over 38,000[2] allegations of abuse of these individuals, resulting in 18,185[1] investigations of which 4,544 were substantiated. This number does not account for an unknown number of allegations screened out at the local office level due to the lack of visibility caused by disconnected processes and systems.

According to the 2014 OTIS Annual Report dated July 2015, "In 2014, there was a 10% overall increase in the number of investigations conducted (compared to 2013)." Over the next ten years, the number of allegations received and screened by The Agencies is expected to increase nearly 60%. This assessment increases the projected 50,414 allegations in 2015 to over 78,500 allegations in 2024, due to predicted growth of vulnerable populations. OTIS is projecting 30,800 investigations by 2024, a nearly 63% increase from the 2015 level of 19,000 investigations.

In 2014, the Oregon State Legislature passed House Bill 4151 (HB4151). Section 4 of HB4151 mandates that for adults 65 and older and for residents of Office of Licensing and Regulatory Oversight (OLRO) licensed facilities, DHS "shall adopt policies and guidelines to plan for the development and standardization of resources and technologies" related to abuse. In summary it mandates the following: 1) Capture of key adult abuse incident and management data; 2) Standardization of procedures and protocols for making and responding to reports of abuse; 3) Standardization of procedures and protocols for investigations of reports of abuse and; 4) Promoting and coordinating communication and information sharing with law enforcement agencies regarding reports and investigations of abuse.

There are five main program areas involved in this project: 1) DHS' Aging & People with Disabilities (APD) Adult Protective Services (APS); 2) OHA's Health Systems (HS) Division; 3) DHS' Developmental Disabilities (DD); 4) DHS' Child Welfare (CW) and; 5) OHA's Oregon State Hospital (OSH) Division. For a comprehensive list of stakeholders, see the Business Case Supplemental Documents Package.

There is a long list of Oregon Revised Statutes (ORSs) and Oregon Administrative Rules (OARs) for the program areas and populations served by this project.[3] Some overarching statutes drive

[2] OAAPI Annual Report 2014 – Published July 2015.
[3] A complete list of ORSs and OARs by population served can be found in Business Case Supplemental Documents Package.

consistent rules for multiple populations and program partners. However, there are also specialized rules depending on the population served. A full analysis of the similarities and differences in these rules has not been performed. It is important to note that many factors impact these ORSs/OARs resulting in frequent changes. In the future, there will be one standard process for all populations served. This standard process will allow for the nuances between the ORSs/OARs in place today.

Federal and State legislation, program rules, processes, terminology, reporting and coding requirements are evolving at a quick pace. The different agencies within the US Department of Health and Human Services (HHS) are working toward more standardization in the adult abuse discipline.[4,5] The disconnected tools in use by DHS and OHA are not modern, sophisticated, or flexible enough to evolve with the changing regulatory environment within the state or across the nation.

2.2 Current State of DHS Aging and People with Disabilities Abuse Management Operations

The DHS Aging & People with Disabilities APS program serves two Oregon population groups: APS Community and APS Facility.

- APS Community consists of approximately 620,000 adults age 65 and older and adults 18-24 with a physical disability who live in their own homes in the community.
- APS Facility consists of approximately 46,000 individuals living in DHS-licensed facilities.

Screening and investigation of these reports of abuse are performed by Aging and People with Disabilities (APD) Field Offices and certain Area Agencies on Aging (AAAs).

In 2014, there were approximately:

- 12,100 allegations of APS Community abuse resulting in approximately 3,300 substantiated abuse cases.
- 4,400 allegations of APS Facility abuse resulting in approximately 950 substantiated abuse cases.

The number of allegations supported is difficult to ascertain because the two APS systems in use lack screening capabilities.

[4] In September 2013, recognizing the lack of consistent national data on adult maltreatment, HHS, the Administration for Community Living (ACL), in partnership with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), began a 2-year effort to design and pilot test a national reporting system based on data from state adult protective services (APS) agency information systems. The project is currently designated as the National Adult Maltreatment Reporting System (NAMRS).

[5] The CDC's National Center for Injury Prevention and Control, Division of Violence Prevention has published "Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements" in January 2016. They indicate in their paper "Longstanding divergences in the definitions and data elements used to collect information on Elder Abuse (EA) make it difficult to measure EA nationally, compare the problem across states, counties, and cities, and establish trends and patterns in the occurrence and experience of EA."

The major computer systems used by APS are: 1) Oregon ACCESS, which is a case management system for APS Community Clients, and; 2) Web723, which is a tool for documenting an APS Facility abuse investigation report. These two systems have poor search capabilities making it difficult for workers to find historical abuse information. As a result, offices must resort to tracking key information on spreadsheets and in Microsoft (MS) Access databases.

Other than the Client Tracking System (CTS) for Lane Council of Governments (LCOG), key system screening functionality does not exist. This means local screeners and investigators are not able to see statewide abuse screening information, and central program management is unable to monitor local screening activity or track historical screening trends. Additionally, the search capability in these systems does not support the sophisticated and time-sensitive needs of the program to respond to queries about specific allegations or overall trends. All notices are manually created in MS Word resulting in considerable duplicate data entry and the potential for human error. LCOG has their own MS Access computer system, which allows for LCOG-wide documentation of intake, screening decisions, investigations, and the generation of notices.

2.3 Current State of OHA Health Systems Abuse Management Operations

The OHA Health Systems Division serves two abuse population groups (within the scope of this project). They are: 1) Individuals in State Operated Secure Residential Treatment Facilities and; 2) Individuals receiving Community Mental Health services.

- State Operated Secure Residential Treatment Facilities serve approximately 120 people.
- Community Mental Health Programs (CMHP) are County based and serve approximately 57,200 people.

Screening and investigations involving adults receiving CMHP services are performed by County CMHP staff, with technical assistance and consultation provided by OTIS. Exceptions include when the alleged abuse involves CMHP staff or occurs in a state-operated Secure Residential Treatment facility; in those cases, OTIS staff perform the screening and investigation.

In 2014, there were approximately:

- 15 allegations of abuse for individuals in State Operated Secure Residential Treatment Facilities resulting in about seven substantiated abuse cases.
- 395 allegations of abuse for individuals receiving Community Mental Health services of which approximately 134 were substantiated.

Allegations and investigations for State Operated Secure Residential Treatment Facilities and Community Mental Health that are received by OTIS, are entered into the OTIS Abuse Database. Not all Community Mental Health allegations that are screened out (not needing investigation), are tracked as there is not a centralized database supporting these programs. Technology tools depend on what tools a particular County CMHP has in place. The key computer system used is the OTIS Abuse Database, which is MS Access and is not accessible to the Oregon Counties. All data entered into the OTIS Abuse Database is after the fact, duplicate data entry, and currently used to capture the investigation data electronically for future analysis.

Investigations for these populations are all performed manually and then typed into MS Word. All notices are manually created in MS Word resulting in considerable duplicate data entry and the potential for human error.

2.4 Current State of DHS Office of Developmental Disabilities Services Abuse Management Operations

The DHS Office of Developmental Disabilities Services (ODDS) program serves two Oregon abuse population groups directly: Community DD Program individuals and In Home Program individuals.

- County-based Community DD Programs (CDDP) and the Stabilization and Crisis Unit (SACU) serve approximately 5,800 adults enrolled in (or previously eligible for) CDDP services. These adults live and receive services in either DHS-licensed settings such as provider group homes, state run group homes or private foster homes. CDDP (County) staff perform screenings and investigations of allegations involving CDDP clients. Screening and investigation of allegations in SACU facilities are performed by OTIS investigators.

- The Community DD Programs (CDDP) and Brokerage Operations serve approximately 13,000 adult individuals with Intellectual/Developmental Disabilities (ODDS) living in their own homes or family homes, or DHS-licensed residential facilities. CDDP (County) staff perform screenings and investigations of allegations involving CDDP clients.

Allegations involving individuals with ODDS living in non-DD licensed facilities are screened by either DD or APS, and are generally investigated by APS as indicated above in APS Facility.

In 2014, there were approximately:

- 1,400 allegations of abuse for Community DD individuals resulting in about 675 substantiated abuse cases.

- 70 allegations of abuse for individuals in Stabilization and Crisis Unit facilities of which approximately 20 were substantiated.

Investigations for these populations are all performed manually and then typed into MS Word. Additionally, all notices are manually created in MS Word, resulting in considerable duplicate data entry. The number of reports of abuse that are reported and subsequently screened in for investigation can only be estimated as they are not all tracked in a key computer system. The key computer systems used are Serious Event Review Team (SERT), Combined On-call Intake (COIN) and the OTIS Abuse Database. SERT is old and ineffective. COIN is used by OTIS for tracking allegations, and the OTIS Abuse Database is used by OTIS for all SERT allegations referred to OTIS for investigation. The number of reports that are screened out for further investigation are also unknown as these are tracked only at each individual CDDP.

2.5 Current State of DHS Child Welfare Abuse Management Operations with OTIS Oversight

The Child Welfare (CW) program serves children with intellectual/developmental disabilities living in DHS-licensed 24-hour residential settings and children in DHS-licensed 24-hour residential facilities that are part of the Child Caring Agencies (CCAs). These Oregon abuse population groups are included within the scope of this project.

County Child Welfare staff at the various CW hotlines perform initial screening of all child abuse referrals. When children identified in an allegation live in a licensed setting, the referral is sent to OTIS (using OR-Kids) for additional screening. After screening, investigations for both populations

are performed by OTIS.

In 2014, there were approximately:

- 85 allegations of abuse for children with intellectual/developmental disabilities living in DHS-licensed 24-hour residential settings resulting in about 46 substantiated abuse cases.
- 131 allegations of abuse of children in DHS-licensed Children's Care Provider Programs with approximately 24 substantiated.

Investigations for these populations are all documented manually and then typed into MS Word. Key information is entered into OR-Kids when the investigation is completed. All notices are manually created in MS Word resulting in considerable duplicate data entry. The computer systems used to process these cases are OR-Kids and the OTIS Abuse Database. All allegations for CW are initially captured in OR-Kids and then entered into the OTIS Abuse Database after the fact. The OTIS Abuse Database is MS Access, therefore it is not available to the County CW screeners across the state.

In 2016, the Oregon State Legislature passed Senate Bill 1515 (SB1515). SB1515 adds young adults aged 18 to 21 years old in Child-Caring Agencies (CCAs) to be included in the age definition of "child in care" and expands the definition of CCA. This additional young adult group is estimated to be less than 250 individuals at this time and are included in the CAM Project as part of the population of children in DHS-licensed Children's Care Provider Programs.

The requirements of SB1515 will also likely lead to a much higher percentage of allegations of abuse in CCAs resulting in an investigation, doubling or tripling the number of CCA-related investigations conducted and documented by OTIS.

2.6 Current State of OHA's Oregon State Hospital Abuse Management Operations

The OHA Oregon State Hospital (OSH) serves one abuse population group (within the scope of this project). Approximately 1,220 individuals live at the Oregon State Hospital.

When alleged abuse occurs in the Oregon State Hospital, OTIS staff perform the screening and investigation.

In 2014 there were approximately 78 allegations of abuse for individuals living at the Oregon State Hospital, of which approximately 19 were substantiated.

Allegations and investigation outcomes for the Oregon State Hospital are entered into the key computer system, OTIS Abuse Database, which is an MS Access application. All data entered into the OTIS Abuse Database is after the fact, duplicative data entry, used to capture the investigation data electronically for future analysis.

Investigations for this population are performed manually and then typed into MS Word. All notices are manually created in MS Word resulting in considerable duplicate data entry.

2.7 Current Business Process

In 2014, seven (7) abuse management processes were documented. At a high level, all seven processes involve screening, investigating, referring, and closing allegations, with associated documentation and notifications. Each of these processes are based on a particular program or group of programs, as well as the individual program OARs, which define and guide them. Detailed information about these current processes can be found in the Business Case

Supplemental Documents Package, Document F.

Table 1 – Key Current Business Processes

Process	Process Description	Process #
OTIS-Led Investigation	This process documents the intake, screening, investigation, report creation, report distribution, and closure of non-CCP investigations completed by OTIS staff.	BP-100
CCA Investigation	This process documents the intake, screening, investigation, report creation, report distribution, and closure of investigations completed by OTIS staff for the CCP Program.	BP-200
County DD Investigation	This process documents the intake, screening, investigation, report creation, report distribution, and closure of investigations completed by the county CDDP abuse investigator.	BP-300
County MH Investigation	This process documents the intake, screening, investigation, report creation, report distribution, and closure of investigations completed by the county Mental Health (MH) Program.	BP-400
APS Community Investigation	This process describes the intake, screening, investigation, report creation, report distribution, and closure by APD and AAA staff for the APS Community Program.	BP-500
APS Facility Investigation	This process describes the intake, screening, investigation, report creation, report distribution, and closure by APD and AAA staff for the APS Facility Program.	BP-600
Lane Council of Government (LCOG) APS Investigation	This process describes the intake, screening, investigation, report creation, report distribution, and closure for the Lane Council of Government Community and Facility APS investigations.	BP-700

The Agencies' have identified and drafted a standardized future state business process with the assistance of the user community across all in scope programs. This process will be used in the fit gap analysis performed by the SI during execution.

3. Problem or Opportunity Definition

3.1 The Business Problem

The lack of a centralized abuse system in place today creates obstacles and challenges for The Agencies' work efforts to support vulnerable Oregonians.
The Agencies are committed to the protection of vulnerable Oregonians and are hampered by abuse data that is often fragmented, incomplete, and/or inaccessible. Additionally, staff are required to utilize multiple disparate systems to make determinations about allegations of abuse slowing

response and increasing risk of error. A centralized system that provides cross program abuse information and supports intake, screening, and investigation activities is critical to increase the efficiency and effectiveness of the staff performing those functions and to further protect Oregon citizens. The limitations of the current environment; lack of coordinated systems and data, gaps in visibility and the lack of a unified tracking and reporting process all lead to the imperative for The Agencies to address this situation by implementing a centralized abuse system to establish a clear and complete picture of abuse.

APS receives staff based on workload and the calculations to determine staff needs depend on forecasting future workload projections. The tools and information available today are challenging, requiring APS to use a workload calculation from four (4) years ago. This means the additional workload to support the increase in population over that time is not being reflected today's calculation. There was an increase in population of approximately 10% last year alone. Lack of up to date information and the inability to forecast have resulted in a lower than necessary staff count, negatively affecting the APS key performance metrics. Visibility in to the activity and movements of alleged and substantiated perpetrators across programs or counties is limited. This lack of information across the state opens the door for potential risk to persons served by the DHS and OHA.

Lack of unified processes has resulted in potential risk of clients falling "through the cracks" as local offices follow inconsistent screening practices and vary in their interpretation of Oregon rules and statues. Further complicating the challenges, for staff that are performing intake, screening, and investigations is that they lack systems to help them perform their jobs effectively and efficiently. Information such as addresses, screening and investigation data is cut and pasted into: 1) Multiple systems; 2) Multiple MS Word letters and; 3) MS Excel spreadsheets and; 4) MS Access databases.

The current intake process may be documented in one of many different systems around the state, and referrals that do not result in investigation are not always tracked with automated tools. As a result, it is difficult to review these referrals for quality control, screening related trends and workload trends. Law enforcement agencies send police reports to field offices in such a volume that staff find it hard to review and screen in/out all the reports in a timely manner. When intakes and referrals are not all documented it's difficult to measure if there are sufficient staff to cover the workload and to measure the true quality of the work being performed including that all reports of abuse are being processed properly without falling "through the cracks".

Recent legislation has increased the number of mandatory reporters and hence the workload for intake and screening of reports of abuse. HB4151, passed in 2014, requires that DHS/OHA send a copy of its letter of determination and investigation report to the state agency responsible for certifying/licensing a substantiated perpetrator in a health occupation. The consistency with which this is done is not known since the processes and systems do not allow for tracking of this information. This increases the workload of the already overloaded investigators doing the work today.

As Oregon's population ages, DHS and OHA are seeing an increased interweaving of clients in community and facility settings. This means clients of one program are often placed in facilities licensed by other programs, or clients are transitioned from one system to another as they age and their health conditions or behavioral needs change. Establishing a centralized abuse management system enables DHS and OHA to integrate abuse data across programs, ensuring critical information in one system is retained helping keep clients safe by providing access to a client's history of abuse.

3.2 Current Technology Limitations

There are seven (7) primary data systems[6] used in Oregon today to collect reports of abuse and/or generate investigation reports. There are three (3) key data systems[7] used to analyze investigations and create data analysis reports related to protective services and abuse investigations with OTIS oversight. These systems run on different software, collect different data points, and do not provide a comprehensive centralized data repository for abuse data. Investigation reports for seven of the nine populations are written using MS Word. In addition, more than 120 simple applications and spreadsheets are used in local offices to support abuse processes and manage workload, from receipt of an allegation through completion of an investigation.

The mix of legacy systems and desktop software makes it difficult for employees and management to ensure all allegations are documented and processed appropriately. In most local offices, physical paper files are the only source of complete information about an investigation. This creates the potential for an allegation to go uninvestigated because there is no tool for unassigned referrals***.***

Following is a summary of the key systems used to collect, report, or analyze abuse or generate investigative reports. Each system has limitations, which make them poor candidates for modifying to meet centralized abuse investigation or reporting. The limitations in many cases are due to the technology platforms lacking the robustness necessary to support large-scale use or they are an aging technology with limited ability to sustain and support. For example, MS Access lacks a robust structured query language, all information is saved into one file, which limits options, slows down reports, queries and forms and security controls are limited. As the volume of user's increases, performance degrades rapidly. Although technically, a MS Access system can support 255 concurrent users, the real-world limit is 10-80 concurrent users.

The Oregon Access ***(OR Access)*** system's APS module for abuse tracking contains the largest number of investigations (~36,000) of all the systems listed above. ***It does not have intake or screening functionality and has poor search capabilities making it difficult or impossible to determine if a person has an in-progress or past investigation.*** This results in duplicate information as many allegations/investigations are entered multiple times. The system is capable of collecting information that helps support unique identification of people such as Social Security Number, birth date and client master identifier. Less than seven percent of alleged and substantiated perpetrators are uniquely identified with a Social Security Number or date of birth. None has a reference to a person or client master identifier. This makes it impossible to find repeat offenders of abuse. End-users cannot attach documents and/or evidence to the investigations in OR Access. Investigation reports cannot be sent electronically from the system and must be printed, scanned, and attached to an email to send notices. The system does not provide statistics, trends, or other tracking data to local office management to help assess and manage to target quality outcomes. OR Access is not web-based, so it is not available away from the office unless it is downloaded to the investigator's computer or the investigator remotely accesses the system using emulation software (Citrix). OR Access is written in PowerBuilder and has a Sybase backend. PowerBuilder is an older development environment with a very small population of users. This makes it very difficult to find PowerBuilder developers, so supporting OR Access requires in-house training on the technology by OIS. Due to the aging nature of this

[6] Oregon Access (OR Access), Lane Council of Government (LCOG) Client Tracking System (CTS), Web723, SERT (Serious Event Response Team), COIN (Combined On Call and Intake), OR-Kids and the OAAPI Abuse Database.

[7] DHS Data Warehouse, COIN and the OAAPI Abuse Database.

technology and the current issues it carries, OR Access is not a good candidate for future central abuse management use or extensibility.

Web723 contains the next largest number of investigations (approximately 32,000). It ***does not have intake or screening functionality***. As with OR Access, DHS is not documenting all the reports of abuse in this system; only the reports of abuse assigned to investigate are entered. There is a high level of frustration by local office staff with this system as it frequently "crashes" or times out while documenting an investigation and all the data entered is lost. This system does not have the ability to locate past/historical information so all information must be manually entered for each investigation. Many hours of re-entry of information are required due to the instability of this system. End-users cannot attach documents or evidence to the investigations. Only at the end of an investigation, after a supervisor has reviewed the report and all notices have been sent out, an electronic notice is sent to the APD Central Office of Licensing and Regulatory Oversight (OLRO) in Salem confirming that the investigation is complete. Considerable time is spent manually preparing and mailing documents to all the appropriate parties. There are no statistics, trends, or other tracking data available to local office management to help ensure desired quality outcomes are achieved. This application is written in Cold Fusion, an aging technology, and has a DB2 backend. Due to Web723's instability issues, old technology and limited functionality, it is not a good candidate to extend.

Lane Council of Government's (LCOG) ***Client Tracking System (CTS)*** is used for all LCOG APS reports of abuse (~12,700) and investigations (~7,200). LCOG transfers files of information to DHS that are then loaded into the DHS Data Warehouse. Due to periodic issues with these imports, the DHS Data Warehouse does not contain a full set of LCOG data for analysis. LCOGs CTS has relatively good APS functionality but, being designed for a single AAA office, it ***does not provide for the statewide 360-degree view of a person needed by DHS and OHA***. It has an MS Access front end with a MS SQL Server backend and hence is not extensible or scalable.

Serious Event Review Team (SERT) is used by the DHS Office of Developmental Disabilities Services Community DD programs to notify OTIS that an investigation is needed (approximately 57,000 serious events are stored in the system some of which are reports of abuse). CDDPs use this system to analyze trends such as type of abuse, providers and clients with high numbers of incidents. The County Investigator fills out the form and it is transferred to OTIS. Data from this system is manually re-entered into the OTIS Abuse Database. ***Known issues with this system include: It is not user friendly; not searchable or search criteria/results are inconsistent and; the database model is out of date, as it has not been updated in over three years.*** Because of the complexities of using this system, not all CDDPs are inputting data here. SERT is currently supported by the Office of Business Intelligence (OBI). It has a ColdFusion frontend and a MS SQL Server backend. It is not extensible or scalable.

DHS Child Welfare use OR-Kids to notify the OTIS Investigations Unit of allegations of child abuse initially screened by Child Welfare workers that require OTIS screening and investigation (~88 in 2014). This system has substantial functionality and is a complex system. ***The online user interface and data relationships between case, abuse report, people, assessments, allegations, and associated notes are not intuitive from an abuse management perspective.*** The OTIS investigation process for children in licensed settings is handled outside of OR-Kids and final information is posted back in OR-Kids upon completion of the investigation. The investigation itself is written independently in MS Word. The front-end application primarily uses JBoss, Java and COBOL. The backend uses MS SQL Server. This system architecture is designed specifically to manage child protective services cases, it does an inadequate job displaying information about abuse incidents related to OTIS investigations. This system is not a good candidate to extend for centralized abuse management. With a core focus on child protective services, modifications to

accommodate the requirements of the Agencies would require significant and expensive modification and could negatively impact the core functionality and purpose of existing system.

Combined On-Call Intake (COIN) is used to track reports of abuse made directly to OTIS (~5,000) and screening decisions for many of the populations investigated by the OTIS Investigations Unit. It does not support the investigation process. This system was created internally with MS Access and is not extensible or scalable.

The ***OTIS Abuse Database*** is used to track key information about investigations (~23,368) for Community DD, Community MH, and OTIS investigators. These investigators use a separate MS Word template to write their investigation reports. Although OTIS offers a recommended format, reports vary somewhat from county to county. CDDP and CMHP investigators send their reports to OTIS via e-mail, where they are reviewed, approved and "data-mined" manually by OTIS staff to populate by re-entering information into OTIS's Abuse Database. All OTIS-led investigations are also data-mined manually and entered into this database. ***This system is filled with duplicated data from other systems and tools (MS Word). This system does not have role-based security, allowing anyone to change any data in the system.*** The OTIS Abuse Database is a Microsoft Access database developed internally in 2001. This system is not extensible or scalable for statewide use.

Currently, the Agencies rely on these disconnected data systems to store abuse-related data and to produce reports. Challenges and risks are pervasive because these systems are often unable to provide the critical information being asked for by internal and external partners, including: accurate metrics for Quarterly Business Reviews (QBR), requests for statewide abuse data from media, and sufficiently granulated data reports for the Legislature. The table below illustrates the distribution of the systems by the population served that are used to support abuse management by the Agencies.

Table 2 – Systems Used by Population Served[8]

		Screener / Investigator	
Nbr	**Population**	**Tools**	**OTIS Tools**
1	ODDS Individuals Living in DHS-Licensed Stabilization & Crisis Units	SERT (notice of report), MS Word (Investigation Report)	COIN (doc screen in) OTIS DB (doc from MS Word Report)

[8] Additional statistics by population type can be found in the Business Case Supplemental Documents Package.

Nbr	Population	Screener / Investigator Tools	OTIS Tools
2	ODDS Children Living in in DHS-Licensed 24-Hr Residential Settings	OR-Kids (notice of report, outcomes), MS Word (Investigation Report)	OTIS DB (doc from MS Word Report)
3	Children in DHS-Licensed Children's Care Provider Programs	OR-Kids (notice of report, outcomes), MS Word (Investigation Report)	OTIS DB (doc from MS Word Report)
4	Adults at the Oregon State Hospital	MS Word (Investigation Report)	COIN (doc screen in), OTIS DB (doc from MS Word Report)
5	Adults in State Operated Secure Residential Treatment Facilities	MS Word (Investigation Report)	COIN (doc screen in), OTIS DB (doc from MS Word Report)
6	Adults Receiving Community Mental Health Services	MS Word (Investigation Report)	OTIS DB (doc from MS Word Report)
7	Individuals Living in DHS-Licensed Facilities	Web723 (Investigation Report) or LCOG's CTS (Screen In/Out & Investigation Report)	Web723, DHS Data Warehouse
8	Adults 65+ & Adults 18-64 with a Physical Disability	OR Access (Investigation Report) or LCOG's CTS (Screen-In/Out & Investigation Report)	OR Access, DHS Data Warehouse
9	Adults Enrolled or Previously Eligible for a Community DD Program	SERT (notice of report), MS Word (Investigation Report)	COIN (doc screen in), OTIS DB (doc from MS Word Report)

Consultants and Task Forces have looked numerous times at the abuse management technology issues for the populations served by The Agencies. The many challenges associated with the current systems are evident not only to individuals within DHS, OHA and OTIS, but have been brought to the attention of the Agencies by external entities as well, most notably in the following instances:

- DHS Consultant Public Knowledge report dated 2005.
- McKinsey Study Recommendation dated 2008.
- Oregonian Article dated March 26, 2011.
- Adult Safety and Protection Team Report dated August 4, 2011.
- Resident Safety Review Council Report to Legislature dated February 2013.
- DHS Elder Abuse Prevention Audit (12-013).

3.3 The Opportunity

DHS and OHA share an imperative of keeping vulnerable adults safe by investigating allegations of abuse in a timely manner and remediating as needed. Implementing a centralized web-based data system to collect all reports of abuse; screen, refer and investigate those reports of abuse; and ensure all appropriate agencies/parties are notified of the investigation outcome directly supports DHS's commitment to "improve systems,

processes and culture to ensure that safety is our number one priority."[9] This will significantly improve DHS' ability to achieve its mission to assist Oregonians in achieving safety, health and independence.

3.3.1 Alignment with 2014's Oregon House Bill 4151 (HB4151)

Development of this system is in direct alignment with HB4151 which states "The Department of Human Services shall adopt policies and guidelines to plan for the development and standardization of resources and technologies" related to abuse of vulnerable adults age 65 and above or living in an DHS-licensed facility. The CAM Project will address HB4151 through the following capabilities:

1) Create a centralized system that standardizes data for the nine (9) population groups served by OTIS and its program partners called out in HB4151.
2) Create a centralized database of reports of abuse.
3) Provide storage of photographs for purposes of preserving evidence of the condition of the resident at the time of the investigation.
4) Create a centralized method of notice management (sending and receiving notices) to improve communications with law enforcement.
5) Create a centralized and standardized method of sending notices to health care licensing/certifying agencies.
6) Create a centralized and standardized method for the DHS Background Check Unit (BCU) to augment their background checks by viewing information in the new system for persons who present a risk of harm to another person.
7) Create a centralized and standardized method for DHS and OHA organizations that do not utilize the Background Check Unit (BCU) to view information in the new system for persons who present a risk of harm to another person.

3.3.2 Alignment with 2016's Oregon Senate Bill 1515 (SB1515)

Development of this system is in direct alignment with SB1515. This Senate Bill specifies approximately 16 types of abuse related notices, some of which result in multiple notices depending on the situation. A robust notice management system will support generation, tracking, storage, management, and quality control of notices. The planned system's flexibility will support screeners and investigators to comply with changing mandatory requirements more efficiently.

3.3.4 Alignment with the Strategic Technology Plan

The DHS/OHA Strategic Technology Plan (STP) includes a number of strategies that the Centralized Abuse Management Project will support.

The table below summarizes the various components of the STP that a centralized abuse system will satisfy.

[9] Clyde Saiki, DHS Director's email February 8, 2016.

Business Automation	• Work queues to improve work management at all levels in the organization. • Sophisticated searches to research abuse history. • Unification of processes and activities across programs by providing one tool to document reports of abuse, screening decisions, investigations, and notices. • Allow for easy transfer/referring out of reports of abuse between programs and program partners. • Reducing dependency on paper processes by allowing for electronic document storage and electronic notices. • Electronic document storage. • Reduce duplication of work. • Capture data once and reuse it. • Provide real-time, statewide, centralized data for reporting.
Comprehensive View of our Clients	• Supports the use of a master person record.
Enable Connectivity Anytime, Anywhere, in Multiple Ways	• Provide workers a real-time portal to perform their work anytime, anywhere, 24/7. • Provide the public a portal to report abuse anytime, anywhere, 24/7.
Trusted Source for Health & Human Service Data	• Reduce data duplication and entry into multiple systems using a single system for the Agencies for abuse management. • Trusted source for verified person data. • Trusted source for reports of abuse, screening decisions and abuse investigations. • Improve data access and sharing across programs. • Role based data access and security to improve data protection and compliance.
Dynamic Needs Supported by Seamless Technology Services	• Industry best practices and standards based modular architecture and design (e.g., Service Oriented Architecture (SOA), Enterprise Service Bus (ESB) etc.) to leverage existing functionality and expose functionality through web services. • Highly configurable platform that is responsive to evolving business needs. • Extensible platform allows for standard interfaces with other modern enterprise applications.

3.4 Project Objectives

<u>High-Level Goals of the new system are to:</u>

1) **Reduce abuse risk to vulnerable Oregonians and reduce liability abuse exposure for the State:** Improve DHS, OHA, and OTIS visibility into all cases for which they have oversight regardless of program, facility, population, policy, or location thus reducing risk to Oregonians, who may have otherwise fallen through the cracks. Provide a 360-degree view of a person so trends in victims and/or perpetrators can be found and uniquely

identified statewide across programs. Improve victim safety by improving communications between stakeholders[10] including Oregon State health certification/licensing agencies.

2) **Increase abuse case investigations productivity and efficiency:** Increase staff productivity through improved processes that minimize duplication of data entry. Move away from the need for paper files to a new paperless system, which allows information sharing with the right people at the right time. Provide staff tools for proactive self-management of workload and outcomes by staff and management in local offices and each program's central office. Provide abuse reporters the ability to enter their allegations of abuse through the Internet.

3) **Support program variation and frequent changes:** Accommodate similarities and differences in programs and respond quickly to frequent legal and policy changes.

4) **Develop capacity for projected increases in abuse-related workload:** Improve the ability to handle and support the anticipated high volume of abuse allegations, referrals, investigations, notices, and related data over the next ten years.

5) **Identify and track abuse across a person's lifespan:** Identify abuse statewide across programs, connect abuse across the lifespan of a person regardless of their role in the incident (victim, perpetrator, witness etc.), and ensure that a client's history of abuse informs protective services.

6) **Implement a web based and easy-to-use technology system:** Implement a system that will: 1) Support and integrate the screening, investigation, review, reporting and notice processes regardless of the DHS/OHA program that is being administered and; 2) Function well regardless of the supported desktop browser technologies used by the state and their program partners (counties, AAAs, brokerages etc.).

7) **Produce standardized auditing and analysis information:** Standardize the collection of all abuse-related data for purposes of auditing, analysis, reporting and forecasting. This will be achieved through use of common terminology and definitions that will be determined through a cooperative effort of OTIS and its partners and aligned with developing national abuse data collection methodologies.

8) **Provide accurate data and reporting:** Create the ability to report on core data and metrics to provide effective services and measurable outcomes to program partners, and to assure that abuse investigations are being conducted effectively and prevention efforts are being targeted appropriately.

9) **Enable mobile technology:** Enable the use of mobile technology in the investigation process to improve efficiencies, especially related to safety and response times when investigators are in the field.

3.4.1 Key Benefits of the Centralized Abuse Management System

Key benefits of the new system include:

- Provides the Agencies with one comprehensive multi-program system for abuse management documentation and inquiries so that risk to the safety of Oregonians and liability to the State are reduced.
- Real-time, online documentation of initial reports of abuse and the resulting screening

[10] See Business Case Supplemental Documents Package for a comprehensive list of key stakeholders.

decisions to ensure all reports of abuse that need investigation are screened in and the rationale and other steps taken (such as referring to others) can be supervised and monitored.

- Real-time, online documentation of all investigations including notices, and storage for that information in a centralized database so that the information is safe and accessible by local office staff and management, program Central Office, OTIS, and the DHS Background Check Unit.
- Increases productivity and efficiency through reduction in duplicate data entry and manual work.
- Improves decision making and preventive actions because, over time there is one place to find a:
    - Perpetrator and their history of abuse for one or more programs across the entire state of Oregon.
    - Victim and their history of abuse for one or more programs across the entire state of Oregon.
    - DHS-Licensed Facility and the history of abuse at that facility for one or more programs across the entire state of Oregon.
- Standardizes methods and data allowing for improved oversight and analysis.

Key functionality of the new system includes:

- Dashboards for workers that enhance their ability to self-manage their work within mandated response times.
- A business rules engine that allows for easy modifications by The Agencies for specific needs and new mandates.
- Evidence, photos, and other document attachments.
- Mailing address validation.
- Automated notice generation.
- Role based security.
- Single sign-on with Agency Active Directory.

4. High Level Requirements and Key Assumptions

Following is a brief overview of the high-level requirements and some key assumptions for this initiative.

4.1 High Level Requirements

Following are the most critical requirements for a centralized abused management solution:

Worker Dashboard: Provide screeners, investigators, supervisors, and reviewers dashboards listing incidents and investigations that can be filtered and sorted to fit their needs. For example: to filter by the incidents needing response today or to sort for the last incident that the worker updated.

Comprehensive Search: Provide users of the system sophisticated, comprehensive search, filter, and sort capability to assist in finding past victims, perpetrators and/or incidents. For example: searches for people across program by name and/or address and/or social security number.

Portals: for Screeners, Investigators, Supervisors and Reviewers. Provide screeners the ability to enter abuse complaints received by phone, email, or mail, update complaints, which could not be completed in a contiguous timeframe. Provide investigators the ability to enter and track required information for an investigation. Provide Supervisors and Reviewers the ability to review and comment on screening decisions and draft investigation reports.

Business Rules Maintenance: Provide System Administrator(s) the capability to maintain business rules separate from system code. For example: allow the System Administrator to update Oregon Administrative Rules and definitions viewed and selected by workers along with field selection values.

Interfaces: Integrate with the existing Master Client Index including inbound Interfaces from the Aspen provider database and a regularly scheduled data export to the DHS data warehouse and QMDB/Q2.

Data Warehouse: Provide a data warehouse for running queries, mandated reports, and performing data analysis without impacting performance of end users. Provide a full set of data for running extracts to be used by other systems such as QMDB for DHS.

Workload Management: Support for monitoring and projecting workload by worker, by program, by local office, and by program within an office. Support for assigning, pausing, and restarting work on individual and groups of reports of abuse and/or investigations.

Document Management: Support for capturing, storing, and retrieving images and other electronic documents related to reports of abuse and investigations. Support for scanning paper documents. Support for uploading of documents through the online abuse complaint and the worker portals. Support the use of template documents for communications.

Notice Management: Support for worker-driven and system-driven notices to Complainants, Perpetrators, Providers, Various Law Enforcement Agencies, Oregon State Health Occupation licensing/certifying/authorizing organizations, and referral partners. Support the use of templates for notices that can be sent via secure email, fax, and/or the United States Postal Service.

Reporting: Support for the creation of reports required for investigation reporting, protection and intervention process measures, and analysis of service equity in abuse investigations.

Identity and Access Management: Support for the integration with Active Directory for authenticating workers who are state employees or program partners such as Area Agency on

Aging staff and Counties who access the system on the behalf of a DHS program.

Data Security: Protection of data, whether at rest, in transmission, in display, or in reports consistent with federal, state and agency data privacy, security and retention laws, rules and policies.

Disaster Recovery: Ensuring that no data is lost is critical to the safety of our clients. The Recovery Point Objective (RPO) for this project is zero data loss in the event of a disaster. The Recovery Time Objective (RTO) is a maximum of 24 hours that the system can be unavailable in the event of a disaster or system problem.

4.2 Detailed Requirements

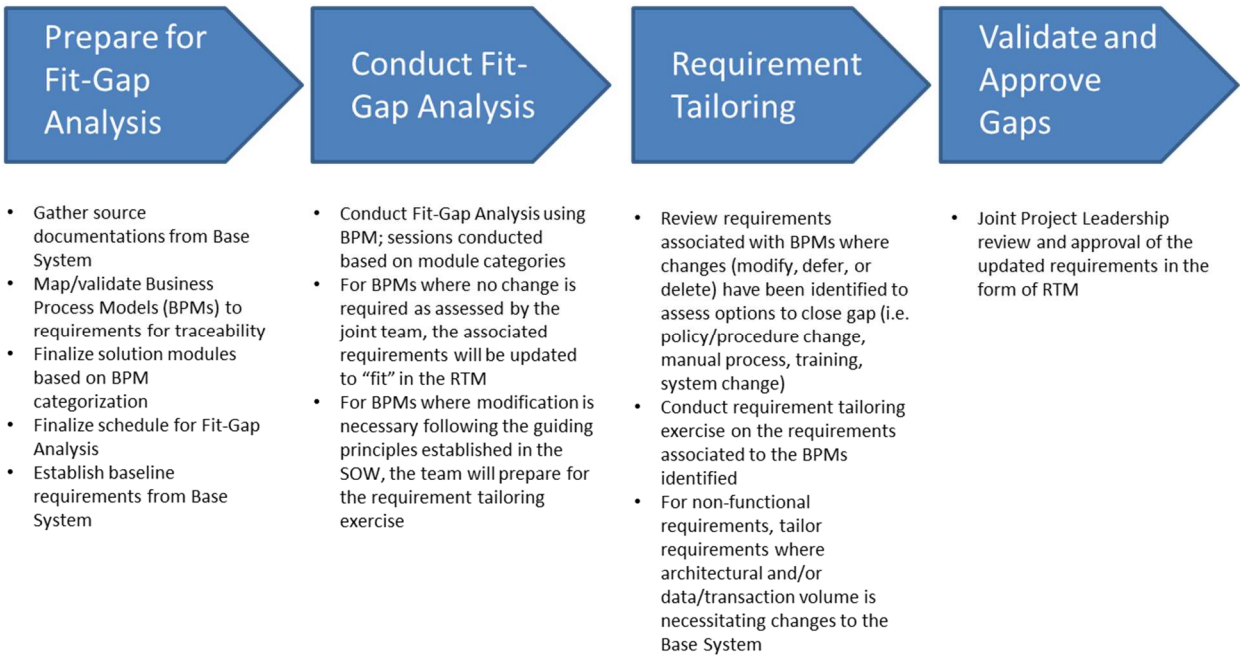
The project team developed both high-level business requirements and detailed business requirements. These two requirements documents will provide a Systems Integrator (SI) sufficient context regarding Oregon's business needs to respond to Oregon's planned Request for Proposal (RFP) for a SI. The selected SI's expertise will be leveraged to help refine Oregon's preliminary detailed business requirements, which will increase the probability of project success. Oregon will align requirements as closely as possible to Colorado's design while still addressing Oregon's unique, mission-critical business needs. The detailed business requirements will be reviewed with subject matter experts including DHS/OHA field staff to ensure they are complete and correct.

The Systems Integrator will use Oregon's detailed requirements to conduct a Fit-Gap Assessment with the potential solution to establish additional functional and technical design specifications. This approach leverages the proven model implemented in Colorado to guide Oregon's efforts.

4.3 Fit-Gap Analysis

Fit-Gap analysis will compare Oregon's rules, policies and procedures to the Colorado System and identify how the Colorado System meets respective functionality for Oregon out of the box. The goal of analysis is to identify how the Colorado Solution meets the respective needs of the Agencies. Gaps where system functionality is not present and cannot be resolved through a change to process or policy will be prioritized along with a defined approach to address them. This fit-gap effort identifies the gaps that will identify the need for process changes, software configuration changes and/or customizations required.

The following diagram describes the activities to be conducted during the Fit-Gap Analysis. This information is more fully documented in the planned RFP.



4.4 Assumptions and Constraints

The following constraints are factors in the Alternatives Analysis:

- Project funding was approved in SB5507A Enrolled comprised of:
  - $1,437,494 in General Funds (GF);
  - $3.3 million in Q Bonds;
  - $894,543 for Q Bond issuance and debt service.
- Core functionality for adult abuse report intake, screening and investigation must be implemented by June 30, 2017. The initial release of the Centralized Abuse Management solution will not automate all tasks, so duplicate data entry will not be resolved until Release 2.
- HB4151 requires Oregon have one central statewide solution for APS.

The following assumptions are factors in the Alternatives Analysis below:

- The Oregon Legislature, which approved dollars in SB5507A for this project, will unschedule funds to proceed with this project.
- Population growth is expected to average 10% per year for the populations served in this project.
- The solution will meet 80% or more of agency functional requirements and 90% of non-functional (technical and security) requirements.
- The solution must be easily adaptable to satisfy ongoing process and requirement changes such as those driven by HB4151 and SB1515.
- The selected alternative must support the DHS/OHA Strategic Technology Plan.
- Historic abuse information will be accessible to the DHS data warehouse sometime after the core system is implemented.
- The project will issue a competitive bid Request for Proposal (RFP) for a Systems Integrator (SI) to plan, design, implement and maintain the new system.
- Training will be provided by the System Integrator (SI) to OTIS Program area trainers who will then train staff statewide.

- Solution implementation and ongoing maintenance and operations will be provided by a 3rd party vendor with oversight from state employees.
- Risk tolerance for this project is moderate based on the timeline, volume of work, and funding available.
- The system can be used and supported in all required locations including but not limited to:
  - DHS and OHA programs, offices, county, and local partners.
  - DHS's Background Check Unit.
  - DHS's Public Relations Unit

5. Alternatives Analysis

5.1 Alternatives Identification

After a preliminary business case proposed development of a customized solution, the Agencies invested significant efforts to assess other alternatives to compare against custom development. A team comprised of program and technology members conducted in-depth market research. The market research included detailed interviews with 18 states to discover their abuse management solutions. This market research yielded two potentially viable solutions utilized by other states and two used in Oregon. The team did further in-depth analysis of capabilities of these four options against functional and technical requirements and conducted customer demos and on-site visits. Detailed information from the in-depth analysis and site visits can be found in the Business Case Supplemental Documents.

Information gained during customer demos and site visits eliminated some alternatives under early consideration identified from the project's initial market research including Commercial off the Shelf (COTS) solutions and transfer solutions used by other entities.

COTS solutions available in the marketplace such as Harmony, which could address Oregon's requirements primarily, accommodate only one program - Adult Protective Services. The relevant vendor supported COTS solutions require significant customization, including underlying architecture modification, to meet the Agencies' needs. A primary benefit of COTS solutions is that the licensing vendor provides regular regulatory and business functionality updates/upgrades to meet changing needs. The extent and complexity of Oregon's level of required modifications to a COTS negates those benefits, as each release would require re-customization for Oregon. The viable COTS solutions reviewed were only supported by the vendor that owns and licenses the software. In this situation, if the state were not satisfied with the licensing vendor, there would not be options to utilize an alternate vendor to support the system. Many states reported issues getting modifications made to their vendor-licensed software that involved many months of delay to get vendors to address their legal, regulatory and efficiency improvements. Oregon must be able to respond to effectively to the rapidly changing regulatory and business environment. This makes the use of the relevant COTS solutions high risk for Oregon.

Transfer solutions used by other states consist primarily of large, monolithic systems such as the Statewide Automated Child Welfare Information Systems (SACWIS), outdated home-grown state systems used for Adult Protective Services over the last 10-20+ years, or small County/AAA applications that cannot accommodate the number of statewide users required by the CAM Project. SACWIS systems have high implementation costs - $50 million and up, with ongoing annual support costs of $20 million or more. Abuse tracking and management is a small piece of functionality in the SACWIS systems. Removing this functionality represents significant expense, leaving it in makes modifications and maintenance cost prohibitive. The general architecture of SACWIS reviewed by the team is old and focuses on the family rather than the abused person. For these reasons, SACWIS transfer solutions were removed from consideration.

Smaller, custom developed solutions such as the Lane County (LCOG) solution were determined not to be viable options for Oregon to consider transferring as a starting point for its statewide solution as they lacked the scalability and functionality necessary to meet Oregon's functional and technical requirements. Most are built using MS Access or other software that is not designed to support the level security or the number of concurrent users that Oregon requires.

As part of Oregon's due diligence, alternate CRM solutions, including MS Dynamics were

considered at the request of the Agencies. MS Dynamics was a late emerging option brought forward after robust analysis of other solutions had already been completed. After consideration, the project team did not find MS Dynamics offered substantial capabilities beyond those in more thoroughly assessed alternatives and the cost model was not as viable as other options. Ultimately, The Agencies' Executive Leadership determined Salesforce to be the preferred CRM alternative over MS Dynamics as it enables Oregon to build upon existing foundational capabilities established by Colorado's adult protective services system.

The following alternatives emerged from the analysis completed by the project team and based off the recommendations of The Agencies' Executive Leadership.

1. Purchase a Software as a Service Solution; leverage another state's use of the SaaS.
2. Implement a Custom Build Solution.
3. Maintain the Status Quo.

Project analysis of these alternatives are as follows:

Alternative 1: Purchase Software as a Service Solution; leverage another state's use of that SaaS

Under this alternative, a SaaS CRM solution would be implemented, configured, and customized to meet the CAM Project's detailed requirements. This approach allows relatively quick design, build and implementation plus ongoing flexibility to meet the continuously changing business/regulatory environment at a reasonable cost.

Oregon investigated two CRM options – Microsoft Dynamics and Salesforce. While each of these CRM solutions have capabilities that can meet Oregon's needs; Salesforce is considered the front-runner option as it provides Oregon the opportunity to leverage Colorado's proven Adult Protective Services (CAPS) which was configured using the Salesforce SaaS solution and implemented in June 2015. The Colorado capabilities can be utilized by Oregon as foundational requirements reducing implementation time substantially. This strategy, in concert with procuring a SaaS and services of a Systems Integrator will help accelerate Oregon's implementation efforts, while reducing risk and shortening the implementation timeline. DHS and OHA Executive Leadership believe this synthesized approach represents the best fit for Oregon's needs. More details regarding Colorado's solution and the proposed implementation approach are outlined later in this document.

Alternative 2: Implement a Custom Build System

Under this alternative, the Agencies would design, develop, test, and deploy a custom solution built from the ground up for APS, HS, DD, CW, and OSH Centralized Abuse Management needs. This alternative would allow a tailor-made solution that would meet all the functional, technical and organization requirements. The costs to develop a custom system are substantially higher than procuring a SaaS solution and carry significantly higher risks and a much longer timeline to implement compared to Alternative 1.

Alternative 3: Maintain the Status Quo

Under this alternative Oregon would maintain the current status quo with disparate, disconnected systems and highly manual processes and there would be no additional investment in abuse tracking system automation. Improvements to current processes would be limited to those that arise naturally through the Agencies' continuous improvement program. The Agencies would continue with ineffective, disconnected automated and manual systems, which are difficult to oversee and analyze. The centralized abuse tracking needs of HB 4151 would not be met.

The chart below outlines the estimated Total Cost of Ownership for alternatives:

TOTAL·COST·OF·OWNERSHIP·ANALYSIS¶

Comprehensive·Cost·Model·for·all·Scenarios¶

¤	¤	Project·and·Implementation¤	Operations,·Maintenance,·Ongoing·Support¤
Personal·Services¤	Salaries·&·Benefits¤	¤	• → State·Perm·Staff¶ • → State·Temp·Staff¶ • → State·LD·Staff¤
Services·&·Supplies·&¤	State·Data·Center¤	¤	• → Consulting·Services¶ • → Hosting¶ • → Storage¶ • → Network¤
	Software¤	• → Software·Purchase·/·Upgrade¤	• → Software·License·Maintenance¤
	Hardware¤	• → Hardware·Purchase/·Upgrade¤	• → Hardware·Ongoing·Maintenance¤
	IT·Professional·Services¤	• → Project·Devel/Implementation¤	• → Project·Devel/Implementation¤

¶

5.1.1 Alternative 1 – Implement a Software as a Service Solution and leverage another state's proven capabilities with that SaaS

Cost

The total cost of implementing and supporting this alternative and operating it the proposed solution starting July 2016 through June 2023 is estimated to be ~$8.4 million. (See details of this estimate in Appendix A.) Compared to the Custom Build alternative, this alternative minimizes costs of Fit-Gap analysis, design, configuration, customization, testing, training, and rollout by using a Customer Relationship Management platform based on the successful Colorado APS abuse management solution. This alternative requires a per-person and/or per device Salesforce licensing cost over the life of the solution.

Alternative 1 - Salesforce CRM
Totals include FY 2016-17 through FY 2022-23

		Through Dec 2017 Project and Implementation	Jan 2018 through June 2023 Operations, Maintenance, Ongoing Support	Total	%
Personal Services	Salaries & Benefits	$1,554,538	$80,303	$1,634,840	19.4%
Services & Supplies & Capital Outlay	State Data Center	$0	$0	$0	0.0%
	Software	$1,157,814	$3,089,932	$4,247,746	50.5%
	Hardware	$20,000	$0	$20,000	0.2%
	IT Professional Services	$1,479,500	$614,499	$2,093,999	24.9%
	Contingency	$421,185	$0	$421,185	5.0%
	Total	$4,633,037	$3,784,733	$8,417,770	
	%	55.0%	45.0%		100.0%

Benefits

Alternative 1 supports the functional and non-functional requirements associated with Centralized Abuse Management for the Agencies. The system will implement much faster, with lower risk and less cost than building a custom solution. This is demonstrated Colorado, who implemented their initial release of the Salesforce SaaS within 6 months. Colorado's current system provides a proven APS model for Oregon to leverage as a starting point for the centralized abuse

management solution. Oregon's plan is to pursue procurement of Salesforce as the SaaS as its capabilities and the ability to leverage Colorado's requirements will accelerate Oregon's initiative.

Salesforce provides an easy-to-use capability for the business to administer templates, list values, and perform ad hoc reporting. This SaaS allows for program-specific uniqueness through configuration of program specific data integrity rules. Configuration capability of Salesforce will allow program variations when necessary and the ability to make frequent changes quickly to accommodate the rapidly changing regulatory environment. Configuration supports the use of templates and rules for distribution of notices making it easier to generate and distribute notices. Salesforce has interface/integration tools, which will quickly and easily interface the new system with legacy extracts and systems such as the Agencies' provider information and client master index.

All reports of abuse, response times and screening decisions will be entered in real-time into the system. Reporters of abuse will be able to submit their reports on-line via the Internet. Screeners, investigators, and others with a need to know will be able to research past screenings and investigations (including historical system investigation data created prior to implementation) to assess if ongoing or past reports of abuse and investigation outcomes play a role in the current situation. Screeners, investigators, supervisors, reviewers, and others will have dashboards to assist them in managing their work/workload. All data about an investigation will be kept online rather than in field office files making management, oversight and prevention planning more effective.

In "Magic Quadrant for the CRM Customer Engagement Center" May 2016, Gartner reports Salesforce to be the leader in both their Ability to Execute and Completeness of Vision for their CRM.[11] They also said that Salesforce "appeared as the leading vendor on shortlists for Business to Business (B2B) customer service and support solutions seen by Gartner six times as often as the nearest rival." "Salesforce's enormous influence in the market has attracted a global list of key system integrators and over 600 complementary software providers."

Risks

The top risks of this alternative are:

1) Implementing an enterprise information technology solution within a relatively short timeline that spans multiple programs and agencies located across the state.

2) Significant policy and procedure changes will be required for the Agencies as more standardization is put in place.

3) Integration may be more difficult between Salesforce and legacy systems than anticipated.

4) Acquisition of funding to ensure reductions in manual work arounds and duplicate data entry beyond the 2015-17 biennium may be a challenge.

5) System will need to adhere to security requirements for Level 3 data. Project will need to ensure that all these requirements are met utilizing a SaaS solution.

6) This alternative is dependent on the acquisition of the code/configuration of Colorado's system.

[11] Critical capabilities and features included: "Case management/problem/service resolution (and control of customer master data); A knowledge management solution; a full customer self-service suite, with support for Web and mobile channels; Real-time decision-making and predictive analytics support for agents; an adaptive business rule engine; Enterprise feedback management."

5.1.2 Alternative 2 – Implement a Custom Build Solution

Cost

The total cost of implementing this alternative and operating it through June 2023 is estimated to be ~$17 million. (See Appendix A for details.) This alternative incurs the full cost of analysis, design, development, testing, training, and rollout. The cost is unknown for Enterprise Technology Services/State Data Center (ETS/SDC) to develop and implement a process to ensure no data loss in the event of a disaster or event causing the production server/system to go down. This alternative will typically require only server-based software and developer tool licensing as opposed to user or end user device licensing costs.

Alternative 2 - Build
Totals include FY 2016-17 through FY 2022-23

		Through June 2019 Project and Implementation	July 2019 through June 2023 Operations, Maintenance, Ongoing Support	Total	%
Personal Services	Salaries & Benefits	$3,326,881	$258,998	$3,585,879	21.2%
Services & Supplies & Capital Outlay	State Data Center	$139,056	$86,400	$225,456	1.3%
	Software	$70,000	$10,000	$80,000	0.5%
	Hardware	$20,000	$0	$20,000	0.1%
	IT Professional Services	$5,056,789	$4,052,172	$9,108,961	53.7%
	Contingency	$1,722,545	$0	$1,722,545	10.2%
	Indirect	$1,550,291	$661,135	$2,211,426	13%
	Total	$11,885,562	$5,068,705	$16,954,267	
	%	70.1%	29.9%		100.0%

Benefits

This alternative could achieve all the Agencies functional, technical, and organizational requirements.

Risks

The top risks of Alternative 2 - Build are:

1) Implementing an enterprise information technology solution that spans multiple programs and agencies located across the state in a longer timeframe than suits the State's sense of urgency. This alternative is estimated to be designed and implemented in a 2 ¼ to 2 ½ year timeline.

2) Significant policy and procedure changes will be required for the Agencies as more standardization is put in place.

3) Availability of funding at the level required to support completion of the project.

4) Creation of a new ETS/SDC custom process/design/implementation to ensure there would not be any loss of data during a disaster or event causing the production server/system to go down. This is not a proven ETS/SDC capability for non-mainframe applications so the costs to establish are unknown and the desired results could take longer than expected.

5) Setup disaster recovery for zero data loss with an outside vendor, then test for potential cut over to should a disaster occur at ETS/SDC.

5.1.3 Alternative 3 – Maintain the Status Quo

Cost

Maintaining the status quo and not implementing an integrated solution will cause DHS and OHA to incur additional expenses over time. That estimated total cost through June 2023 is approximately ~$5.2 million (see Appendix A for details). This additional cost will be driven by increasing workloads due to aging populations and increased regulatory requirements leading to the need to add more staff to manage the demand in the field and meet key performance measure goals.

Alternative 3 - Do Nothing

		Through Dec 2017 Project and Implementation	Jan 2018 through June 2023 Operations, Maintenance, Ongoing Support	Total	%
Personal Services	Salaries & Benefits	$1,047,589	$4,136,675	$5,184,264	100.0%
Services & Supplies & Capital Outlay	State Data Center	$0	$0	$0	0.0%
	Software	$0	$0	$0	0.0%
	Hardware	$0	$0	$0	0.0%
	IT Professional Services	$0	$0	$0	0.0%
	Total	$1,047,589	$4,136,675	$5,184,264	
	%	20.2%	79.8%		100.0%

Benefits

There is no up-front investment required to continue maintaining the status quo.

Risks

The top risks of Alternative 4 – Maintain the Status Quo are the continuation of current state risks:

1) Safety risks to Oregonians that are reported as abused. The reports of abuse may be hand written (if documented at all) and stored in paper/personal computer files in 140 or more locations across the state. This fragmentation of data makes it difficult to oversee the quality of screening decisions regarding reports of abuse and hence leaves Oregonians at risk.
2) Safety risks to Oregonians when an alleged or substantiated perpetrator applies for certification, licensing or authorization from an Oregon state, DHS or OHA organization. Communications from investigators to the certification, licensing and authorization organizations are inconsistent so the certification, licensing or authorization organization may not be aware they are approving an alleged or substantiated perpetrator.
3) Safety risks to Oregonians when an alleged or substantiated perpetrator requests employment from a DHS, OHA, and program partner or provider organization. Communications from investigators to the Background Check Unit (BCU) are inconsistent across all the programs and program partners so BCU may not be aware they are approving an alleged or substantiated perpetrator to work with Oregonians.
4) Risks that field staff are unable to effectively manage their own workload and for staff/management to prevent cases from being lost or potentially left unresolved due to

insufficient tools for tracking work.

5) Risk of increasing field staff frustration as they spend more time on duplicate data entry, manual creation, and distribution of notices instead of performing actual investigations because both population sizes and requirements for additional notices increase the workload.
6) Risk of expensive lawsuits resulting from the risks to Oregonians.

5.2 Cost Comparison

The Oregon Legislature has approved the use of ~$1.4 million in General Funds and ~$3.3 million in Q Bonds (plus issuance and debt service) to be used during the 2015-17 biennium.

The following Table summarizes the cost information from the preceding section.

Table 3 – Cost Summary

Alternative 2 – Build	~$17.0 Million

5.3 Benefit Comparison

The following table summarizes the benefits information from the preceding section.

Benefit Area	Alternative 1 Salesforce	Alternative 2 Build	Alternative 3 Status Quo
Comprehensive multi program system			n/a
Proven Model	In Colorado	No	Yes
Meets functional and non functional requirements	Good	Good	Poor
Speed to implement	Fast	Slow	n/a
Speed to integrate with legacy data	Fast-Moderate	Moderate	n/a
Up front investment	Low	High	n/a
Maintenance & operations investment	Medium	Medium	n/a
End user ad hoc reporting	Easy	Somewhat Difficult	Very Difficult
Supports DHS/OHA Strategic Technology Plan	Yes	Yes	No
Reduce risk to Oregonians & liability for State	Good	Good	Poor
Increase productivity and efficiency	Good	Good	Declines over time as expectations increase
Support program variation & frequent changes	Good	Average	Poor
Support growing workload	Good	Good	Poor
Identify & track abuse across lifespan	Good	Good	Poor
Identify & track abuse at facilities	Good	Good	Poor
Produce standardized info for audit and analysis	Good	Good	Poor
Web based & easy to use	Good	Good	Poor

Benefit Area	Alternative 1 Salesforce	Alternative 2 Build	Alternative 3 Status Quo
Supports HB4151			Poor
Supports SB1515	Good	Average	Poor
Decommissions Systems	COIN, LCOG CTS, OTIS Abuse Database, SERT, Web723	COIN, LCOG CTS, OTIS Abuse Database, SERT, Web723	None

5.4 Risk Comparison

Below is a high-level risk comparison table. Please see "CAM Project Risk Assessment – Stage Gate 2" for a more detailed description of the principal risks facing the project.

Risk Area	Alternative 1 Salesforce	Alternative 2 Build	Alternative 3 Status Quo
Technology			Medium
Policy	Low	Medium	High
Operational	Low-Medium	High	High
People	Medium	Medium	High
Overall	Low-Medium	High	High

Each of the active alternatives has the risks associated with multi-Program (enterprise) information technology projects involving complex state program and partner relationships.

- Alternative 1 (SaaS) is the least risky because it leverages Colorado's APS system built using Salesforce and utilizes a platform which allows for rapid configuration and customization as needed.
- Alternative 2 (Build) is a larger project with inherently higher risks than Alternative 1. Risk is driven in part by the significantly longer duration and the higher demand over that duration on Program participation than Alternative 1.
- Alternative 3 (Status Quo) has the highest risk of all the alternatives. It continues the current state where statewide centralized oversight is very difficult, and workers continue with paper files and severely inadequate or no application system to support their needs.

6. Conclusions and Recommendations

6.1 Conclusions

Both Alternative 1 and 2 would address the opportunity described in Section 3.2 above and they fulfill the objectives listed in Section 3.3. The cost to implement Alternative 1 is less than half of Alternative 2 with significantly lower risks and a much shorter implementation timeline.

Table 4 – Cost, Benefits, Risks Summary

	Project Cost	Project Benefits	Overall Risk
Alternative 1 SaaS	~$ 8.4 Million	All requirements, quick to implement	Low - Medium
Alternative 2 Build	~$17.0 Million	All requirements	High
Alternative 3 Status Quo	~$ 5.2 Million		High

6.2 Recommended Action and Schedule

The Agencies recommend Alternative 1 – Purchase Software as a Service Solution; leverage another state's use of that SaaS. This approach will procure Salesforce, a SaaS CRM solution and leverage Colorado's APS solution's capabilities as the basis for Oregon's solution. Colorado's solution is built on the Salesforce platform.

To support this approach, the state will need to ensure that security standards adhere to Oregon's SaaS Cloud Policy requirements and the terms and conditions contract will reflect those standards.

The recommended approach is significantly lower risk and approximately half the cost of Alternative 2 – Build, while still providing equivalent benefits.

The recommended alternative aligns well with the DHS/OHA Strategic Technology Plan including progress in pursuit of automating workflows, decision-making, and business rules while reducing manual, paper-based processes. It moves the state closer to the "360-degree view of a person" goal.

DHS requests Stage Gate 2 approval. Stage gate and legislative approval was received by DHS in 2014 for project initiation. In 2015, DHS received approval for additional research on solutions currently in use by other States for abuse management. DHS plans to seek approval to move to the detailed project planning phase (Stage Gate 3) to procure the Systems Integrator for implementation of the selected SaaS.

Funding for this initiative is provided by the legislatively approved use of ~$1.4 million in General Funds and ~$3.3 million in Q Bonds (plus issuance and debt service) to be used during the 2015-17 biennium. DHS is pursuing several funding options to close the financing gap between currently earmarked funds and the total expected cost. These include 1) Obtaining grant funding through ACL12; 2) Obtaining approval for a Policy Option Package (POP) for future

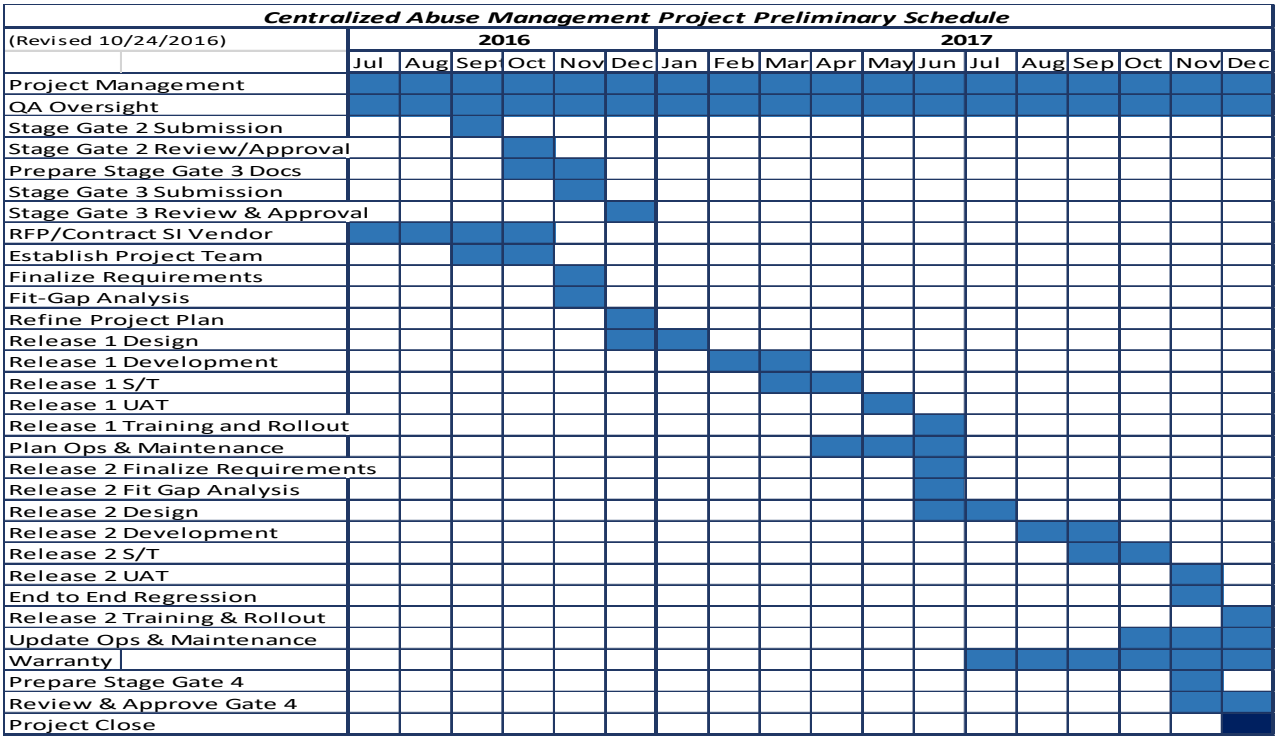
[12] APD has applied for but not received approval for grant funding. The US Department of Health and Human Services (HHS) Administration for Community Learning (ACL) released a Funding Opportunity Announcement for grants to states to strengthen their Adult Protective Services (APS) systems statewide. Due date for applications is 05/31/2016 and APD intends (pending approval) to

enhancements and to also cover the first two years of licensing for maintenance and operations of the new system.

The table below reflects the high level proposed project schedule for Alternative 1 – a SaaS including the reuse of Colorado's Salesforce code set and functionality. If Alternative #1 is approved, all core requirements are planned to implement by December 2017.

Table 5 – Tentative Project Schedule

The following chart lays out a preliminary schedule for the project. A more detailed project schedule will be prepared during the project planning phase and the project schedule will require re-baselining after the Fit/Gap Analysis. The chart is duplicated in Appendix B, where it is more legible.



6.3 Consequences of Failure to Act

Given the current degree of manual processing and the projected growth in work, failure to act will result in continued poor program performance regarding key performance measures including timeliness of screening decisions and response times for investigations. Doing nothing will continue to grow the problems that impact the safety of Oregonians, including: 1) Workloads of screeners and investigators in the field; 2) Communications between investigators and certifying, licensing and authorizing organizations; 3) Client and other interested party discontent, and; 4) The potential for new lawsuits.

Failure to act on this effort means that the eventual satisfaction of the needs of the Programs and OTIS will come at higher risk to Oregonians and liability to the State.

apply for the full amount of this grant to support the costs of this project. This grant opportunity is for approximately $412,000 over two years.

7. Business Case Checklist

7.1 Checklist for the Completed Business Case

☒ Has the case clearly defined what the case is about, the purpose for the proposed solution, what business problems the proposed solution attempts to solve, and the scope of the proposal?

☒ Has the cash flow, the flow expenditures, and the intake of financial benefits been presented over a common time period for the case, for each alternative action considered (including the “status quo”/current state alternative).

☒ Are the assumptions and methods for assessing the proposal’s impacts clearly defined, understandable, and acceptable? Do not forget risk impacts!

☒ Does the business case include the non-financial costs and benefits?

☒ Are the factors critical to the success of the proposal clearly defined?

☒ Are there critical success factors that can be managed? Is there a risk analysis that identifies and measures the relevant risks to the proposal?

☒ Are recommendations and conclusions based on a clear comparison of alternatives in terms of contributions to business objectives, problems solved, financial outcomes, and risks?

☒ Does the case clearly identify the estimated timeframes, costs, and implementation strategy required to successfully deliver the recommended solution?

☒ Does the case clearly express to consequences of failure to act on the recommended alternative?

8. Appendixes and References

8.1 Appendix A Cost Worksheets

8.1.1 Cost Worksheet for Alternative 1 – Salesforce

PROPOSAL CASH FLOW

						Discount Rate:		3%
	FY 2016 2017	FY 2017 2018	FY 2018 2019	FY 2019 2020	FY 2020 2021	FY 2021 2022	FY 2022 2023	TOTAL
BENEFITS / GAINS								
Notification/Distribution	$0	$97,430	$198,756	$202,732	$206,786	$210,922	$215,140	$1,131,766
Duplicate Data Entry	$0	$211,066	$430,574	$439,186	$447,969	$456,929	$466,067	$2,451,791
Reporting	$0	$26,830	$54,734	$55,828	$56,945	$58,084	$59,246	$311,667
System Limitations	$0	$10,413	$21,243	$21,668	$22,102	$22,544	$22,995	$120,965
TOTAL BENEFITS/GAIN	$0	$345,739	$705,308	$719,414	$733,802	$748,478	$763,448	$4,016,189
Personal Services Costs (Salaries & Benefits)								
Perm Employees								
Total Personal Service Costs	($893,125)	($693,174)	($9,143)	($9,417)	($9,700)	($9,991)	($10,290)	($1,634,840)
Services & Supplies/Capital Outlay Costs								
State Data Center Costs								
None	$0	$0	$0	$0	$0	$0	$0	$0
Software Costs								
Licensing ($900/full user/year x 429 Users)	($386,100)	($393,822)	($401,698)	($409,732)	($417,927)	($426,286)	($434,811)	($2,870,377)
Licensing ($450 /casual user/year x 288 Users)	($129,600)	($132,192)	($134,836)	($137,533)	($140,283)	($143,089)	($145,951)	($963,483)
Administrator Licenses (5 ea. at $1000/yr.)	($5,000)	($5,100)	($5,202)	($5,306)	($5,412)	($5,520)	($5,631)	($37,171)
Middleware for Integration (1 @50K)	($50,000)	($51,000)	($52,020)	($53,060)	($54,122)	($55,204)	($56,308)	($371,714)
Miscellaneous Softw are for 10 computers	($2,500)	($2,500)	$0	$0	$0	$0	$0	($5,000)
Hardware Costs								
10 computers @ $2000 each	($20,000)	$0	$0	$0	$0	$0	$0	($20,000)
IT Professional Services								
SI Consulting Services	($570,000)	($380,000)	$0	$0	$0	$0	$0	($950,000)
SI Consulting Services - Ongoing Maint. & Support	$0	($95,000)	($97,850)	($100,786)	($103,809)	($106,923)	($110,131)	($614,499)
QA Consulting Services	($353,000)	($176,500)	$0	$0	$0	$0	$0	($529,500)
Contingency Cost @ 10%	($240,933)	($180,253)	$0	$0	$0	$0	$0	($421,186)
TOTAL COSTS	**($2,650,258)**	**($2,109,541)**	**($700,749)**	**($715,834)**	**($731,253)**	**($747,013)**	**($763,122)**	**($8,417,770)**
Accumulated Total Costs	($2,650,258)	($4,759,799)	($5,460,548)	($6,176,382)	($6,907,635)	($7,654,648)	($8,417,770)	($8,417,770)
Cash Flow Summary								
Benefits/Gains	$0	$345,739	$705,308	$719,414	$733,802	$748,478	$763,448	$4,016,189
Costs	($2,650,258)	($2,109,541)	($700,749)	($715,834)	($731,253)	($747,013)	($763,122)	($8,417,770)
Net Cash Flow	($2,650,258)	($1,763,802)	$4,559	$3,580	$2,549	$1,465	$325	($4,401,581)
Cumulative Net Cash Flow	($2,650,258)	($4,414,059)	($4,409,501)	($4,405,921)	($4,403,372)	($4,401,906)	($4,401,581)	($4,401,581)

8.1.2 Cost Worksheet for Alternative 2 – Build

ALTERNATE PROPOSAL CASH FLOW

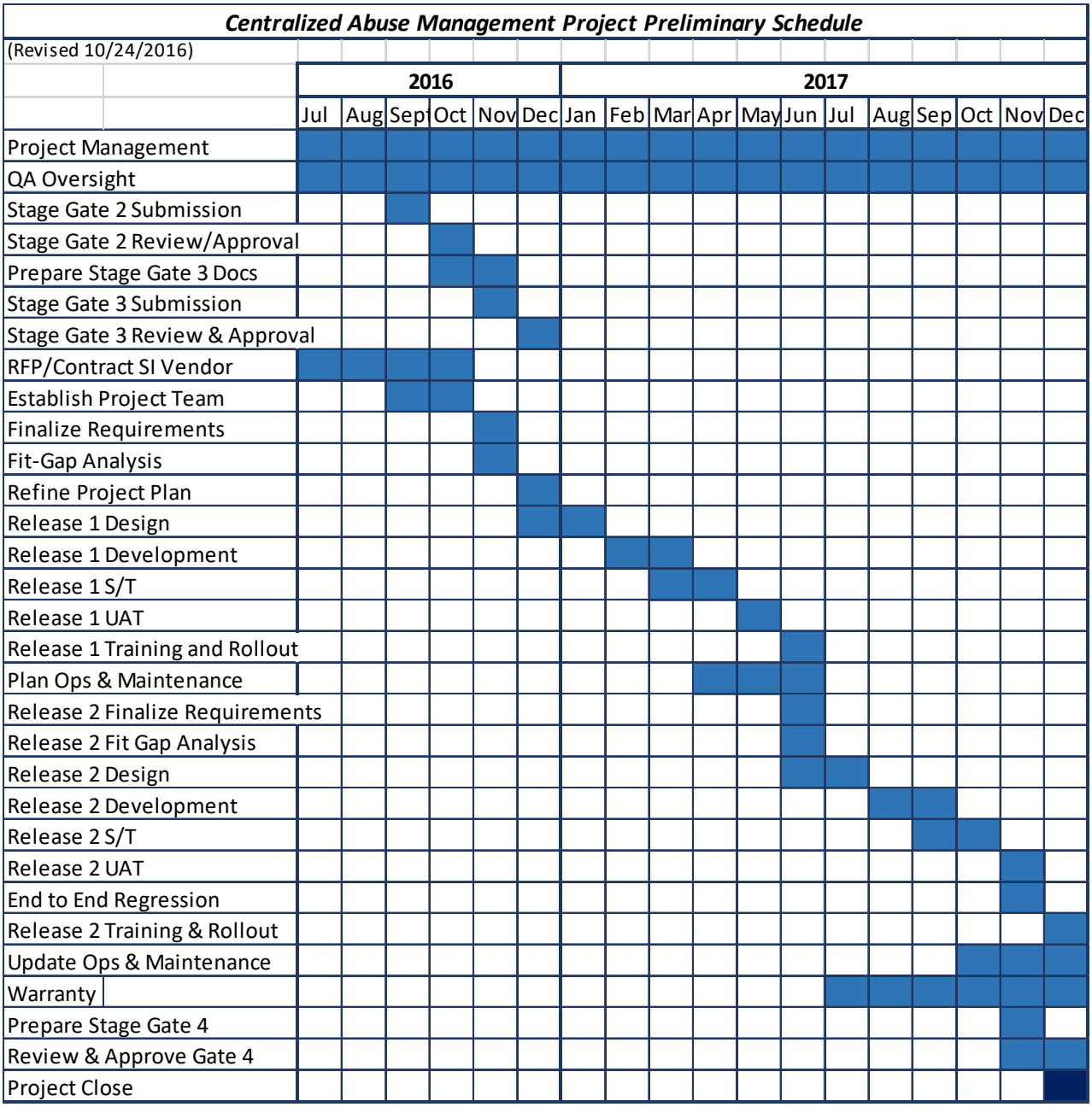
Discount Rate: 3%

	FY 2016 2017	FY 2017 2018	FY 2018 2019	FY 2019 2020	FY 2020 2021	FY 2021 2022	FY 2022 2023	TOTAL
BENEFITS / GAINS								
Notification/Distribution	$0	$0	$194,859	$198,756	$202,732	$206,786	$210,922	$1,014,055
Duplicate Data Entry	$0	$0	$422,132	$430,574	$439,186	$447,969	$456,929	$2,196,790
Reporting	$0	$0	$53,661	$54,734	$55,828	$56,945	$58,084	$279,251
System Limitations	$0	$0	$20,827	$21,243	$21,668	$22,102	$22,544	$108,384
TOTAL BENEFITS/GAIN	$0	$0	$691,478	$705,308	$719,414	$733,802	$748,478	$3,598,480
Personal Services Costs (Salaries & Benefits) Perm Employees								
Total Personal Service Costs	$ (1,200,121)	$ (1,214,536)	$ (912,224)	$ (63,234)	$ (64,244)	$ (65,255)	$ (66,265)	(3,585,879)
Services & Supplies/Capital Outlay Costs								
State Data Center Costs								
Consulting Services: 5 servers @ $,2500 ea	($7,500)	($2,500)	($5,000)	$0	$0	$0	$0	($15,000)
Consulting Services for Disaster Recovery	$0	$0	($77,256)	$0	$0	$0	$0	($77,256)
Hosting: $300/month per server	($10,800)	($14,400)	($21,600)	($21,600)	($21,600)	($21,600)	($21,600)	($133,200)
Netw ork	$0	$0	$0	$0	$0	$0	$0	$0
Software Costs								
SW Purchase/Upgrade - Development Tools	($50,000)	$0	$0	$0	$0	$0	$0	($50,000)
SW License Maintenance (10% during Impl and half that after)	($5,000)	($5,000)	($5,000)	($2,500)	($2,500)	($2,500)	($2,500)	($25,000)
Miscellaneous Softw are for 10 computers	($5,000)	$0	$0	$0	$0	$0	$0	($5,000)
Hardware Costs								
10 computers @ $2000 each	($20,000)	$0	$0	$0	$0	$0	$0	($20,000)
IT Professional Services								
SI Consulting Services	($1,128,250)	($1,974,099)	($483,691)	$0	$0	$0	$0	($3,586,039)
SI Consulting Services - Ongoing Maint. Support	$0	$0	$0	($358,604)	($369,362)	($369,362)	($369,362.05)	($1,466,690)
Independent Quality Assurance	($353,000)	($353,000)	($264,750)	$0	$0	$0	$0	($970,750)
3rd Party for Disaster Recovery Services Build*	$0	$0	($200,000)	$0	$0	$0	$0	($200,000)
Disaster Recovery Services ($50,000 per mo.)	$0	$0	($300,000)	($618,000)	($636,540)	($655,636.20)	($675,305)	($2,885,481)
Contingency @ 20%	($555,934)	($712,707)	($453,904)	$0	$0	$0	$0	($1,722,545)
Indirect Costs (15%)	($500,341)	($641,436)	($408,514)	($159,591)	($164,137)	($167,153)	($170,255)	($2,211,426)
TOTAL COSTS	**($3,835,946)**	**($4,917,678)**	**($3,131,938)**	**($1,223,529)**	**($1,258,383)**	**($1,281,506)**	**($1,305,287)**	**($16,954,267)**
Cash Flow Summary								
Benefits/Gains	$0	$0	$691,478	$705,308	$719,414	$733,802	$748,478	$3,598,480
Costs (w /Indirect)	($3,835,946)	($4,917,678)	($3,131,938)	($1,223,529)	($1,258,383)	($1,281,506)	($1,305,287)	($16,954,267)
Net Cash Flow	($3,835,946)	($4,917,678)	($2,440,460)	($518,221)	($538,970)	($547,704)	($556,809)	($13,355,787)
Cumulative Net Cash Flow	($3,835,946)	($8,753,624)	($11,194,084)	($11,712,305)	($12,251,275)	($12,798,978)	($13,355,787)	($13,355,787)

8.1.3 Cost Worksheet for Alternative 3 – Maintain the Status Quo

	FY 2016 2017	FY2017 2018	FY 2018 2019	FY 2019 2020	FY 2020 2021	FY 2021 2022	FY 2022 2023	Grand Total
COST OF INEFFENCIES								
Notification/Distribution	$194,859	$200,705	$204,719	$208,813	$212,990	$217,250	$221,595	$1,460,930
Duplicate Data Entry	$422,132	$434,796	$443,491	$452,361	$461,409	$470,637	$480,049	$3,164,875
Reporting	$53,661	$55,270	$56,376	$57,503	$58,653	$59,826	$61,023	$402,312
System Limitations	$20,827	$21,452	$21,881	$22,318	$22,765	$23,220	$23,684	$156,147
TOTAL COSTS	$691,478	$712,223	$726,467	$740,996	$755,816	$770,933	$786,351	$5,184,264

8.2 Appendix B – Tentative Project Schedule



8.3 Appendix C – History and Future of the CAM Project

History of Project

Minimum Viable Product (Colorado Transfer Solution)

The original vision and contracted work was to use Colorado's solution with minimal alterations to provide a solution for APD and ODDs. In March 2017, the Executive Steering Committee approved a change to the underlying data model from a one to one relationship to a one to many relationship for victims in investigations and to associate Allegations/Abuse Types to victims and alleged perpetrators. The Contract value was increased by $318,000 to $1,875,200 through Amendment 1. The initial pilot date was moved to December of 2017 and the scheduled project closing date was extended from March of 2018 to August of 2018.
It was planned that this "Phase 1" product would be followed by a Phase 2 that met the needs of Mental Health. Child Welfare was removed from scope after a recognition the existing Child Welfare system was recognized as the system of record.

On June 16, 2017, Amendment 2 was executed allowing the DDI vendor to use off-shore resources from its parent company. The Contract value remained unchanged.

Build 2 for Go-Live

We quickly learned that the project team had not been adequately resourced for the size and complexity of the project, with shortages identified for full-time business subject matter experts, business analysts, and test leads.

In addition, the initial approach of using only high-level requirements resulted in insufficient deliverables and discrepancies between what the Vendor was delivering and what the State ultimately wanted.

The project also experienced a resource turn-over during this time with the departure of the Senior Project Manager, Project Director, and Business Transition Analyst. The project team had little visibility into the system until Build 2 was delivered in August, and it soon became clear that the system was missing key security features, key functionality did not work as expected, and very little progress had been made on organizational change management deliverables, due to the Vendor's relative inexperience in this area. In September 2017, The Executive Steering Committee decided a full re-boot of the project was required.

Build 3 and 3.1 for APD

A new (interim) Project Director was brought in and empowered to hire additional resources and solicit more participation by business partners. The project began a reassessment of the requirements in October of 2017.

In February of 2018 ODDS decided to delay implementation of the system for the ODDS program providing additional time for the program to work with their CDDP and Brokerage partners to prepare for the implementation of the system. This allowed APD to proceed with a greater focus on refining requirements and organizational change management activities.

In April 2018 the schedule was re-baselined, calling for an initial Pilot in July followed by a set of enhancements based on the resulting learnings (called 3.1) and three additional rollouts to different regions in October, November, and December of 2018. Contract Amendment 3 was

executed to support the enhancements and schedule. The Contract value was increased by $1,123,800 to $2,999,000.

On July 3, 2018 Contract Amendment 4 was executed. This amendment revised contract terms and conditions (UAT, Stabilization and Acceptance), included a definition for minor system enhancements (refinements), added language to the Statement of Work to clarify Agency expectations and additional deliverables to accurately reflect contractor support requirements during system implementation. The Contract value was increased by $443,600 to $3,442,600.

Pilot for APD started in July 2018 and the subsequent roll-outs to complete statewide implementation in October, November, and December completed as scheduled. Feedback from the roll-outs was positive and the APD implementation has been very positive.

Builds 3.2 APD and 4 ODDS & MH

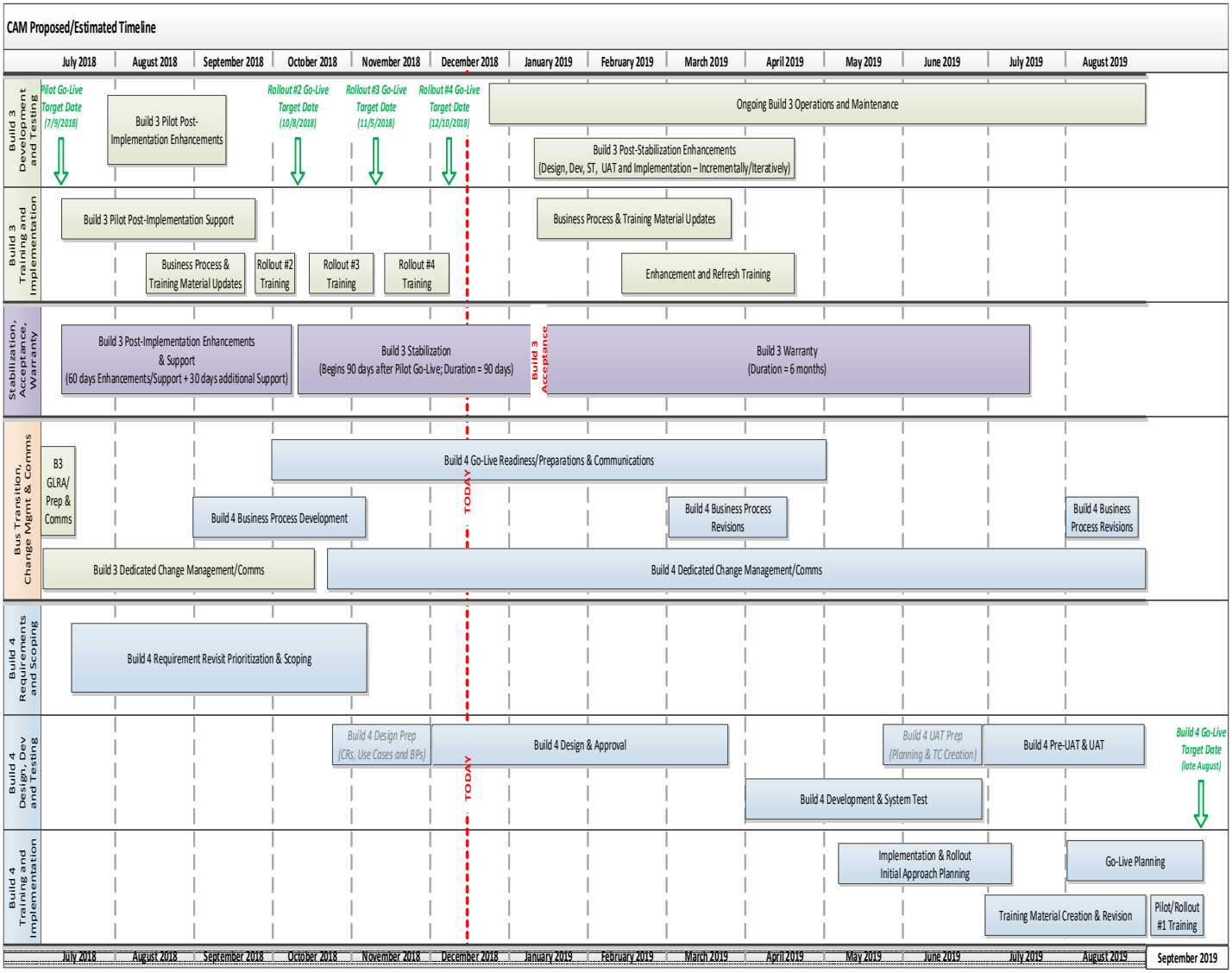
On September 10, 2018, the Executive Steering Committee approved the schedule for Build 3.2 for APD enhancements and Build 4 for functionality for ODDS and MH implementation. Build 3.2 enhancements are scheduled for the first quarter of 2019 and Build 4 Pilot in September 2019. Like the APD implementation, three subsequent roll-outs for statewide implementation are planned for January, February, and March of 2019 with project close out in the 2nd quarter of 2019.

On November 16, 2018, the ESC approved a new baseline budget which included full funding for Amendment 5, additional Covendis resources, and O&M for the 2017-19 biennium. On November 30, 2018, contract Amendment 5 was executed. The contract value was increased by $2,853,400 to $6,296,000. To support O&M in the 2019-21 biennium, a POP was developed and approved.

Key functionality intended for Build 4 includes

- Serious Incidents (SERT replacement)
- Death Review
- Role and Profile changes for DD/MH
- Intake/Investigation changes for DD/MH
- Support for Mental Health requirements

New Baseline Schedule



Re-Baseline History

Reason for Change	Planning End Date	Go Live / Implementation Date	Project Closing End Date	Scope Change	Budget Change	Baseline Change Approval Date	Baseline Approved By
Original Baseline – Phase 1 Planning	N/A	N/A	N/A	N/A	$500,000	N/A	N/A
Extended Phase I to include site visits.	N/A	N/A	N/A	No change	$397,642 of $4,737,494 allocated		ESC
Expansion of project to include procurement, design, development,	N/A	Projected 1st release, 06/30/2017	N/A	Expansion of project to include procurement, design,	No change	04/11/2016	ESC

Reason for Change	Planning End Date	Go Live / Implementation Date	Project Closing End Date	Scope Change	Budget Change	Baseline Change Approval Date	Baseline Approved By
and implementation of solution.		2nd release, 02/31/2017		development, and implementation of solution.			
Schedule and budget rebaseline to support agreements made in contract negotiations.	2/24/2017	**Phase I** Pilot: 06/15/2017 Rollout 2: 09/15/2017 Rollout 3: 10/15/2017 Rollout 4: 11/15/2017	03/30/2018	**Phase I** Limited to APD and ODDS programs. Limited to Colorado transfer functionality and necessary changes to work for Oregon.	No Change	01/25/2017	ESC
Budget to add funds from BCU grant	N/A	N/A	N/A	N/A	Add $1,000,000 to budget for a total of $5,737,494	05/15/2017	ESC
Schedule and budget to support Oregon specific data model	N/A	**Phase I** Pilot: 12/4/2017 Rollout 2: 03/2018 Rollout 3: 04/2018 Rollout 4: 05/2018	08/31/2018	N/A	N/A	05/26/2017	ESC
Conformance with budget management decisions and POP approval.	N/A	N/A	N/A	N/A	Added 20% allocation and 10% contingency to projected cost. Added federal grant and POP 102 funding for a total approved budget of $7,640,088.	07/18/2017	ESC
An additional requirements, design, and development cycle, Build 3, was added to address missed functionality and include time to restructure the project to place more rigor around requirements and design as well as filling vacant roles.		07/09/2018 APD only	06/30/2019	The overall scope remained the same. Instead of rolling out all 3 programs at the same time, the decision was made to start roll-out to APD first with a subsequent roll-out to ODDS and Mental Health in 2019.	No change	04/09/2018	ESC
Builds 3.2 and 4 schedules proposed (aka Option 4)		1Q and 3Q 2019 ODDS and MH	6/30/2020	No change	No change	9/10/2018	ESC
Funding for Amendment 5 and O&M for 2017-19 biennium		No change	No change	No change	Added $3,859,912 GF for a total	11/16/18	ESC

Reason for Change	Planning End Date	Go Live / Implementation Date	Project Closing End Date	Scope Change	Budget Change	Baseline Change Approval Date	Baseline Approved By
					of $11,500,000		

ODHS|OHA

Business Case

Centralized Abuse Management (CAM)

(Formerly Statewide Adult Abuse Data and Report Writing System – SAADRWS)

VERSION LOG

Version	Description	Author	Date
0.1	Initial Draft	N Grengs	3/15/2016
0.2	Initial Draft with Core team feedback from J Thompson, K Wymore, L Stutheit, F King, J Ammon, T Holland and J Telagarapu	N Grengs	3/24/2016
0.3	Executive summary, alternatives and conclusions drafted and questions identified	N Grengs	5/5/2016
0.4	Update to reflect Salesforce as the primary alternative, updated costing models, benefits and risks	N Grengs	5/26/2016
0.5	Reviewed by Executive Steering Committee. Incorporated comments from K Naugle-Wilk, Lea Ann Stutheit, Ian Wilson and John Thompson. Funding still needs alignment.	N Grengs	06/13/2016
0.6	Updated costs for SF licenses, removed indirect costs.	N Grengs	06/15/2016
1.0	Final Draft updates per Business Case Review Team meeting: Lillia Teninty, Lea Ann Stutheit, Don Erickson, Ian Wilson (for Ashley Carson-Cottingham), Marie Cervantes, Paul Ettinger, Kathryn Naugle Wilk, John Thompson	C. Hawkins-Weltz / K. Wymore	06/23/2016
1.1	Updates to Final Draft based on stakeholder review	C. Hawkins-Weltz	6/27/2016
1.2	Continued updates to FD based on stakeholder comments	K Naugle Wilks	6/28/2016
1.3	Minor edits to spelling, grammar and typing corrections: feedback from Gary Brower and Kristi Ivers	C Hawkins-Weltz	7/15/2016
1.4	Edits from QA feedback	K. Wymore	8/25/2016
1.5	Edits from OSCIO feedback	K Wymore	12/1/2016

SIGN-OFF

Name	Role	Approval Signature	Date
Ashley Carson-Cottingham	APD Director	SOF	6/30/16
Lea Ann Stutheit for Chelas Kronenberg	IDD Chief Operations Officer	SOF	7/11/16
Jason Walling	CW Deputy Director		
John S Thompson	OAAPI Deputy Director	SOF	7/11/16

Kathryn Naugle Wilk	OIS BES IT Director	SOF	6/30/16
Marie Cervantes	OAAPI Director	SOF	6/30/16
Paul Ettinger	Manager DHS ITBS	SOF	7/11/16

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1. Executive Summary

Oregon's Department of Human Services (DHS) and Oregon Health Authority (OHA) are committed to ensuring the safety of vulnerable Oregonians. This business case outlines the purpose and proposed approach to better serve this population, by implementing an integrated solution to investigate, track, and report on incidents of adult abuse

The Office of Adult Abuse Prevention & Investigations (OAAPI) is a DHS/OHA Shared Service that provides abuse-related services to the Aging & People with Physical Disabilities (APD), Intellectual/Developmental Disabilities Services (I/DD) and Child Welfare (CW) programs at DHS, and the Addictions & Mental Health (AMH) program at OHA.

Together with its program partners, OAAPI serves some of Oregon's most vulnerable residents, in their own homes or in licensed care facilities. The approximate numbers served include:

- 500,000 older adults and people with physical disabilities;
- 16,000 adults enrolled in Intellectual and Developmental Disabilities (I/DD) programs;
- 55,000 adults receiving Community Mental Health Services or residing in the Oregon State Hospital (OSH); and
- 3,600 children residing in licensed facilities that provide therapeutic treatment, or children enrolled in I/DD services.

Establishing a centralized abuse management system is of paramount importance to DHS and OHA (herein referred to as "The Agencies".) The Agencies seek to eliminate manual processes as well as the need to utilize legacy systems in order to standardize and centralize adult abuse data collection for The Agencies.

The objective of this effort is to develop and implement a comprehensive web-based multi-program abuse management system. This system will reduce or eliminate manual input/processes, replace legacy systems, standardize and centralize adult abuse data collection across Oregon, and provide a web-based tool for reporting and analyzing adult abuse. This system will capture abuse allegations and investigations from intake and screening through investigation, case closure and referrals, documentation, and will support abuse management oversight and inquiries. A centralized system will enhance DHS and OHA's ability to protect vulnerable Oregonians, by replacing existing manual and disparate processes and systems across the state with a fully integrated system that improves visibility.

1.1 Background

Oregonians will be better served with a centralized adult abuse management system replacing the existing collection of manual process and disparate systems currently used across the state. Currently, State Agencies, partner organizations and local office workers[1], interpret Oregon Administrative rules differently regarding which allegations of abuse to screen in. Most offices lack a consistent, automated mechanism to screen in, investigate, document and report or track the full life cycle of an abuse incident and the parties involved. Implementing a single stable, rules based solution will improve consistency, streamline workflow, increase efficiencies at local offices and reduce gaps in the availability of timely, pertinent information to support abuse investigations

[1] Local office workers include screeners, investigators and supervisors in the offices across the state that are performing the work for any of the programs included in the scope of this project.

throughout the state. The Agencies' goal is to increase awareness of patterns of abuse in licensed settings and in the community.

1.2 Opportunity Definition

The Agencies' are championing this initiative to improve services and support for vulnerable Oregonians through implementation of consistent processes and robust systems.

The outcomes this project will achieve are responsive to challenges identified by multiple studies and legislation including House Bill 4151 (HB4151) and Senate Bill 1515 (SB1515). HB4151 requires DHS to standardize resources and technologies related to abuse investigations. SB1515 requires DHS and OHA to improve communications about abuse investigations with certifying, licensing and authorizing organizations. A centralized abuse management system will also address DHS Elder Abuse Prevention Audit findings, Adult Safety and Protection Team Report recommendations and the Resident Safety Review Council Report from February 2013.

The high-level business objectives driving this effort are to:

- Better protect the individuals we serve.
- Increase productivity and efficiency through automation.
    - Document reports of abuse, screening decisions and investigations centrally and in real-time so local staff, local management, Central Office, OAAPI and others with a need to know have immediate access to information.
    - Reduce duplicate data entry and manual work.
    - Allow mandatory reporters and other reporters of abuse to submit their reports online via the Internet.
- Support program variation and frequent changes.
- Support the growing abuse management workload.
- Identify and track abuse across the lifespan of a person (victim and/or perpetrator).
- Identify and track abuse and abuse history at DHS-licensed facilities across programs.
- Produce standardized information for auditing and analysis.
- Implement an easy-to-use, web-based, system.

The Agencies' vision is to have at least a minimally viable solution of core functionality across all programs in scope implemented in a first release with a second release to follow with the remaining requirements and enhancements. Core functionality is currently defined as the functionality to support intake and screening through investigation, case closure and referrals, documentation and reporting processes. However, the Agencies intend to enlist the assistance of a System Integrator (SI), to propose implementation options for the Agencies' consideration that will include the suggested scope, functionality, programs included and release dates for the implementation of the CAM system. Therefore, success criteria for the project's planned releases will be determined in the execution phase in collaboration with the System Integrator.

1.3 Alternatives Analysis

After a preliminary business case proposed the development of a custom solution, the Agencies

Department invested significant efforts to assess other alternatives. A team comprised of program and technology members conducted in-depth market research. The market research included in-depth interviews with 18 states to discover their abuse management solutions. This market research yielded two viable solutions utilized by other states and two used in Oregon. The team did further in-depth analysis of capabilities of these four options against functional and technical requirements, and conducted customer demos and on-site visits. The Agencies concluded that building a custom Centralized Abuse Management System introduced much higher risk and cost compared to pursing a different alternative.. Detailed information from the in-depth analysis and site visits are in the Alternatives Analysis, Section 5.0, of this document and in the supplemental documents. Information gained during customer demos and site visits eliminated some alternatives under consideration identified from the project's initial market research. These eliminated options include Commercial off the Shelf (COTS) solutions and transfer solutions used by other entities resulting in the following remaining alternatives.

Alternative 1: Purchase Software as a Service Solution; leverage another state's use of that SaaS

Under this alternative, a Software as a Solution (SaaS) CRM solution would be purchased, configured and customized to meet the CAM Project's detailed requirements. This approach allows relatively quick design, build and implementation plus ongoing flexibility to meet the continuously changing business/regulatory environment at a reasonable cost.

Oregon has the opportunity to leverage requirements for Colorado's Adult Protective Services (CAPS) solution implemented in June 2015 as a starting point for a SaaS solution. Colorado implemented CAPS in June 2015 using Salesforce, a Customer Relationship Management (CRM) SaaS solution. Oregon can leverage CAPS' foundational capabilities, substantially reducing the time to deliver, the cost of implementation, and the exposure to risk for Oregon. DHS and OHA Executive Leadership believe this synthesized approach represents the best fit for Oregon's needs. More details regarding Colorado's solution and the proposed implementation approach are outlined later in sections 5.1.1 and 6.2 of this document.

Under this alternative, Oregon will leverage Colorado's solution as foundational requirements for Oregon's abuse management toolset, using the services of a Systems Integrator to configure and/or customize the software to meet Oregon's needs. The estimated cost of this alternative through implementation is ~4.7 million dollars with at total estimated cost through 2023 of approximately ~8.4 million dollars.

Alternative 2: Implement a Custom Build System

Under this alternative, the Agencies would design, develop, test and deploy a custom solution for The Agencies' Centralized Abuse Management needs. This alternative would allow a tailor-made solution that would meet all of the functional, technical, and organization requirements. The cost, risks, and timeline to implement are substantially higher than implementing a SaaS solution leveraging Colorado's foundational requirements. The total estimated cost for this alternative through implementation is ~11.9 million dollars with a total estimated cost through 2023 of approximately ~$17.0 million dollars.

Alternative 3: Maintain the Status Quo

Under this alternative Oregon would maintain the current status quo with disparate, disconnected systems and highly manual processes and there would be no additional investment in abuse tracking system automation. The requirements and recommendations made by HB4151, SB1515, and various reports and audits would not be met in the foreseeable future. The Agencies' fragmented approach would continue and improvements to current processes would be limited to

those that arise naturally through the Agencies' continuous improvement program. The Agencies would continue with ineffective, disconnected, automated and manual systems, which are increasingly difficult to oversee and analyze. The total estimated cost of this alternative through 2023 of approximately ~$5.2 million dollars.

In light of the settlement that was reached with Oracle in September of 2016, the Agencies were asked to evaluate the appropriateness and feasibility of implementing the CAM solution using Oracle products contained in the negotiated User License Agreement (ULA). The settlement offers Oracle's catalog of products free of charge for the next 5 years and 10 months. However, use of Oracle products would not allow the Agencies to leverage the foundational capabilities of the Colorado CAPS solution due to the fact that Colorado's code is specific to the Salesforce platform. The Colorado solution is the only proven implementation of an Abuse Management System on a CRM platform. An approach using Oracle products would substantially increase the time to deliver a solution, and expose Oregon to additional risk as the Agencies would be unable to leverage the work done in Colorado and would be required to develop a solution on an unproven platform from the ground up. Implementation costs would increase to support additional requirements, design and development efforts. A transfer approach of Colorado's solution will establish a collaborative relationship with Colorado and enable Oregon to continue to benefit from any new developments that Colorado makes to their solution. This continuous collaboration, allowing Oregon the option to use those enhancements free of charge, is dependent on the transfer and use of the CAPS code on the Salesforce platform and could not be utilized with an approach including Oracle products.

1.4 Conclusions and Recommendations

Based on the analysis of the alternatives, DHS and OHA intend to pursue Alternative 1: Implement a SaaS Solution and leverage another state's capabilities with that SaaS. This strategy will help accelerate Oregon's implementation efforts, while reducing risk and shortening the implementation timeline.

Section 6.2, Table 5 (5) of this document sets out a preliminary schedule to implement the Centralized Abuse Management system in two releases. To support the commitments made to the Legislature of an implemented solution within the 2015-2017 biennia and in response to HB4151 and SB1515, the project's scope will be implemented in two releases. Afirst release is projected to complete by June 2017 and the second release by December 2017. The high-level estimated cost of implementing the system and operating it through December 2017 for both releases is approximately $4.7 million. The project has been funded for a total of $5,632,037 which includes $1,437,494 of general funds, $3,300,000 of Q bonds and $894,543 for Qbond issue and debt service for a total of usable project funds of $4,737,494. Funds for issue and debt service will not be reported in the funding. Ongoing operating costs post-implementation through June 2023 are estimated at another $3.0 million, for a total 7-year investment of approximately $8.4 million. Actual costs may differ depending on per user licensing costs and vendor responses to the planned Request for Proposal (RFP) for System Integrator (SI) services.

2. Background & Purpose

2.1 Current State of Abuse Management Operations

The Office of Adult Abuse Prevention & Investigations (OAAPI) is a DHS/OHA Shared Service that provides abuse-related services to the populations served by The Agencies and provides services for some of Oregon's most vulnerable residents, in their own homes or in licensed care facilities.

Many different methods are used by The Agencies to support screening, investigations, referrals, and other abuse management processes. At their core, these processes have very similar steps. They vary depending on: 1) The population served; 2) If the intake/screening/investigating organization is a state organization or contracted party and; 3) Which computer applications and end user tools they have available for their use. There are seven (7) key systems, six (6) of which are state owned and one (1) owned by a local county, and more than 120 local databases and Microsoft (MS) Excel spreadsheets in use at this time. These systems are not integrated nor do they provide all the essential information required for local workers, local managers, and Central Office oversight.

In 2014, almost 750,000 Oregonians were in one of the nine populations supported by the Agencies. During that same year, the Agencies received over 38,000[2] allegations of abuse of these individuals, resulting in 18,185[1] investigations of which 4,544 were substantiated. This number does not account for an unknown number of allegations screened out at the local office level due to the lack of visibility caused by disconnected processes and systems.

According to the 2014 OAAPI Annual Report dated July 2015, "In 2014, there was a 10% overall increase in the number of investigations conducted (compared to 2013)." Over the next ten years, the number of allegations received and screened by The Agencies is expected to increase nearly 60%. This assessment increases the projected 50,414 allegations in 2015 to over 78,500 allegations in 2024, due to predicted growth of vulnerable populations. OAAPI is projecting 30,800 investigations by 2024, a nearly 63% increase from the 2015 level of 19,000 investigations.

In 2014, the Oregon State Legislature passed House Bill 4151 (HB4151). Section 4 of HB4151 mandates that for adults 65 and older and for residents of Office of Licensing and Regulatory Oversight (OLRO) licensed facilities, DHS "shall adopt policies and guidelines to plan for the development and standardization of resources and technologies" related to abuse. In summary it mandates the following: 1) Capture of key adult abuse incident and management data; 2) Standardization of procedures and protocols for making and responding to reports of abuse; 3) Standardization of procedures and protocols for investigations of reports of abuse and; 4) Promoting and coordinating communication and information sharing with law enforcement agencies regarding reports and investigations of abuse.

There are five main program areas involved in this project: 1) DHS' Aging & People with Disabilities (APD) Adult Protective Services (APS); 2) OHA's Health Systems (HS) Division; 3) DHS' Developmental Disabilities (DD); 4) DHS' Child Welfare (CW) and; 5) OHA's Oregon State Hospital (OSH) Division. For a comprehensive list of stakeholders, see the Business Case Supplemental Documents Package.

There is a long list of Oregon Revised Statutes (ORSs) and Oregon Administrative Rules (OARs)

[2] OAAPI Annual Report 2014 – Published July 2015.

for the program areas and populations served by this project.[3] Some overarching statutes drive consistent rules for multiple populations and program partners. However, there are also specialized rules depending on the population served. A full analysis of the similarities and differences in these rules has not been performed. It is important to note that many factors impact these ORSs/OARs resulting in frequent changes. In the future, there will be one standard process for all populations served. This standard process will allow for the nuances between the ORSs/OARs in place today.

Federal and State legislation, program rules, processes, terminology, reporting and coding requirements are evolving at a quick pace. The different agencies within the US Department of Health and Human Services (HHS) are working toward more standardization in the adult abuse discipline.[4,5] The disconnected tools in use by DHS and OHA are not modern, sophisticated, or flexible enough to evolve with the changing regulatory environment within the state or across the nation.

2.2 Current State of DHS Aging and People with Disabilities Abuse Management Operations

The DHS Aging & People with Disabilities APS program serves two Oregon population groups: APS Community and APS Facility.

- APS Community consists of approximately 620,000 adults age 65 and older and adults 18-24 with a physical disability who live in their own homes in the community.
- APS Facility consists of approximately 46,000 individuals living in DHS-licensed facilities.

Screening and investigation of these reports of abuse are performed by Aging and People with Disabilities (APD) Field Offices and certain Area Agencies on Aging (AAAs).

In 2014, there were approximately:

- 12,100 allegations of APS Community abuse resulting in approximately 3,300 substantiated abuse cases.
- 4,400 allegations of APS Facility abuse resulting in approximately 950 substantiated abuse cases.

[3] A complete list of ORSs and OARs by population served can be found in Business Case Supplemental Documents Package.

[4] In September 2013, recognizing the lack of consistent national data on adult maltreatment, HHS, the Administration for Community Living (ACL), in partnership with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), began a 2-year effort to design and pilot test a national reporting system based on data from state adult protective services (APS) agency information systems. The project is currently designated as the National Adult Maltreatment Reporting System (NAMRS).

[5] The CDC's National Center for Injury Prevention and Control, Division of Violence Prevention has published "Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements" in January 2016. They indicate in their paper "Longstanding divergences in the definitions and data elements used to collect information on Elder Abuse (EA) make it difficult to measure EA nationally, compare the problem across states, counties, and cities, and establish trends and patterns in the occurrence and experience of EA."

The number of allegations supported is difficult to ascertain because the two APS systems in use lack screening capabilities.

The major computer systems used by APS are: 1) Oregon ACCESS, which is a case management system for APS Community Clients, and; 2) Web723, which is a tool for documenting an APS Facility abuse investigation report. These two systems have poor search capabilities making it difficult for workers to find historical abuse information. As a result, offices must resort to tracking key information on spreadsheets and in Microsoft (MS) Access databases.

Other than Oregon Access and Web 723 for Lane Council of Governments (LCOG), there is no key system screening functionality. This means local screeners and investigators are not able to see statewide abuse screening information, and central program management is unable to monitor local screening activity or track historical screening trends. Additionally, the search capability in these systems does not support the sophisticated and time-sensitive needs of the program to respond to queries about specific allegations or overall trends. All notices are manually created in MS Word resulting in considerable duplicate data entry and the potential for human error. LCOG has their own MS Access computer system, which allows for LCOG-wide documentation of intake, screening decisions, investigations and the generation of notices.

2.3 Current State of OHA Health Systems Abuse Management Operations

The OHA Health Systems Division serves two abuse population groups (within the scope of this project). They are: 1) Individuals in State Operated Secure Residential Treatment Facilities and; 2) Individuals receiving Community Mental Health services.

- State Operated Secure Residential Treatment Facilities serve approximately 120 people.
- Community Mental Health Programs (CMHP) are County based and serve approximately 57,200 people.

Screening and investigations involving adults receiving CMHP services are performed by County CMHP staff, with technical assistance and consultation provided by OAAPI. Exceptions include when the alleged abuse involves CMHP staff or occurs in a state-operated Secure Residential Treatment facility; in those cases, OAAPI staff perform the screening and investigation.

In 2014, there were approximately:

- 15 allegations of abuse for individuals in State Operated Secure Residential Treatment Facilities resulting in about seven substantiated abuse cases.
- 395 allegations of abuse for individuals receiving Community Mental Health services of which approximately 134 were substantiated.

Allegations and investigations for State Operated Secure Residential Treatment Facilities and Community Mental Health that are received by OAAPI, are entered into the OAAPI Abuse Database. Not all Community Mental Health allegations that are screened out (not needing investigation), are tracked as there is not a centralized database supporting these programs. Technology tools depend on what tools a particular County CMHP has in place. The key computer system used is the OAAPI Abuse Database, which is MS Access and is not accessible to the Oregon Counties. All data entered into the OAAPI Abuse Database is after the fact, duplicate data entry, and currently used to capture the investigation data electronically for future analysis.

Investigations for these populations are all performed manually and then typed into MS Word. All

notices are manually created in MS Word resulting in considerable duplicate data entry and the potential for human error.

2.4 Current State of DHS Office of Developmental Disabilities Services Abuse Management Operations

The DHS Office of Developmental Disabilities Services (DD) program serves two Oregon abuse population groups directly: Community DD Program individuals and In Home Program individuals.

- County-based Community DD Programs (CDDP) and the Stabilization and Crisis Unit (SACU) serve approximately 5,800 adults enrolled in (or previously eligible for) CDDP services. These adults live and receive services in either DHS-licensed settings such as provider group homes, state run group homes or private foster homes. CDDP (County) staff perform screenings and investigations of allegations involving CDDP clients. Screening and investigation of allegations in SACU facilities are performed by OAAPI investigators.

- The Community DD Programs (CDDP) and Brokerage Operations serve approximately 13,000 adult individuals with Intellectual/Developmental Disabilities (I/DD) living in their own homes or family homes, or DHS-licensed residential facilities. CDDP (County) staff perform screenings and investigations of allegations involving CDDP clients.

Allegations involving individuals with I/DD living in non-DD licensed facilities are screened by either DD or APS, and are generally investigated by APS as indicated above in APS Facility.

In 2014, there were approximately:

- 1,400 allegations of abuse for Community DD individuals resulting in about 675 substantiated abuse cases.

- 70 allegations of abuse for individuals in Stabilization and Crisis Unit facilities of which approximately 20 were substantiated.

Investigations for these populations are all performed manually and then typed into MS Word. Additionally, all notices are manually created in MS Word, resulting in considerable duplicate data entry. The number of reports of abuse that are reported and subsequently screened in for investigation can only be estimated as they are not all tracked in a key computer system. The key computer systems used are Serious Event Review Team (SERT), Combined On-call Intake (COIN) and the OAAPI Abuse Database. SERT is old and ineffective. COIN is used by OAAPI for tracking allegations, and the OAAPI Abuse Database is used by OAAPI for all SERT allegations referred to OAAPI for investigation. The number of reports that are screened out for further investigation are also unknown as these are tracked only at each individual CDDP.

2.5 Current State of DHS Child Welfare Abuse Management Operations with OAAPI Oversight

The Child Welfare (CW) program serves children with intellectual/developmental disabilities living in DHS-licensed 24-hour residential settings and children in DHS-licensed 24-hour residential facilities that are part of the Child Caring Agencies (CCAs). These Oregon abuse population groups are included within the scope of this project.

County Child Welfare staff at the various CW hotlines perform initial screening of all child abuse

referrals. When children identified in an allegation live in a licensed setting, the referral is sent to OAAPI (using OR-Kids) for additional screening. After screening, investigations for both of these populations are performed by OAAPI.

In 2014, there were approximately:

- 85 allegations of abuse for children with intellectual/developmental disabilities living in DHS-licensed 24-hour residential settings resulting in about 46 substantiated abuse cases.
- 131 allegations of abuse of children in DHS-licensed Children's Care Provider Programs with approximately 24 substantiated.

Investigations for these populations are all documented manually and then typed into MS Word. Key information is entered into OR-Kids when the investigation is completed. All notices are manually created in MS Word resulting in considerable duplicate data entry. The computer systems used to process these cases are OR-Kids and the OAAPI Abuse Database. All allegations for CW are initially captured in OR-Kids and then entered into the OAAPI Abuse Database after the fact. The OAAPI Abuse Database is MS Access, therefore it is not available to the County CW screeners across the state.

In 2016, the Oregon State Legislature passed Senate Bill 1515 (SB1515). SB1515 adds young adults aged 18 to 21 years old in Child-Caring Agencies (CCAs) to be included in the age definition of "child in care" and expands the definition of CCA. This additional young adult group is estimated to be less than 250 individuals at this time and are included in the CAM Project as part of the population of children in DHS-licensed Children's Care Provider Programs.

The requirements of SB1515 will also likely lead to a much higher percentage of allegations of abuse in CCAs resulting in an investigation, doubling or tripling the number of CCA-related investigations conducted and documented by OAAPI.

2.6 Current State of OHA's Oregon State Hospital Abuse Management Operations

The OHA Oregon State Hospital (OSH) serves one abuse population group (within the scope of this project). Approximately 1,220 individuals live at the Oregon State Hospital.

When alleged abuse occurs in the Oregon State Hospital, OAAPI staff perform the screening and investigation.

In 2014 there were approximately 78 allegations of abuse for individuals living at the Oregon State Hospital, of which approximately 19 were substantiated.

Allegations and investigation outcomes for the Oregon State Hospital are entered into the key computer system, OAAPI Abuse Database, which is an MS Access application. All data entered into the OAAPI Abuse Database is after the fact, duplicative data entry, used to capture the investigation data electronically for future analysis.

Investigations for this population are performed manually and then typed into MS Word. All notices are manually created in MS Word resulting in considerable duplicate data entry.

2.7 Current Business Process

In 2014, seven (7) abuse management process were documented. At a high level, all seven processes involve screening, investigating, referring, and closing allegations, with associated documentation and notifications. Each of these processes are based on a particular program or

group of programs, as well as the individual program OARs, which define and guide them. Detailed information about these current processes can be found in the Business Case Supplemental Documents Package, Document F.

Table 1 – Key Current Business Processes

Process	Process Description	Process #
OAAPI-Led Investigation	This process documents the intake, screening, investigation, report creation, report distribution, and closure of non-CCP investigations completed by OAAPI staff.	BP-100
CCA Investigation	This process documents the intake, screening, investigation, report creation, report distribution, and closure of investigations completed by OAAPI staff for the CCP Program.	BP-200
County DD Investigation	This process documents the intake, screening, investigation, report creation, report distribution, and closure of investigations completed by the county CDDP abuse investigator.	BP-300
County MH Investigation	This process documents the intake, screening, investigation, report creation, report distribution, and closure of investigations completed by the county Mental Health (MH) Program.	BP-400
APS Community Investigation	This process describes the intake, screening, investigation, report creation, report distribution, and closure by APD and AAA staff for the APS Community Program.	BP-500
APS Facility Investigation	This process describes the intake, screening, investigation, report creation, report distribution, and closure by APD and AAA staff for the APS Facility Program.	BP-600
Lane Council of Government (LCOG) APS Investigation	This process describes the intake, screening, investigation, report creation, report distribution, and closure for the Lane Council of Government Community and Facility APS investigations.	BP-700

The Agencies' have identified and drafted a standardized future state business process with the assistance of the user community across all in scope programs. This process will be used in the fit gap analysis performed by the SI during execution.

3. Problem or Opportunity Definition

3.1 The Business Problem

The lack of a centralized abuse system in place today creates obstacles and challenges for The Agencies' work efforts to support vulnerable Oregonians.

The Agencies are committed to the protection of vulnerable Oregonians and are hampered by abuse data that is often fragmented, incomplete, and/or inaccessible. Additionally staff are required

to utilize multiple disparate systems to make determinations about allegations of abuse slowing response and increasing risk of error. A centralized system that provides cross program abuse information and supports intake, screening, and investigation activities is critical to increase the efficiency and effectiveness of the staff performing those functions and to further protect Oregon citizens. The limitations of the current environment; lack of coordinated systems and data, gaps in visibility and the lack of a unified tracking and reporting process all lead to the imperative for The Agencies to address this situation by implementing a centralized abuse system to establish a clear and complete picture of abuse.

APS receives staff based on workload and the calculations to determine staff needs depend on forecasting future workload projections. The tools and information available today are challenging, requiring APS to use a workload calculation from four (4) years ago. This means the additional workload to support the increase in population over that time is not being reflected today's calculation. There was an increase in population of approximately 10% last year alone. Lack of up to date information and the inability to forecast have resulted in a lower than necessary staff count, negatively affecting the APS key performance metrics. Visibility in to the activity and movements of alleged and substantiated perpetrators across programs or counties is limited. This lack of information across the state opens the door for potential risk to persons served by the DHS and OHA.

Lack of unified processes has resulted in potential risk of clients falling "through the cracks" as local offices follow inconsistent screening practices and vary in their interpretation of Oregon rules and statues. Further complicating the challenges, for staff that are performing intake, screening, and investigations is that they lack systems to help them perform their jobs effectively and efficiently. Information such as addresses, screening and investigation data is cut and pasted into: 1) Multiple systems; 2) Multiple MS Word letters and; 3) MS Excel spreadsheets and; 4) MS Access databases.

The current intake process may be documented in one of many different systems around the state, and referrals that do not result in investigation are not always tracked with automated tools. As a result, it is difficult to review these referrals for quality control, screening related trends and workload trends. Law enforcement agencies send police reports to field offices in such a volume that staff find it hard to review and screen in/out all of the reports in a timely manner. When intakes and referrals are not all documented it's difficult to measure if there are sufficient staff to cover the workload and to measure the true quality of the work being performed including that all reports of abuse are being processed properly without falling "through the cracks".

Recent legislation has increased the number of mandatory reporters and hence the workload for intake and screening of reports of abuse. HB4151, passed in 2014, requires that DHS/OHA send a copy of its letter of determination and investigation report to the state agency responsible for certifying/licensing a substantiated perpetrator in a health occupation. The consistency with which this is done is not known since the processes and systems do not allow for tracking of this information. This increases the workload of the already overloaded investigators doing the work today.

As Oregon's population ages, DHS and OHA are seeing an increased interweaving of clients in community and facility settings. This means clients of one program are often placed in facilities licensed by other programs, or clients are transitioned from one system to another as they age and their health conditions or behavioral needs change. Establishing a centralized abuse management system enables DHS and OHA to integrate abuse data across programs, ensuring critical information in one system is retained helping keep clients safe by providing access to a client's history of abuse.

3.2 Current Technology Limitations

There are seven (7) primary data systems[6] used in Oregon today to collect reports of abuse and/or generate investigation reports. There are three (3) key data systems[7] used to analyze investigations and create data analysis reports related to protective services and abuse investigations with OAAPI oversight. These systems run on different software, collect different data points, and do not provide a comprehensive centralized data repository for abuse data. Investigation reports for seven of the nine populations are written using MS Word. In addition, more than 120 simple applications and spreadsheets are used in local offices to support abuse processes and manage workload, from receipt of an allegation through completion of an investigation.

The mix of old legacy systems and desktop software makes it difficult for employees and management to ensure all allegations are documented and processed appropriately. In most local offices, physical paper files are the only source of complete information about an investigation. This creates the potential for an allegation to go uninvestigated because there is no tool for unassigned referrals***.***

Following is a summary of the key systems used to collect, report or analyze abuse or generate investigative reports. Each system has limitations, which make them poor candidates for modifying to meet centralized abuse investigation or reporting. The limitations in many cases are due to the technology platforms lacking the robustness necessary to support large-scale use or they are an aging technology with limited ability to sustain and support. For example, MS Access lacks a robust structured query language, all information is saved into one file, which limits options, slows down reports, queries and forms and security controls are limited. As the volume of user's increases, performance degrades rapidly. Although technically, a MS Access system can support 255 concurrent users, the real world limit is 10-80 concurrent users.

The Oregon Access ***(OR Access)*** system's APS module for abuse tracking contains the largest number of investigations (~36,000) of all the systems listed above. ***It does not have intake or screening functionality and has poor search capabilities making it difficult or impossible to determine if a person has an in-progress or past investigation.*** This results in duplicate information as many allegations/investigations are entered multiple times. The system is capable of collecting information that helps support unique identification of people such as Social Security Number, birth date and client master identifier. Less than seven percent of alleged and substantiated perpetrators are uniquely identified with a Social Security Number or date of birth. None has a reference to a person or client master identifier. This makes it impossible to find repeat offenders of abuse. End-users cannot attach documents and/or evidence to the investigations in OR Access. Investigation reports cannot be sent electronically from the system and must be printed, scanned and attached to an email to send notices. The system does not provide statistics, trends, or other tracking data to local office management to help assess and manage to target quality outcomes. OR Access is not web-based, so it is not available away from the office unless it is downloaded to the investigator's computer or the investigator remotely accesses the system using emulation software (Citrix). OR Access is written in PowerBuilder and has a Sybase backend. PowerBuilder is an older development environment with a very small population of users. This makes it very difficult to find PowerBuilder developers, so supporting OR Access requires in-house training on the technology by OIS. Due to the aging nature of this

[6] Oregon Access (OR Access), Lane Council of Government (LCOG) Client Tracking System (CTS), Web723, SERT (Serious Event Response Team), COIN (Combined On Call and Intake), OR-Kids and the OAAPI Abuse Database.

[7] DHS Data Warehouse, COIN and the OAAPI Abuse Database.

technology and the current issues it carries, OR Access is not a good candidate for future central abuse management use or extensibility.

Web723 contains the next largest number of investigations (approximately 32,000). It ***does not have intake or screening functionality***. As with OR Access, DHS is not documenting all the reports of abuse in this system; only the reports of abuse assigned to investigate are entered. There is a high level of frustration by local office staff with this system as it frequently "crashes" or times out while documenting an investigation and all the data entered is lost. This system does not have the ability to locate past/historical information so all information has to be manually entered for each investigation. Many hours of re-entry of information are required due to the instability of this system. End-users cannot attach documents or evidence to the investigations. Only at the conclusion of an investigation, after a supervisor has reviewed the report and all notices have been sent out, an electronic notice is sent to the APD Central Office of Licensing and Regulatory Oversight (OLRO) in Salem confirming that the investigation is complete. Considerable time is spent manually preparing and mailing documents to all the appropriate parties. There are no statistics, trends, or other tracking data available to local office management to help ensure desired quality outcomes are achieved. This application is written in Cold Fusion, an aging technology, and has a DB2 backend. Due to Web723's instability issues, old technology and limited functionality, it is not a good candidate to extend.

Lane Council of Government's (LCOG) ***Client Tracking System (CTS)*** is used for all LCOG APS reports of abuse (~12,700) and investigations (~7,200). LCOG transfers files of information to DHS that are then loaded into the DHS Data Warehouse. Due to periodic issues with these imports, the DHS Data Warehouse does not contain a full set of LCOG data for analysis. LCOGs CTS has relatively good APS functionality but, being designed for a single AAA office, it ***does not provide for the statewide 360-degree view of a person needed by DHS and OHA***. It has an MS Access front end with a MS SQL Server backend and hence is not extensible or scalable.

Serious Event Review Team (SERT) is used by the DHS Office of Developmental Disabilities Services Community DD programs to notify OAAPI that an investigation is needed (approximately 57,000 serious events are stored in the system some of which are reports of abuse). CDDPs use this system to analyze trends such as type of abuse, providers and clients with high numbers of incidents. The County Investigator fills out the form and it is transferred to OAAPI. Data from this system is manually re-entered into the OAAPI Abuse Database. ***Known issues with this system include: It is not user friendly; not searchable or search criteria/results are inconsistent and; the database model is out of date, as it has not been updated in over three years.*** Because of the complexities of using this system, not all CDDPs are inputting data here. SERT is currently supported by the Office of Business Intelligence (OBI). It has a ColdFusion frontend and a MS SQL Server backend. It is not extensible or scalable.

OR-Kids is used by DHS Child Welfare to notify the OAAPI Investigations Unit of allegations of child abuse initially screened by Child Welfare workers that require OAAPI screening and investigation (~88 in 2014). This system has substantial functionality. It is a complex system that is not end-user friendly, partially due to the significant level of pop-ups, which frustrate the end-users. The search feature does not work well; standard searches for a person can return hundreds of names resulting in staff not finding the person they really need or want. ***The online user interface and data relationships between case, abuse report, people, assessments, allegations and associated notes are not intuitive from an abuse management perspective.*** The OAAPI investigation process for children in licensed settings is handled outside of OR-Kids and final information is posted back in OR-Kids upon completion of the investigation. The investigation itself is written independently in MS Word. The front-end application primarily uses JBoss, Java and COBOL. The backend uses MS SQL Server. This system architecture is

designed specifically to manage child protective services cases, it does an inadequate job displaying information about abuse incidents related to OAAPI investigations. This system is not a good candidate to extend for centralized abuse management. With a core focus on child protective services, modifications to accommodate the requirements of the Agencies would require significant and expensive modification and could negatively impact the core functionality and purpose of existing system.

Combined On-Call Intake (COIN) is used to track reports of abuse made directly to OAAPI (~5,000) and screening decisions for many of the populations investigated by the OAAPI Investigations Unit. It does not support the investigation process. This system was created internally with MS Access and is not extensible or scalable.

The ***OAAPI Abuse Database*** is used to track key information about investigations (~23,368) for Community DD, Community MH, and OAAPI investigators. These investigators use a separate MS Word template to write their investigation reports. Although OAAPI offers a recommended format, reports vary somewhat from county to county. CDDP and CMHP investigators send their reports to OAAPI via e-mail, where they are reviewed, approved and "data-mined" manually by OAAPI staff to populate by re-entering information into OAAPI's Abuse Database. All OAAPI-led investigations are also data-mined manually and entered into this database. ***This system is filled with duplicated data from other systems and tools (MS Word). This system does not have role-based security, allowing anyone to change any data in the system.*** The OAAPI Abuse Database is a Microsoft Access database developed internally in 2001. This system is not extensible or scalable for statewide use.

Currently, the Agencies rely on these disconnected data systems to store abuse-related data and to produce reports. Challenges and risks are pervasive because these systems are often unable to provide the critical information being asked for by internal and external partners, including: accurate metrics for Quarterly Business Reviews (QBR), requests for statewide abuse data from media, and sufficiently granulated data reports for the Legislature. The table below illustrates the distribution of the systems by the population served that are used to support abuse management by the Agencies.

Table 2 – Systems Used by Population Served[8]

		Screener / Investigator	
Nbr	**Population**	**Tools**	**OAAPI Tools**
1	I/DD Individuals Living in DHS-Licensed Stabilization & Crisis Units	SERT (notice of report), MS Word (Investigation Report)	COIN (doc screen in) OAAPI DB (doc from MS Word Report)

[8] Additional statistics by population type can be found in the Business Case Supplemental Documents Package.

Nbr	Population	Screener / Investigator Tools	OAAPI Tools
2	I/DD Children Living in in DHS-Licensed 24-Hr Residential Settings	OR-Kids (notice of report, outcomes), MS Word (Investigation Report)	OAAPI DB (doc from MS Word Report)
3	Children in DHS-Licensed Children's Care Provider Programs	OR-Kids (notice of report, outcomes), MS Word (Investigation Report)	OAAPI DB (doc from MS Word Report)
4	Adults at the Oregon State Hospital	MS Word (Investigation Report)	COIN (doc screen in), OAAPI DB (doc from MS Word Report)
5	Adults in State Operated Secure Residential Treatment Facilities	MS Word (Investigation Report)	COIN (doc screen in), OAAPI DB (doc from MS Word Report)
6	Adults Receiving Community Mental Health Services	MS Word (Investigation Report)	OAAPI DB (doc from MS Word Report)
7	Individuals Living in DHS-Licensed Facilities	Web723 (Investigation Report) or LCOG's CTS (Screen In/Out & Investigation Report)	Web723, DHS Data Warehouse
8	Adults 65+ & Adults 18-64 with a Physical Disability	OR Access (Investigation Report) or LCOG's CTS (Screen-In/Out & Investigation Report)	OR Access, DHS Data Warehouse
9	Adults Enrolled or Previously Eligible for a Community DD Program	SERT (notice of report), MS Word (Investigation Report)	COIN (doc screen in), OAAPI DB (doc from MS Word Report)

Consultants and Task Forces have looked numerous times at the abuse management technology issues for the populations served by The Agencies. The many challenges associated with the current systems are evident not only to individuals within DHS, OHA and OAAPI, but have been brought to the attention of the Agencies by external entities as well, most notably in the following instances:

- DHS Consultant Public Knowledge report dated 2005.
- McKinsey Study Recommendation dated 2008.
- Oregonian Article dated March 26, 2011.
- Adult Safety and Protection Team Report dated August 4, 2011.
- Resident Safety Review Council Report to Legislature dated February 2013.
- DHS Elder Abuse Prevention Audit (12-013).

3.3 The Opportunity

DHS and OHA share an imperative of keeping vulnerable adults safe by investigating allegations of abuse in a timely manner and remediating as needed. Implementing a centralized web-based data system to collect all reports of abuse; screen, refer and investigate those reports of abuse; and ensure all appropriate agencies/parties are notified of the investigation outcome directly supports DHS's commitment to "improve systems,

processes and culture to ensure that safety is our number one priority."[9] This will significantly improve DHS' ability to achieve its mission to assist Oregonians in achieving safety, health and independence.

3.3.1 Alignment with 2014's Oregon House Bill 4151 (HB4151)

Development of this system is in direct alignment with HB4151 which states "The Department of Human Services shall adopt policies and guidelines to plan for the development and standardization of resources and technologies" related to abuse of vulnerable adults age 65 and above or living in an DHS-licensed facility. The CAM Project will address HB4151 through the following capabilities:

1) Create a centralized system that standardizes data for the nine (9) population groups served by OAAPI and its program partners called out in HB4151.
2) Create a centralized database of reports of abuse.
3) Provide storage of photographs for purposes of preserving evidence of the condition of the resident at the time of the investigation.
4) Create a centralized method of notice management (sending and receiving notices) to improve communications with law enforcement.
5) Create a centralized and standardized method of sending notices to health care licensing/certifying agencies.
6) Create a centralized and standardized method for the DHS Background Check Unit (BCU) to augment their background checks by viewing information in the new system for persons who present a risk of harm to another person.
7) Create a centralized and standardized method for DHS and OHA organizations that do not utilize the Background Check Unit (BCU) to view information in the new system for persons who present a risk of harm to another person.

3.3.2 Alignment with 2016's Oregon Senate Bill 1515 (SB1515)

Development of this system is in direct alignment with SB1515. This Senate Bill specifies approximately 16 types of abuse related notices, some of which result in multiple notices depending on the situation. A robust notice management system will support generation, tracking, storage, management and quality control of notices. The planned system's flexibility will support screeners and investigators to comply with changing mandatory requirements more efficiently.

3.3.4 Alignment with the Strategic Technology Plan

The DHS/OHA Strategic Technology Plan (STP) includes a number of strategies that the Centralized Abuse Management Project will support.

The table below summarizes the various components of the STP that a centralized abuse system will satisfy.

[9] Clyde Saiki, DHS Director's email February 8, 2016.

Business Automation	• Work queues to improve work management at all levels in the organization. • Sophisticated searches to research abuse history. • Unification of processes and activities across programs by providing one tool to document reports of abuse, screening decisions, investigations and notices. • Allow for easy transfer/referring out of reports of abuse between programs and program partners. • Reducing dependency on paper processes by allowing for electronic document storage and electronic notices. • Electronic document storage. • Reduce duplication of work. • Capture data once and reuse it. • Provide real-time, statewide, centralized data for reporting.
Comprehensive View of our Clients	• Supports the use of a master person record.
Enable Connectivity Anytime, Anywhere, in Multiple Ways	• Provide workers a real-time portal to perform their work anytime, anywhere, 24/7. • Provide the public a portal to report abuse anytime, anywhere, 24/7.
Trusted Source for Health & Human Service Data	• Reduce data duplication and entry into multiple systems through the use of a single system for the Agencies for abuse management. • Trusted source for verified person data. • Trusted source for reports of abuse, screening decisions and abuse investigations. • Improve data access and sharing across programs. • Role based data access and security to improve data protection and compliance.
Dynamic Needs Supported by Seamless Technology Services	• Industry best practices and standards based modular architecture and design (e.g., Service Oriented Architecture (SOA), Enterprise Service Bus (ESB) etc.) to leverage existing functionality and also expose functionality through web services. • Highly configurable platform that is responsive to evolving business needs. • Extensible platform allows for standard interfaces with other modern enterprise applications.

3.4 Project Objectives

<u>High-Level Goals of the new system are to:</u>

1) **Reduce abuse risk to vulnerable Oregonians and reduce liability abuse exposure for the State:** Improve DHS, OHA, and OAAPI visibility into all cases for which they have oversight regardless of program, facility, population, policy or location thus reducing risk to Oregonians, who may have otherwise fallen through the cracks. Provide a 360-degree

view of a person so trends in victims and/or perpetrators can be found and uniquely identified statewide across programs. Improve victim safety by improving communications between stakeholders[10] including Oregon State health certification/licensing agencies.

2) **Increase abuse case investigations productivity and efficiency:** Increase staff productivity through improved processes that minimize duplication of data entry. Move away from the need for paper files to a new paperless system, which allows information sharing with the right people at the right time. Provide staff tools for proactive self-management of workload and outcomes by staff and management in local offices and each program's central office. Provide abuse reporters the ability to enter their allegations of abuse through the Internet.

3) **Support program variation and frequent changes:** Accommodate similarities and differences in programs and respond quickly to frequent legal and policy changes.

4) **Develop capacity for projected increases in abuse-related workload:** Improve the ability to handle and support the anticipated high volume of abuse allegations, referrals, investigations, notices and related data over the next ten years.

5) **Identify and track abuse across a person's lifespan:** Identify abuse statewide across programs, connect abuse across the lifespan of a person regardless of their role in the incident (victim, perpetrator, witness etc.), and ensure that protective services are informed by a client's past history of abuse.

6) **Implement a web based and easy-to-use technology system:** Implement a system that will: 1) Support and integrate the screening, investigation, review, reporting and notice processes regardless of the DHS/OHA program that is being administered and; 2) Function well regardless of the supported desktop browser technologies used by the state and their program partners (counties, AAAs, brokerages etc.).

7) **Produce standardized auditing and analysis information:** Standardize the collection of all abuse-related data for purposes of auditing, analysis, reporting and forecasting. This will be achieved through use of common terminology and definitions that will be determined through a cooperative effort of OAAPI and its partners and aligned with developing national abuse data collection methodologies.

8) **Provide accurate data and reporting:** Create the ability to report on core data and metrics in order to provide effective services and measurable outcomes to program partners, and to assure that abuse investigations are being conducted effectively and prevention efforts are being targeted appropriately.

9) **Enable mobile technology:** Enable the use of mobile technology in the investigation process to improve efficiencies, especially related to safety and response times when investigators are in the field.

3.4.1 Key Benefits of the Centralized Abuse Management System

Key benefits of the new system include:

- Provides The Agencies with one comprehensive multi-program system for abuse management documentation and inquiries so that risk to the safety of Oregonians and liability to the State are reduced.

[10] See Business Case Supplemental Documents Package for a comprehensive list of key stakeholders.

- Real-time, online documentation of initial reports of abuse and the resulting screening decisions to ensure all reports of abuse that need investigation are screened in and the rationale and other steps taken (such as referring to others) can be supervised and monitored.
- Real-time, online documentation of all investigations including notices, and storage for that information in a centralized database so that the information is safe and accessible by local office staff and management, program Central Office, OAAPI and the DHS Background Check Unit.
- Increases productivity and efficiency through reduction in duplicate data entry, manual work, and by allowing reporters of abuse the ability to submit reports online through the Internet 24 hours a day 7 days a week.
- Improves decision making and preventive actions because, over time there is one place to find a:
    - Perpetrator and their history of abuse for one or more programs across the entire state of Oregon.
    - Victim and their history of abuse for one or more programs across the entire state of Oregon.
    - DHS-Licensed Facility and the history of abuse at that facility for one or more programs across the entire state of Oregon.
- Standardizes methods and data allowing for improved oversight and analysis.

Key functionality of the new system includes:

- Dashboards for workers that enhance their ability to self-manage their work within mandated response times.
- A business rules engine that allows for easy modifications by The Agencies for specific needs and new mandates.
- Evidence, photos and other document attachments.
- Integration with the ONE's Master Client Index.
- Mailing address validation.
- Automated notice generation.
- Public online report of abuse submittal.
- Role based security.
- Single sign-on with OHA's Active Directory.

4. High Level Requirements and Key Assumptions

Following is a brief overview of the high-level requirements and some key assumptions for this initiative.

4.1 High Level Requirements

Following are the most critical requirements for a centralized abused management solution:

Online Abuse Complaint: Provide the public - including mandatory reporters - an Internet page to submit complaints 24 hours a day – seven (7) days a week.

Worker Dashboard: Provide screeners, investigators, supervisors and reviewers dashboards listing incidents and investigations that can be filtered and sorted to fit their needs. For example: to filter by the incidents needing response today or to sort for the last incident that the worker updated.

Comprehensive Search: Provide users of the system sophisticated, comprehensive search, filter and sort capability to assist in finding past victims, perpetrators and/or incidents. For example: searches for people across program by name and/or address and/or social security number.

Portals: for Screeners, Investigators, Supervisors and Reviewers. Provide screeners the ability to accept online abuse complaints and route them to the appropriate location, enter abuse complaints received in other manners (phone, email, mail…), update complaints, which could not be completed in a contiguous timeframe. Provide investigators the ability to enter and track required information for an investigation. Provide Supervisors and Reviewers the ability to review and comment on screening decisions and draft investigation reports.

Business Rules Maintenance: Provide System Administrator(s) the capability to maintain business rules separate from system code. For example: allow the System Administrator to update Oregon Administrative Rules and definitions viewed and selected by workers along with field selection values.

Interfaces: Integrate with the existing Master Client Index including inbound Interfaces from OLRO-licensed facilities; provider demographics from the APD provider database and a regularly scheduled data export to the DHS data warehouse and QMDB/Q2.

Historical Data: Load Historical Abuse Management Data into the new solution from multiple feeder systems including OR Access, Web723, LCOG CTS and OAAPI Abuse Database.

Data Warehouse: Provide a data warehouse for running queries, mandated reports, and performing data analysis without impacting performance of end users. Provide a full set of data for running extracts to be used by others systems such as QMDB for DHS.

Workload Management: Support for monitoring and projecting workload by worker, by program, by local office, and by program within an office. Support for assigning, pausing, and restarting work on individual and groups of reports of abuse and/or investigations.

Document Management: Support for capturing, storing and retrieving images and other electronic documents related to reports of abuse and investigations. Support for scanning paper documents. Support for uploading of documents through the online abuse complaint and the worker portals. Support the use of template documents for communications.

Notice Management: Support for worker-driven and system-driven notices to Complainants, Perpetrators, Providers, Various Law Enforcement Agencies, Oregon State Health Occupation

licensing/certifying/authorizing organizations, and referral partners. Support the use of templates for notices that can be sent via secure email, fax and/or the United States Postal Service.

Reporting: Support for the creation of reports required for investigation reporting, protection and intervention process measures, and analysis of service equity in abuse investigations.

Identity and Access Management: Support for the integration with DHS's Active Directory for authenticating workers who are state employees or program partners such as Area Agency on Aging staff and Counties who access the system on the behalf of a DHS program.

Data Security: Protection of data, whether at rest, in transmission, in display, or in reports consistent with federal, state and agency data privacy, security and retention laws, rules and policies.

Disaster Recovery: Ensuring that no data is lost is critical to the safety of our clients. The Recovery Point Objective (RPO) for this project is zero data loss in the event of a disaster. The Recovery Time Objective (RTO) is a maximum of 24 hours that the system can be unavailable in the event of a disaster or system problem.

4.2 Detailed Requirements

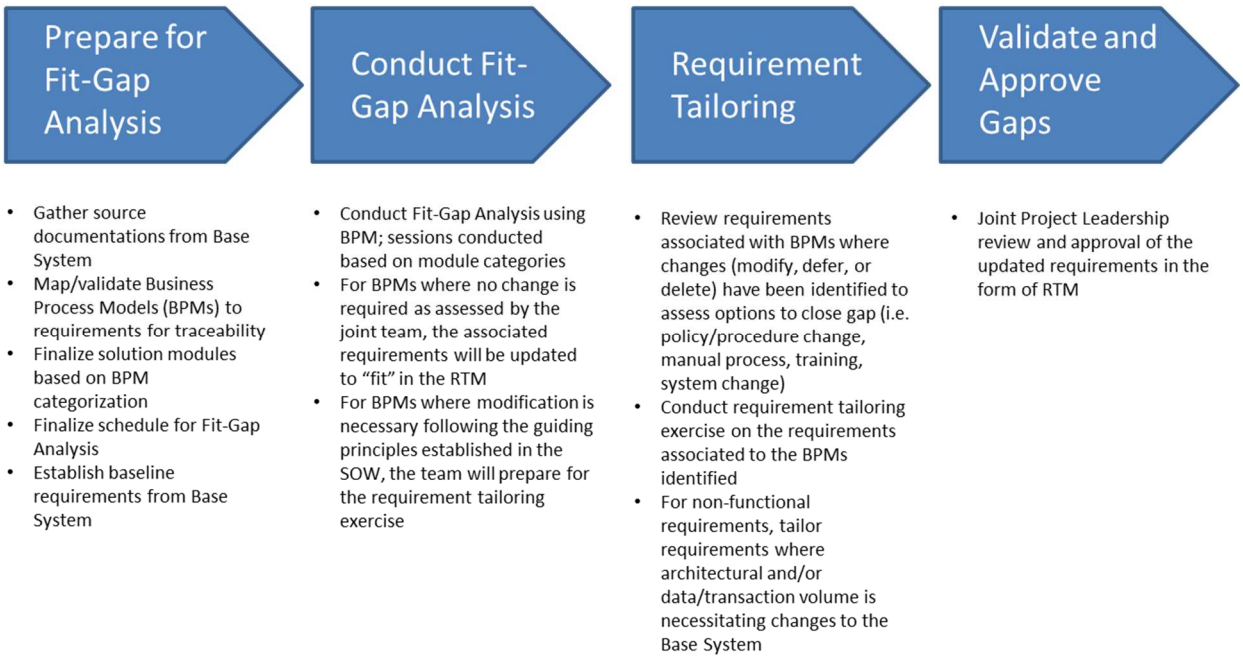
The project team developed both high-level business requirements and detailed business requirements. These two requirements documents will provide a Systems Integrator (SI) sufficient context regarding Oregon's business needs to respond to Oregon's planned Request for Proposal (RFP) for a SI. The selected SI's expertise will be leveraged to help refine Oregon's preliminary detailed business requirements, which will increase the probability of project success. Oregon will align requirements as closely as possible to Colorado's design while still addressing Oregon's unique, mission-critical business needs. The detailed business requirements will be reviewed with subject matter experts including DHS/OHA field staff to ensure they are complete and correct.

The Systems Integrator will use Oregon's detailed requirements to conduct a Fit-Gap Assessment with the potential solution to establish additional functional and technical design specifications. This approach leverages the proven model implemented in Colorado to guide Oregon's efforts.

4.3 Fit-Gap Analysis

Fit-Gap analysis will compare Oregon's rules, policies and procedures to the Colorado System and identify how the Colorado System meets respective functionality for Oregon out of the box. The goal of analysis is to identify how the Colorado Solution meets the respective needs of the Agencies. Gaps where system functionality is not present and cannot be resolved through a change to process or policy will be prioritized along with a defined approach to address them. This fit-gap effort identifies the gaps that will identify the need for process changes, software configuration changes and/or customizations required.

The following diagram describes the activities to be conducted during the Fit-Gap Analysis. This information is more fully documented in the planned RFP.



4.4 Assumptions and Constraints

The following constraints are factors in the Alternatives Analysis:

- Project funding was approved in SB5507A Enrolled comprised of:
  - $1,437,494 in General Funds (GF);
  - $3.3 million in Q Bonds;
  - $894,543 for Q Bond issuance and debt service.
- Core functionality for adult abuse report intake, screening and investigation must be implemented by June 30, 2017. The initial release of the Centralized Abuse Management solution will not automate all tasks, so duplicate data entry will not be resolved until Release 2.
- HB4151 requires Oregon have one central statewide solution for APS.

The following assumptions are factors in the Alternatives Analysis below:

- The Oregon Legislature, which approved dollars in SB5507A for this project, will unschedule funds to proceed with this project.
- Population growth is expected to average 10% per year for the populations served in this project.
- The solution will meet 80% or more of agency functional requirements and 90% of non-functional (technical and security) requirements.
- The solution must be easily adaptable to satisfy ongoing process and requirement changes such as those driven by HB4151 and SB1515.
- The selected alternative must support the DHS/OHA Strategic Technology Plan.
- Historic abuse information will be accessible to the DHS data warehouse sometime after the core system is implemented.
- The project will issue a competitive bid Request for Proposal (RFP) for a Systems Integrator (SI) to plan, design, implement and maintain the new system.
- Training will be provided by the System Integrator (SI) to OAAPI Program area trainers who will then train staff statewide.

- Solution implementation and ongoing maintenance and operations will be provided by a 3rd party vendor with oversight from state employees.
- Risk tolerance for this project is moderate based on the timeline, volume of work, and funding available.
- The system can be used and supported in all required locations including but not limited to:
  - DHS and OHA programs, offices, county and local partners.
  - DHS's Background Check Unit.
  - Long-Term Care Ombudsman (LTCO).
  - The Public.

5. Alternatives Analysis

5.1 Alternatives Identification

After a preliminary business case proposed development of a customized solution, the Agencies invested significant efforts to assess other alternatives to compare against custom development. A team comprised of program and technology members conducted in-depth market research. The market research included detailed interviews with 18 states to discover their abuse management solutions. This market research yielded two potentially viable solutions utilized by other states and two used in Oregon. The team did further in-depth analysis of capabilities of these four options against functional and technical requirements, and conducted customer demos and on-site visits. Detailed information from the in-depth analysis and site visits can be found in the Business Case Supplemental Documents.

Information gained during customer demos and site visits eliminated some alternatives under early consideration identified from the project's initial market research including Commercial off the Shelf (COTS) solutions and transfer solutions used by other entities.

COTS solutions available in the marketplace such as Harmony, which could address Oregon's requirements primarily, accommodate only one program - Adult Protective Services. The relevant vendor supported COTS solutions require significant customization, including underlying architecture modification, in order to meet the Agencies' needs. A primary benefit of COTS solutions is that the licensing vendor provides regular regulatory and business functionality updates/upgrades to meet changing needs. The extent and complexity of Oregon's level of required modifications to a COTS negates those benefits, as each release would require re-customization for Oregon. The viable COTS solutions reviewed were only supported by the vendor that owns and licenses the software. In this situation, if the state were not satisfied with the licensing vendor, there would not be options to utilize an alternate vendor to support the system. Many states reported issues getting modifications made to their vendor-licensed software that involved many months of delay to get vendors to address their legal, regulatory and efficiency improvements. Oregon must be able to respond to effectively to the rapidly changing regulatory and business environment. This makes the use of the relevant COTS solutions high risk for Oregon.

Transfer solutions used by other states consist primarily of large, monolithic systems such as the Statewide Automated Child Welfare Information Systems (SACWIS), outdated home grown state systems used for Adult Protective Services over the last 10-20+ years, or small County/AAA applications that cannot accommodate the number of statewide users required by the CAM Project. SACWIS systems have high implementation costs - $50 million and up, with ongoing annual support costs of $20 million or more. Abuse tracking and management is a small piece of functionality in the SACWIS systems. Removing this functionality represents significant expense, leaving it in makes modifications and maintenance cost prohibitive. The general architecture of SACWIS reviewed by the team is old and focuses on the family rather than the abused person. For these reasons, SACWIS transfer solutions were removed from consideration.

Smaller, custom developed solutions such as the Lane County (LCOG) solution were determined not to be viable options for Oregon to consider transferring as a starting point for its statewide solution as they lacked the scalability and functionality necessary to meet Oregon's functional and technical requirements. Most are built using MS Access or other software that is not designed to support the level security or the number of concurrent users that Oregon requires.

As part of Oregon's due diligence, alternate CRM solutions, including MS Dynamics were considered at the request of the Agencies. MS Dynamics was a late emerging option brought forward after robust analysis of other solutions had already been completed. After consideration, the project team did not find MS Dynamics offered substantial capabilities beyond those in more thoroughly assessed alternatives and the cost model was not as viable as other options. Ultimately, The Agencies' Executive Leadership determined Salesforce to be the preferred CRM alternative over MS Dynamics as it enables Oregon to build upon existing foundational capabilities established by Colorado's adult protective services system.

The following alternatives emerged from the analysis completed by the project team and based off the recommendations of The Agencies' Executive Leadership.

1. Purchase a Software as a Service Solution; leverage another state's use of the SaaS.
2. Implement a Custom Build Solution.
3. Maintain the Status Quo.

Project analysis of these alternatives are as follows:

Alternative 1: Purchase Software as a Service Solution; leverage another state's use of that SaaS

Under this alternative, a SaaS CRM solution would be implemented, configured and customized to meet the CAM Project's detailed requirements. This approach allows relatively quick design, build and implementation plus ongoing flexibility to meet the continuously changing business/regulatory environment at a reasonable cost.

Oregon investigated two CRM options – Microsoft Dynamics and Salesforce. While each of these CRM solutions have capabilities that can meet Oregon's needs; Salesforce is considered the front-runner option as it provides Oregon the opportunity to leverage Colorado's proven Adult Protective Services (CAPS) which was configured using the Salesforce SaaS solution and implemented in June 2015. The Colorado capabilities can be utilized by Oregon as a foundational requirements reducing implementation time substantially. This strategy, in concert with procuring a SaaS and services of a Systems Integrator will help accelerate Oregon's implementation efforts, while reducing risk and shortening the implementation timeline. DHS and OHA Executive Leadership believe this synthesized approach represents the best fit for Oregon's needs. More details regarding Colorado's solution and the proposed implementation approach are outlined later in this document.

Alternative 2: Implement a Custom Build System

Under this alternative, the Agencies would design, develop, test and deploy a custom solution built from the ground up for APS, HS, DD, CW and OSH Centralized Abuse Management needs. This alternative would allow a tailor-made solution that would meet all the functional, technical and organization requirements. The costs to develop a custom system are substantially higher than procuring a SaaS solution and carry significantly higher risks and a much longer timeline to implement compared to Alternative 1.

Alternative 3: Maintain the Status Quo

Under this alternative Oregon would maintain the current status quo with disparate, disconnected systems and highly manual processes and there would be no additional investment in abuse tracking system automation. Improvements to current processes would be limited to those that arise naturally through the Agencies' continuous improvement program. The Agencies would continue with ineffective, disconnected automated and manual systems, which are difficult to oversee and analyze. The centralized abuse tracking needs of HB 4151 would not be met.

The chart below outlines the estimated Total Cost of Ownership for alternatives:

TOTAL·COST·OF·OWNERSHIP·ANALYSIS¶

Comprehensive·Cost·Model·for·all·Scenarios¶

¤	¤	Project·and·Implementation¤	Operations,·Maintenance,·Ongoing·Support¤	¤
Personal·Services¤	Salaries·&·Benefits¤	¤	• → State·Perm·Staff¶ • → State·Temp·Staff¶ • → State·LD·Staff¤	¤
Services·&·Supplies·&¤	State·Data·Center¤	¤	• → Consulting·Services¶ • → Hosting¶ • → Storage¶ • → Network¤	¤
	Software¤	• → Software·Purchase·/·Upgrade¤	• → Software·License·Maintenance¤	¤
	Hardware¤	• → Hardware·Purchase/·Upgrade¤	• → Hardware·Ongoing·Maintenance¤	¤
	IT·Professional·Services¤	• → Project·Devel/Implementation¤	• → Project·Devel/Implementation¤	¤

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5.1.1 Alternative 1 – Implement a Software as a Service Solution and leverage another state's proven capabilities with that SaaS

Cost

The total cost of implementing and supporting this alternative and operating it the proposed solution starting July 2016 through June 2023 is estimated to be ~$8.4 million. (See details of this estimate in Appendix A.) Compared to the Custom Build alternative, this alternative minimizes costs of Fit-Gap analysis, design, configuration, customization, testing, training, and rollout by using a Customer Relationship Management platform based on the successful Colorado APS abuse management solution. This alternative requires a per-person and/or per device Salesforce licensing cost over the life of the solution.

Alternative 1 - Salesforce CRM
Totals include FY 2016-17 through FY 2022-23

		Through Dec 2017 Project and Implementation	Jan 2018 through June 2023 Operations, Maintenance, Ongoing Support	Total	%
Personal Services	Salaries & Benefits	$1,554,538	$80,303	$1,634,840	19.4%
Services & Supplies & Capital Outlay	State Data Center	$0	$0	$0	0.0%
	Software	$1,157,814	$3,089,932	$4,247,746	50.5%
	Hardware	$20,000	$0	$20,000	0.2%
	IT Professional Services	$1,479,500	$614,499	$2,093,999	24.9%
	Contingency	$421,185	$0	$421,185	5.0%
	Total	$4,633,037	$3,784,733	$8,417,770	
	%	55.0%	45.0%		100.0%

Benefits

Alternative 1 supports the functional and non-functional requirements associated with Centralized Abuse Management for the Agencies. The system will implement much faster, with lower risk and less cost than building a custom solution. This is demonstrated Colorado, who implemented their

initial release of the Salesforce SaaS within 6 months. Colorado's current system provides a proven APS model for Oregon to leverage as a starting point for the centralized abuse management solution. Oregon's plan is to pursue procurement of Salesforce as the SaaS as its capabilities and the ability to leverage Colorado's requirements will accelerate Oregon's initiative.

Salesforce provides an easy-to-use capability for the business to administer templates, list values, and perform ad hoc reporting. This SaaS allows for program-specific uniqueness through configuration of program specific data integrity rules. Configuration capability of Salesforce will allow program variations when necessary and the ability to make frequent changes quickly to accommodate the rapidly changing regulatory environment. Configuration supports the use of templates and rules for distribution of notices making it easier to generate and distribute notices. Salesforce has interface/integration tools, which will quickly and easily interface the new system with legacy extracts and systems such as the Agencies' provider information and client master index.

All reports of abuse, response times and screening decisions will be entered in real-time into the system. Reporters of abuse will be able to submit their reports on-line via the Internet. Screeners, investigators and others with a need to know will be able to research past screenings and investigations (including historical system investigation data created prior to implementation) to assess if ongoing or past reports of abuse and investigation outcomes play a role in the current situation. Screeners, investigators, supervisors, reviewers and others will have dashboards to assist them in managing their work/workload. All data about an investigation will be kept online rather than in field office files making management, oversight and prevention planning more effective.

In "Magic Quadrant for the CRM Customer Engagement Center" May 2016, Gartner reports Salesforce to be the leader in both their Ability to Execute and Completeness of Vision for their CRM.[11] They also said that Salesforce "appeared as the leading vendor on shortlists for Business to Business (B2B) customer service and support solutions seen by Gartner six times as often as the nearest rival." "Salesforce's enormous influence in the market has attracted a global list of key system integrators and over 600 complementary software providers."

Risks

The top risks of this alternative are:

1) Implementing an enterprise information technology solution within a relatively short timeline that spans multiple programs and agencies located across the state.

2) Significant policy and procedure changes will be required for the Agencies as more standardization is put in place.

3) Integration may be more difficult between Salesforce and legacy systems than anticipated.

4) Acquisition of funding to ensure reductions in manual work arounds and duplicate data entry beyond the 2015-17 biennium may be a challenge.

5) System will need to adhere to security requirements for Level 3 data. Project will need to ensure that all these requirements are met utilizing a SaaS solution.

[11] Critical capabilities and features included: "Case management/problem/service resolution (and control of customer master data); A knowledge management solution; a full customer self-service suite, with support for Web and mobile channels; Real-time decision-making and predictive analytics support for agents; an adaptive business rule engine; Enterprise feedback management."

6) This alternative is dependent on the acquisition of the code/configuration of Colorado's system.

5.1.2 Alternative 2 – Implement a Custom Build Solution

Cost

The total cost of implementing this alternative and operating it through June 2023 is estimated to be ~$17 million. (See Appendix A for details.) This alternative incurs the full cost of analysis, design, development, testing, training, and rollout. The cost is unknown for Enterprise Technology Services/State Data Center (ETS/SDC) to develop and implement a process to ensure no data loss in the event of a disaster or event causing the production server/system to go down. This alternative will typically require only server-based software and developer tool licensing as opposed to user or end user device licensing costs.

Alternative 2 - Build
Totals include FY 2016-17 through FY 2022-23

		Through June 2019 Project and Implementation	July 2019 through June 2023 Operations, Maintenance, Ongoing Support	Total	%
Personal Services	Salaries & Benefits	$3,326,881	$258,998	$3,585,879	21.2%
Services & Supplies & Capital Outlay	State Data Center	$139,056	$86,400	$225,456	1.3%
	Software	$70,000	$10,000	$80,000	0.5%
	Hardware	$20,000	$0	$20,000	0.1%
	IT Professional Services	$5,056,789	$4,052,172	$9,108,961	53.7%
	Contingency	$1,722,545	$0	$1,722,545	10.2%
	Indirect	$1,550,291	$661,135	$2,211,426	13%
	Total	$11,885,562	$5,068,705	$16,954,267	
	%	70.1%	29.9%		100.0%

Benefits

This alternative could achieve all of the Agencies functional, technical and organizational requirements.

Risks

The top risks of Alternative 2 - Build are:

1) Implementing an enterprise information technology solution that spans multiple programs and agencies located across the state in a longer timeframe than suits the State's sense of urgency. This alternative is estimated to be designed and implemented in a 2 ¼ to 2 ½ year timeline.

2) Significant policy and procedure changes will be required for the Agencies as more standardization is put in place.

3) Availability of funding at the level required to support completion of the project.

4) Creation of a new ETS/SDC custom process/design/implementation to ensure there would not be any loss of data during a disaster or event causing the production server/system to go down. This is not a proven ETS/SDC capability for non-mainframe applications so the costs to establish are unknown and the desired results could take longer than expected.

5) Setup disaster recovery for zero data loss with an outside vendor, then test for potential cut over to should a disaster occur at ETS/SDC.

5.1.3 Alternative 3 – Maintain the Status Quo

Cost

Maintaining the status quo and not implementing an integrated solution will cause DHS and OHA to incur additional expenses over time. That estimated total cost through June 2023 is approximately ~$5.2 million (see Appendix A for details). This additional cost will be driven by increasing workloads due to aging populations and increased regulatory requirements leading to the need to add more staff to manage the demand in the field and meet key performance measure goals.

Alternative 3 - Do Nothing

		Through Dec 2017 Project and Implementation	Jan 2018 through June 2023 Operations, Maintenance, Ongoing Support	Total	%
Personal Services	Salaries & Benefits	$1,047,589	$4,136,675	$5,184,264	100.0%
Services & Supplies & Capital Outlay	State Data Center	$0	$0	$0	0.0%
	Software	$0	$0	$0	0.0%
	Hardware	$0	$0	$0	0.0%
	IT Professional Services	$0	$0	$0	0.0%
	Total	$1,047,589	$4,136,675	$5,184,264	
	%	20.2%	79.8%		100.0%

Benefits

There is no up-front investment required to continue maintaining the status quo.

Risks

The top risks of Alternative 4 – Maintain the Status Quo are the continuation of current state risks:

1) Safety risks to Oregonians that are reported as abused. The reports of abuse may be hand written (if documented at all) and stored in paper/personal computer files in 140 or more locations across the state. This fragmentation of data makes it difficult to oversee the quality of screening decisions regarding reports of abuse and hence leaves Oregonians at risk.
2) Safety risks to Oregonians when an alleged or substantiated perpetrator applies for certification, licensing or authorization from an Oregon state, DHS or OHA organization. Communications from investigators to the certification, licensing and authorization organizations are inconsistent so the certification, licensing or authorization organization may not be aware they are approving an alleged or substantiated perpetrator.
3) Safety risks to Oregonians when an alleged or substantiated perpetrator requests employment from a DHS, OHA, and program partner or provider organization. Communications from investigators to the Background Check Unit (BCU) are inconsistent across all the programs and program partners so BCU may not be aware they are approving an alleged or substantiated perpetrator to work with Oregonians.

4) Risks that field staff are unable to effectively manage their own workload and for staff/management to prevent cases from being lost or potentially left unresolved due to insufficient tools for tracking work.
5) Risk of increasing field staff frustration as they spend more time on duplicate data entry, manual creation and distribution of notices instead of performing actual investigations because both population sizes and requirements for additional notices increase the workload.
6) Risk of expensive lawsuits resulting from the risks to Oregonians.

5.2 Cost Comparison

The Oregon Legislature has approved the use of ~$1.4 million in General Funds and ~$3.3 million in Q Bonds (plus issuance and debt service) to be used during the 2015-17 biennium.

The following Table summarizes the cost information from the preceding section.

Table 3 – Cost Summary

Alternative 2 – Build	~$17.0 Million

5.3 Benefit Comparison

The following table summarizes the benefits information from the preceding section.

Benefit Area	Alternative 1 Salesforce	Alternative 2 Build	Alternative 3 Status Quo
Comprehensive multi program system			n/a
Proven Model	In Colorado	No	Yes
Meets functional and non functional requirements	Good	Good	Poor
Speed to implement	Fast	Slow	n/a
Speed to integrate with legacy data	Fast-Moderate	Moderate	n/a
Up front investment	Low	High	n/a
Maintenance & operations investment	Medium	Medium	n/a
End user ad hoc reporting	Easy	Somewhat Difficult	Very Difficult
Supports DHS/OHA Strategic Technology Plan	Yes	Yes	No
Reduce risk to Oregonians & liability for State	Good	Good	Poor
Increase productivity and efficiency	Good	Good	Declines over time as expectations increase
Support program variation & frequent changes	Good	Average	Poor
Support growing workload	Good	Good	Poor
Identify & track abuse across lifespan	Good	Good	Poor
Identify & track abuse at facilities	Good	Good	Poor
Produce standardized info for audit and analysis	Good	Good	Poor
Web based & easy to use	Good	Good	Poor

Benefit Area	Alternative 1 Salesforce	Alternative 2 Build	Alternative 3 Status Quo
Supports HB4151			Poor
Supports SB1515	Good	Average	Poor
Decommissions Systems	COIN, LCOG CTS, OAAPI Abuse Database, SERT, Web723	COIN, LCOG CTS, OAAPI Abuse Database, SERT, Web723	None

5.4 Risk Comparison

Below is a high-level risk comparison table. Please see "CAM Project Risk Assessment – Stage Gate 2" for a more detailed description of the principal risks facing the project.

Risk Area	Alternative 1 Salesforce	Alternative 2 Build	Alternative 3 Status Quo
Technology			Medium
Policy	Low	Medium	High
Operational	Low-Medium	High	High
People	Medium	Medium	High
Overall	Low-Medium	High	High

Each of the active alternatives has the risks associated with multi-Program (enterprise) information technology projects involving complex state program and partner relationships.

- Alternative 1 (SaaS) is the least risky because it leverages Colorado's APS system built using Salesforce, and utilizes a platform which allows for rapid configuration and customization as needed.
- Alternative 2 (Build) is a larger project with inherently higher risks than Alternative 1. Risk is driven in part by the significantly longer duration and the higher demand over that duration on Program participation than Alternative 1.
- Alternative 3 (Status Quo) has the highest risk of all the alternatives. It continues the current state where statewide centralized oversight is very difficult and workers continue with paper files and severely inadequate or no application system to support their needs.

6. Conclusions and Recommendations

6.1 Conclusions

Both Alternative 1 and 2 would address the opportunity described in Section 3.2 above and they fulfill the objectives listed in Section 3.3. The cost to implement Alternative 1 is less than half of Alternative 2 with significantly lower risks and a much shorter implementation timeline.

Table 4 – Cost, Benefits, Risks Summary

	Project Cost	Project Benefits	Overall Risk
Alternative 1 SaaS	~$ 8.4 Million	All requirements, quick to implement	Low - Medium
Alternative 2 Build	~$17.0 Million	All requirements	High
Alternative 3 Status Quo	~$ 5.2 Million		High

6.2 Recommended Action and Schedule

The Agencies recommend Alternative 1 – Purchase Software as a Service Solution; leverage another state's use of that SaaS. This approach will procure Salesforce, a SaaS CRM solution and leverage Colorado's APS solution's capabilities as the basis for Oregon's solution. Colorado's solution is built on the Salesforce platform.

To support this approach, the state will need to ensure that security standards adhere to Oregon's SaaS Cloud Policy requirements and the terms and conditions contract will reflect those standards.

The recommended approach is significantly lower risk and approximately half the cost of Alternative 2 – Build, while still providing equivalent benefits.

The recommended alternative aligns well with the DHS/OHA Strategic Technology Plan including progress in pursuit of automating workflows, decision-making, and business rules while reducing manual, paper-based processes. It moves the state closer to the "360 degree view of a person" goal.

DHS requests Stage Gate 2 approval. Stage gate and legislative approval was received by DHS in 2014 for project initiation. In 2015, DHS received approval for additional research on solutions currently in use by other States for abuse management. DHS plans to seek approval to move to the detailed project planning phase (Stage Gate 3) in order to procure the Systems Integrator for implementation of the selected SaaS.

Funding for this initiative is provided by the legislatively approved use of ~$1.4 million in General Funds and ~$3.3 million in Q Bonds (plus issuance and debt service) to be used during the 2015-17 biennium. DHS is pursuing several funding options to close the financing gap between currently earmarked funds and the total expected cost. These include 1) Obtaining grant funding through ACL12; 2) Obtaining approval for a Policy Option Package (POP) for future

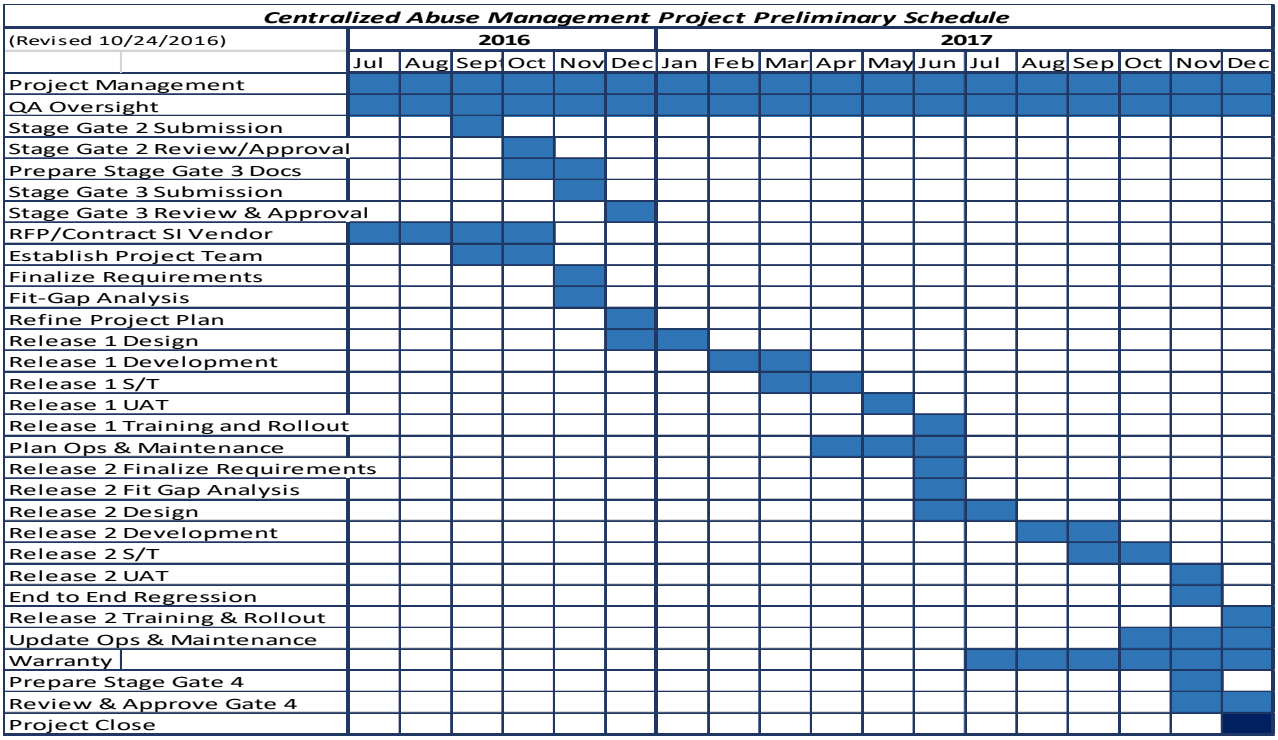
[12] APD has applied for but not received approval for grant funding. The US Department of Health and Human Services (HHS) Administration for Community Learning (ACL) released a Funding Opportunity Announcement for grants to states to strengthen their Adult Protective Services (APS) systems statewide. Due date for applications is 05/31/2016 and APD intends (pending approval) to

enhancements and to also cover the first two years of licensing for maintenance and operations of the new system.

The table below reflects the high level proposed project schedule for Alternative 1 – a SaaS including the reuse of Colorado's Salesforce code set and functionality. If Alternative #1 is approved, all core requirements are planned to implement by December 2017.

Table 5 – Tentative Project Schedule

The following chart lays out a preliminary schedule for the project. A more detailed project schedule will be prepared during the project planning phase and the project schedule will require re-baselining after the Fit/Gap Analysis. The chart is duplicated in Appendix B, where it is more legible.



6.3 Consequences of Failure to Act

Given the current degree of manual processing and the projected growth in work, failure to act will result in continued poor program performance with regard to key performance measures including timeliness of screening decisions and response times for investigations. Doing nothing will continue to grow the problems that impact the safety of Oregonians, including: 1) Workloads of screeners and investigators in the field; 2) Communications between investigators and certifying, licensing and authorizing organizations; 3) Client and other interested party discontent, and; 4) The potential for new lawsuits.

Failure to act on this effort means that the eventual satisfaction of the needs of the Programs and OAAPI will come at higher risk to Oregonians and liability to the State.

apply for the full amount of this grant to support the costs of this project. This grant opportunity is for approximately $412,000 over two years.

7. Business Case Checklist

7.1 Checklist for the Completed Business Case

☒ Has the case clearly defined what the case is about, the purpose for the proposed solution, what business problems the proposed solution attempts to solve, and the scope of the proposal?

☒ Has the cash flow, the flow expenditures, and the intake of financial benefits been presented over a common time period for the case, for each alternative action considered (including the “status quo”/current state alternative).

☒ Are the assumptions and methods for assessing the proposal’s impacts clearly defined, understandable, and acceptable? Do not forget risk impacts!

☒ Does the business case include the non-financial costs and benefits?

☒ Are the factors critical to the success of the proposal clearly defined?

☒ Are there critical success factors that can be managed? Is there a risk analysis that identifies and measures the relevant risks to the proposal?

☒ Are recommendations and conclusions based on a clear comparison of alternatives in terms of contributions to business objectives, problems solved, financial outcomes, and risks?

☒ Does the case clearly identify the estimated timeframes, costs, and implementation strategy required to successfully deliver the recommended solution?

☒ Does the case clearly express to consequences of failure to act on the recommended alternative?

8. Appendixes and References

8.1 Appendix A Cost Worksheets

8.1.1 Cost Worksheet for Alternative 1 – Salesforce

PROPOSAL CASH FLOW

							Discount Rate:	3%
	FY 2016 2017	FY 2017 2018	FY 2018 2019	FY 2019 2020	FY 2020 2021	FY 2021 2022	FY 2022 2023	TOTAL
BENEFITS / GAINS								
Notification/Distribution	$0	$97,430	$198,756	$202,732	$206,786	$210,922	$215,140	$1,131,766
Duplicate Data Entry	$0	$211,066	$430,574	$439,186	$447,969	$456,929	$466,067	$2,451,791
Reporting	$0	$26,830	$54,734	$55,828	$56,945	$58,084	$59,246	$311,667
System Limitations	$0	$10,413	$21,243	$21,668	$22,102	$22,544	$22,995	$120,965
TOTAL BENEFITS/GAIN	$0	$345,739	$705,308	$719,414	$733,802	$748,478	$763,448	$4,016,189
Personal Services Costs (Salaries & Benefits)								
Perm Employees								
Total Personal Service Costs	($893,125)	($693,174)	($9,143)	($9,417)	($9,700)	($9,991)	($10,290)	($1,634,840)
Services & Supplies/Capital Outlay Costs								
State Data Center Costs								
None	$0	$0	$0	$0	$0	$0	$0	$0
Software Costs								
Licensing ($900/full user/year x 429 Users)	($386,100)	($393,822)	($401,698)	($409,732)	($417,927)	($426,286)	($434,811)	($2,870,377)
Licensing ($450 /casual user/year x 288 Users)	($129,600)	($132,192)	($134,836)	($137,533)	($140,283)	($143,089)	($145,951)	($963,483)
Administrator Licenses (5 ea. at $1000/yr.)	($5,000)	($5,100)	($5,202)	($5,306)	($5,412)	($5,520)	($5,631)	($37,171)
Middleware for Integration (1 @50K)	($50,000)	($51,000)	($52,020)	($53,060)	($54,122)	($55,204)	($56,308)	($371,714)
Miscellaneous Softw are for 10 computers	($2,500)	($2,500)	$0	$0	$0	$0	$0	($5,000)
Hardware Costs								
10 computers @ $2000 each	($20,000)	$0	$0	$0	$0	$0	$0	($20,000)
IT Professional Services								
SI Consulting Services	($570,000)	($380,000)	$0	$0	$0	$0	$0	($950,000)
SI Consulting Services - Ongoing Maint. & Support	$0	($95,000)	($97,850)	($100,786)	($103,809)	($106,923)	($110,131)	($614,499)
QA Consulting Services	($353,000)	($176,500)	$0	$0	$0	$0	$0	($529,500)
Contingency Cost @ 10%	($240,933)	($180,253)	$0	$0	$0	$0	$0	($421,186)
TOTAL COSTS	**($2,650,258)**	**($2,109,541)**	**($700,749)**	**($715,834)**	**($731,253)**	**($747,013)**	**($763,122)**	**($8,417,770)**
Accumulated Total Costs	($2,650,258)	($4,759,799)	($5,460,548)	($6,176,382)	($6,907,635)	($7,654,648)	($8,417,770)	($8,417,770)
Cash Flow Summary								
Benefits/Gains	$0	$345,739	$705,308	$719,414	$733,802	$748,478	$763,448	$4,016,189
Costs	($2,650,258)	($2,109,541)	($700,749)	($715,834)	($731,253)	($747,013)	($763,122)	($8,417,770)
Net Cash Flow	($2,650,258)	($1,763,802)	$4,559	$3,580	$2,549	$1,465	$325	($4,401,581)
Cumulative Net Cash Flow	($2,650,258)	($4,414,059)	($4,409,501)	($4,405,921)	($4,403,372)	($4,401,906)	($4,401,581)	($4,401,581)

8.1.2 Cost Worksheet for Alternative 2 – Build

ALTERNATE PROPOSAL CASH FLOW

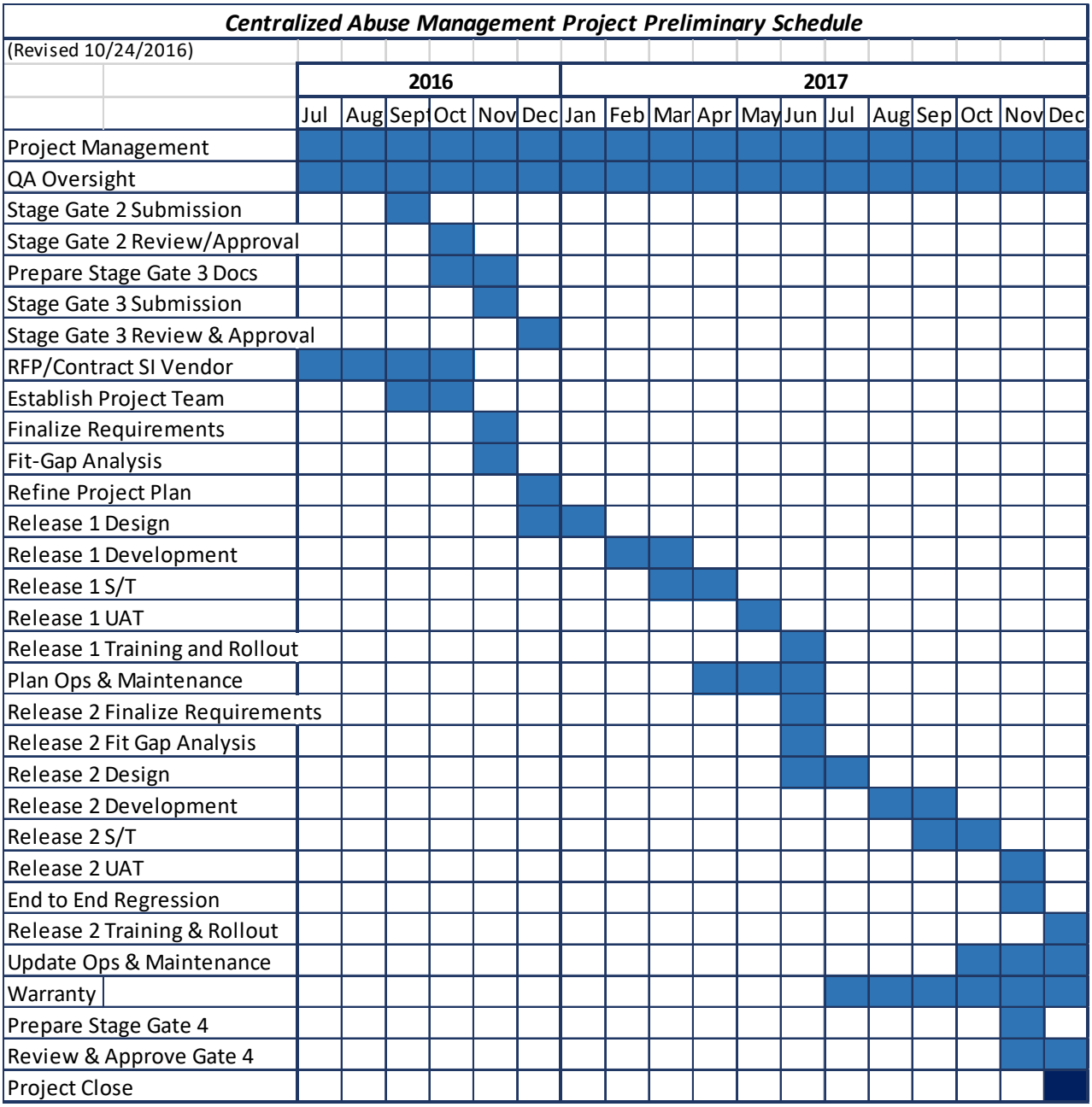
Discount Rate: 3%

	FY 2016 2017	FY 2017 2018	FY 2018 2019	FY 2019 2020	FY 2020 2021	FY 2021 2022	FY 2022 2023	TOTAL
BENEFITS / GAINS								
Notification/Distribution	$0	$0	$194,859	$198,756	$202,732	$206,786	$210,922	$1,014,055
Duplicate Data Entry	$0	$0	$422,132	$430,574	$439,186	$447,969	$456,929	$2,196,790
Reporting	$0	$0	$53,661	$54,734	$55,828	$56,945	$58,084	$279,251
System Limitations	$0	$0	$20,827	$21,243	$21,668	$22,102	$22,544	$108,384
TOTAL BENEFITS/GAIN	$0	$0	$691,478	$705,308	$719,414	$733,802	$748,478	$3,598,480
Personal Services Costs (Salaries & Benefits) Perm Employees								
Total Personal Service Costs	$ (1,200,121)	$ (1,214,536)	$ (912,224)	$ (63,234)	$ (64,244)	$ (65,255)	$ (66,265)	(3,585,879)
Services & Supplies/Capital Outlay Costs								
State Data Center Costs								
Consulting Services: 5 servers @ $,2500 ea	($7,500)	($2,500)	($5,000)	$0	$0	$0	$0	($15,000)
Consulting Services for Disaster Recovery	$0	$0	($77,256)	$0	$0	$0	$0	($77,256)
Hosting: $300/month per server	($10,800)	($14,400)	($21,600)	($21,600)	($21,600)	($21,600)	($21,600)	($133,200)
Network	$0	$0	$0	$0	$0	$0	$0	$0
Software Costs								
SW Purchase/Upgrade - Development Tools	($50,000)	$0	$0	$0	$0	$0	$0	($50,000)
SW License Maintenance (10% during Impl and half that after)	($5,000)	($5,000)	($5,000)	($2,500)	($2,500)	($2,500)	($2,500)	($25,000)
Miscellaneous Software for 10 computers	($5,000)	$0	$0	$0	$0	$0	$0	($5,000)
Hardware Costs								
10 computers @ $2000 each	($20,000)	$0	$0	$0	$0	$0	$0	($20,000)
IT Professional Services								
SI Consulting Services	($1,128,250)	($1,974,099)	($483,691)	$0	$0	$0	$0	($3,586,039)
SI Consulting Services - Ongoing Maint. Support	$0	$0	$0	($358,604)	($369,362)	($369,362)	($369,362.05)	($1,466,690)
Independent Quality Assurance	($353,000)	($353,000)	($264,750)	$0	$0	$0	$0	($970,750)
3rd Party for Disaster Recovery Services Build*	$0	$0	($200,000)	$0	$0	$0	$0	($200,000)
Disaster Recovery Services ($50,000 per mo.)	$0	$0	($300,000)	($618,000)	($636,540)	($655,636.20)	($675,305)	($2,885,481)
Contingency @ 20%	($555,934)	($712,707)	($453,904)	$0	$0	$0	$0	($1,722,545)
Indirect Costs (15%)	($500,341)	($641,436)	($408,514)	($159,591)	($164,137)	($167,153)	($170,255)	($2,211,426)
TOTAL COSTS	**($3,835,946)**	**($4,917,678)**	**($3,131,938)**	**($1,223,529)**	**($1,258,383)**	**($1,281,506)**	**($1,305,287)**	**($16,954,267)**
Cash Flow Summary								
Benefits/Gains	$0	$0	$691,478	$705,308	$719,414	$733,802	$748,478	$3,598,480
Costs (w/Indirect)	($3,835,946)	($4,917,678)	($3,131,938)	($1,223,529)	($1,258,383)	($1,281,506)	($1,305,287)	($16,954,267)
Net Cash Flow	($3,835,946)	($4,917,678)	($2,440,460)	($518,221)	($538,970)	($547,704)	($556,809)	($13,355,787)
Cumulative Net Cash Flow	($3,835,946)	($8,753,624)	($11,194,084)	($11,712,305)	($12,251,275)	($12,798,978)	($13,355,787)	($13,355,787)

8.1.3 Cost Worksheet for Alternative 3 – Maintain the Status Quo

	FY 2016 2017	FY2017 2018	FY 2018 2019	FY 2019 2020	FY 2020 2021	FY 2021 2022	FY 2022 2023	Grand Total
COST OF INEFFENCIES								
Notification/Distribution	$194,859	$200,705	$204,719	$208,813	$212,990	$217,250	$221,595	$1,460,930
Duplicate Data Entry	$422,132	$434,796	$443,491	$452,361	$461,409	$470,637	$480,049	$3,164,875
Reporting	$53,661	$55,270	$56,376	$57,503	$58,653	$59,826	$61,023	$402,312
System Limitations	$20,827	$21,452	$21,881	$22,318	$22,765	$23,220	$23,684	$156,147
TOTAL COSTS	$691,478	$712,223	$726,467	$740,996	$755,816	$770,933	$786,351	$5,184,264

8.2 Appendix B – Tentative Project Schedule



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Oregon Department of Human Services

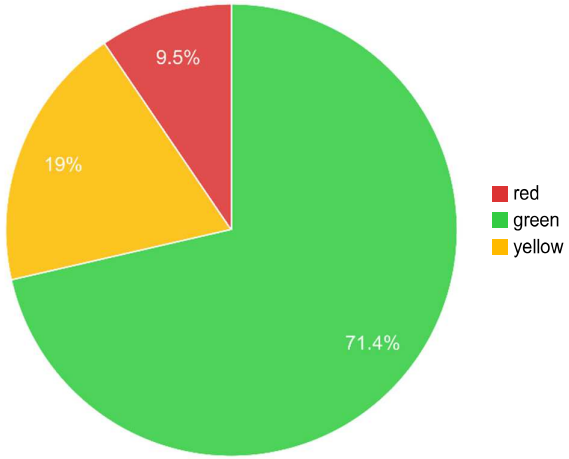
Annual Performance Progress Report

Reporting Year 2020

Published: 9/30/2020 12:52:34 PM

KPM #	Approved Key Performance Measures (KPMs)
1	OLDER ADULTS NEEDING LONG TERM CARE SERVICES (APD) - The percentage of older adults (65+) needing publicly funded long-term care services
2	LONG TERM CARE RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES (APD) - The percentage of Oregonians accessing publicly funded long-term care services who are living outside of nursing facilities
3	TIMELY APD ABUSE INVESTIGATIONS - The percentage of abuse reports assigned for field contact that meet policy timelines
4	ABSENCE OF REPEAT MALTREATMENT OF ABUSED/NEGLECTED CHILDREN (CW) - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization
5	TIMELY REUNIFICATION OF FOSTER CHILDREN (CW) - The percentage of foster children exiting to reunification within 12 months of foster care entry
6	TIMELY ADOPTION ONCE CHILDREN ARE LEGALLY FREE (CW) - The percentage of legally free children adopted in less than 12 months
7	DISPARITY OF FOSTER YOUTH ACHIEVING PERMANENCY (CW) - The disparity in foster youth achieving permanency with 2 years by race/ethnicity
8	CHILDREN SERVED BY CHILD WELFARE RESIDING IN PARENTAL HOME - The percentage of children served in Child Welfare on an average daily basis (in home and foster care) who were served while residing in their parent's home
9	TIMELY ELIGIBILITY DETERMINATION FOR ODDS SERVICES - The percentage of individuals who apply for ODDS services who are determined eligible within 90 days from application
10	ADULTS ENROLLED IN ODDS PROGRAM RECEIVING IN-HOME SERVICES - The percentage of adults enrolled in the Intellectual/Developmental Disabilities program who are receiving services in their own home, including family home
11	SUPPORTED EMPLOYMENT SERVICES TO OBTAIN COMPETITIVE INTEGRATED EMPLOYMENT - Number of individuals in sheltered workshop target population receiving supported and/or related employment services from ODDS and VR who obtain competitive integrated employment

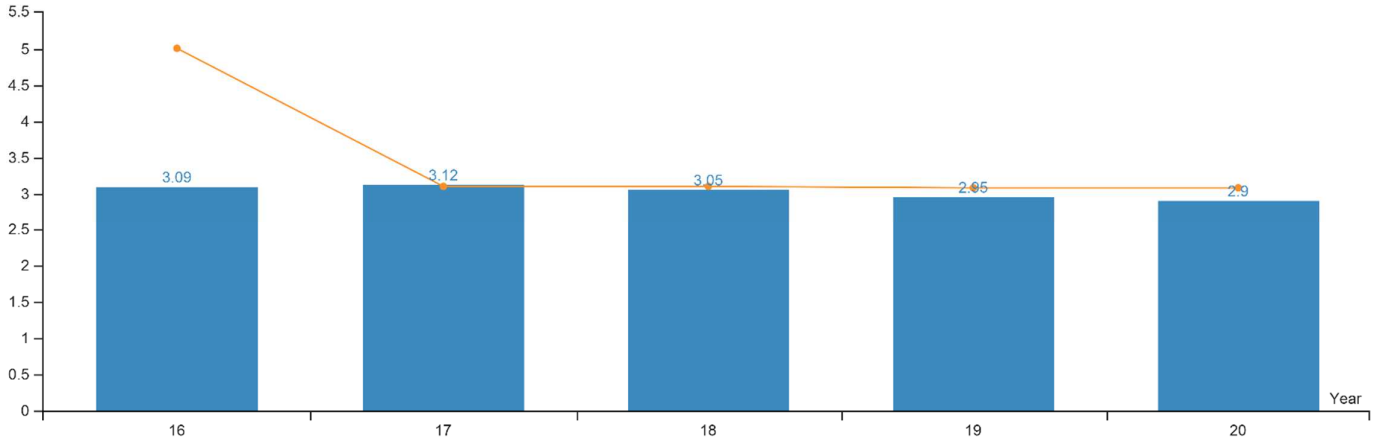
12	ABUSE/NEGLECT OF ADULTS WITH DEVELOPMENTAL DISABILITIES (ODDS) - The percentage of substantiated abuse/neglect of adults in licensed and endorsed programs
13	HOUSEHOLDS AT, OR ABOVE, LIVING WAGE FOUR QUARTERS AFTER LEAVING SSP PROGRAM - The median percentage of households leaving Self Sufficiency who are at, or above, a living wage four quarters out
14	SSP PARTICIPANTS REPORTING HOUSING STABILITY - The percentage of Self Sufficiency participants who report their housing needs are fully met
15	SSP PARTICIPANTS REPORTING FOOD SECURITY - The percentage of Self Sufficiency participants who report they did not worry about having enough food, or actually run out of food, in the past 12 months
16	SSP PARTICIPANTS REPORTING GREATER SELF-EFFICACY - The percentage of Self Sufficiency participants who report they feel more confident in their ability to improve their current circumstances because of SSP and other services they were connected to
17	OVRS CONSUMERS WHO ARE SUCCESSFULLY EMPLOYED AT PROGRAM EXIT - The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed at program exit
18	OVRS CONSUMERS EMPLOYED IN SECOND QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during second quarter following program exit
19	OVRS CONSUMERS EMPLOYED IN FOURTH QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during fourth quarter following program exit
20	OVRS MEDIAN QUARTERLY WAGE AT SECOND QUARTER FOLLOWING PROGRAM EXIT - Median quarterly wage at second quarter following OVRS program exit
21	ODHS CUSTOMER SATISFACTION - The percentage of customers rating their satisfaction with ODHS above average, or excellent



Performance Summary	Green	Yellow	Red
Summary Stats:	= Target to -5% 71.43%	= Target - 5% to - 15% 19.05%	= Target > -15% 9.52%

KPM #1	OLDER ADULTS NEEDING LONG TERM CARE SERVICES (APD) - The percentage of older adults (65+) needing publicly funded long-term care services
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



actual target

Report Year	2016	2017	2018	2019	2020
LTC NEED PREVENTION					
Actual	3.09 %	3.12 %	3.05%	2.95%	2.90%
Target	5%	3.10 %	3.10%	3.08%	3.08%

How Are We Doing

In 2020, only 2.9% of Oregonians 65 or older needed assistance with publicly funded long-term care. This is a noticeable downward trend that exceeds legislative targets.

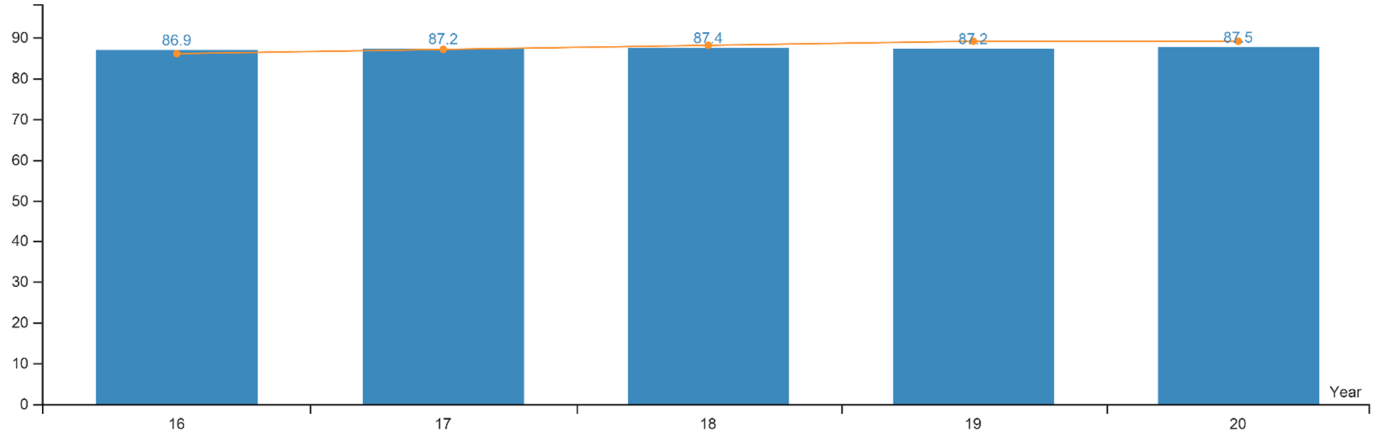
Factors Affecting Results

Oregon has adopted the Community First Choice Model, also known as the K Plan. This is a big driver in these results as the K Plan has numerous tools that are designed to keep people independent. Additionally, the success of the AAA network administering Oregon Project Independence, Older Americans Act programs and the Aging and Disability Resource Connection contribute towards keeping older adults independent. More preventative programs should be considered to ensure targets continue to be met, ultimately resulting in system sustainability.

US Census no longer publishes the PEPAGESEX table used as the denominator for Oregon's population of 65 and over. Other Census population tables, such as DPO5, will not be updated until 2021. We are using Portland State University's *Annual Population Report Tables* published by Population Research Center instead.

KPM #2	LONG TERM CARE RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES (APD) - The percentage of Oregonians accessing publicly funded long-term care services who are living outside of nursing facilities
	Data Collection Period: Jul 01 - Jun 30

* *Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES					
Actual	86.90 %	87.20 %	87.40 %	87.20 %	87.50 %
Target	85.96 %	87%	88%	89%	89%

How Are We Doing

APD has begun to fall behind the goals established. Recent programmatic changes designed to promote sustainability have resulted in increased acuity levels of individuals served. As a result, continued progress towards decreasing the number of individuals served outside of nursing facilities will be challenging.

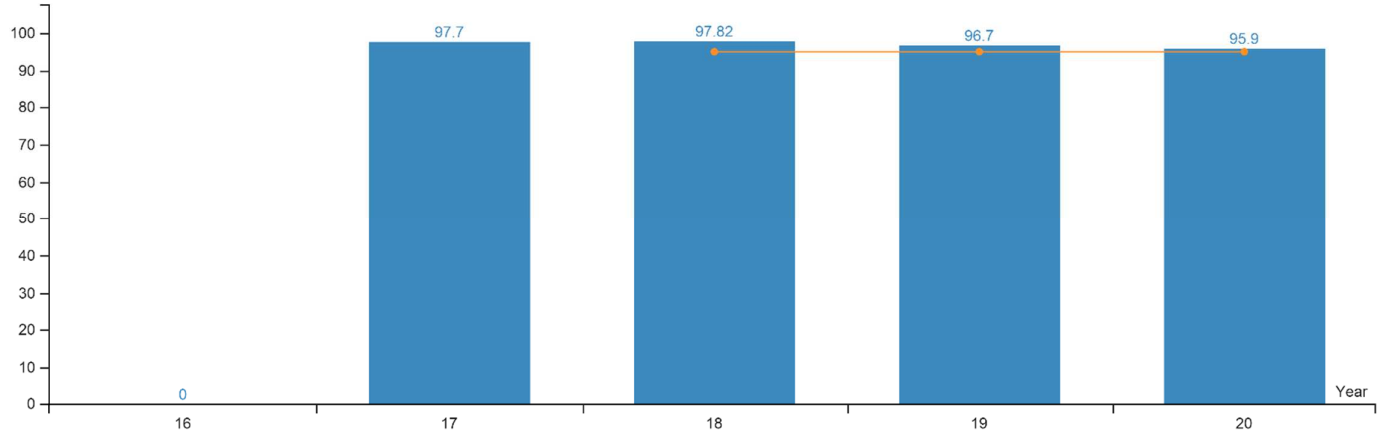
Factors Affecting Results

Hospitals continue to discharge patients “sicker and quicker.” In many cases, hospitals prefer to discharge older adults needing additional care to nursing facilities. Institutional care may be appropriate for certain individuals for short periods of time. ODHS must continue to aggressively ensure that seniors are appropriately transitioned from nursing facilities when their care can be supported in less restrictive

and costly settings. Doing this will allow ODHS to continue meeting our targets. APD also needs to focus efforts on developing new adult foster homes and preserving our existing provider base.

KPM #3	TIMELY APD ABUSE INVESTIGATIONS - The percentage of abuse reports assigned for field contact that meet policy timelines
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
Abuse Investigation Timeliness					
Actual	No Data	97.70 %	97.82 %	96.70 %	95.90 %
Target	TBD	TBD	95%	95%	95%

How Are We Doing

Although there was a slight decrease in performance when compared with the prior two years, we remain above the target goal. Note below the increase in overall investigations which is likely a contributing factor to this small decrease in performance.

Factors Affecting Results

This measure includes a wide variety of assigned response times and two investigative entities.

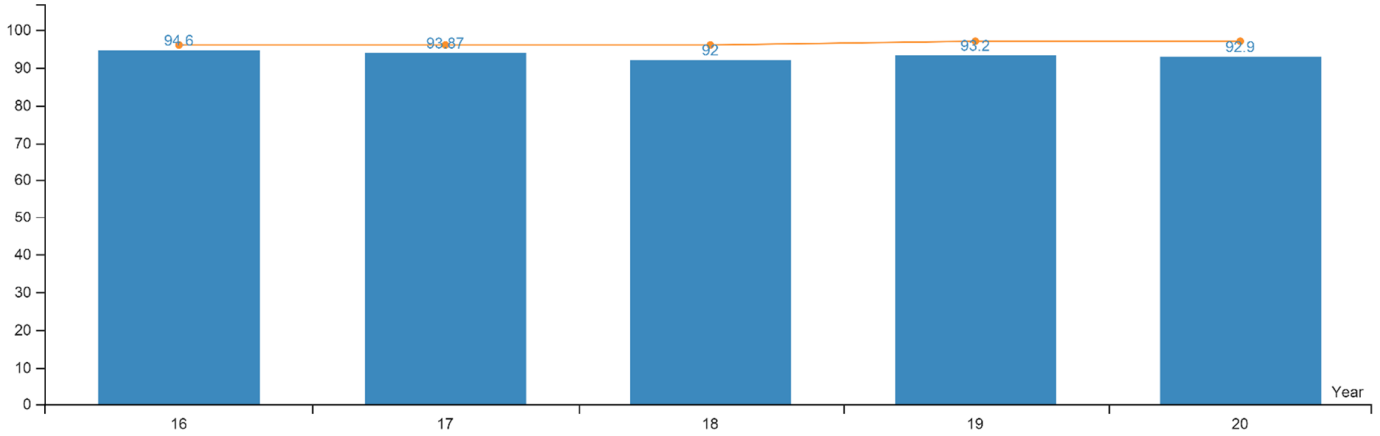
- Community Investigations completed by Adult Protective Services have response times of same day, end of next business day, or within 5 business days.
- Facility (Adult Foster Home, Assisted Living Facility, Residential Care Facility, Memory Care) Investigations completed by Adult Protective Services have response times of same day and end of next business day.
- Nursing Facility investigations completed by the Nursing Facility Survey Unit within Safety, Oversight and Quality have assigned timelines of two days or ten days.

During this reporting period, there were 13397 investigations completed by APS (compared with 11,229 from the past reporting period, an increase of 19%). Of those, 13170 (98.3%) received a timely response.

During this reporting period there were 525 Nursing Facility Investigations (compared with 508 from the past reporting period, an increase of 3.3%). Of those, 195 (37.1%) received a timely response.

KPM #4	ABSENCE OF REPEAT MALTREATMENT OF ABUSED/NEGLECTED CHILDREN (CW) - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
ABSENCE OF REPEAT CHILD MALTREATMENT					
Actual	94.60 %	93.87 %	92%	93.20 %	92.90 %
Target	96%	96%	96%	97%	97%

How Are We Doing

The outcome of 92.9% is Federal Fiscal Year 2019 data, for Report year 2020 (October 2018 to September 2019). As the data reflects, Oregon has consistently hovered slightly below meeting the target goal of 97% safe from repeat maltreatment. Child Safety consultants have continued to review cases in which a child victim has been identified as experiencing repeat maltreatment to determine if there are practice or program improvements that will positively impact this measure and improve child safety outcomes. In June 2020 the Safety Program and ORCAH developed and initiated considerations and training for CPS workers and screeners regarding the difference between a new report of abuse and compliance issues or insufficient safety plans that can be addressed by the permanency worker, rather than multiple founded dispositions for the same ongoing or chronic issue.

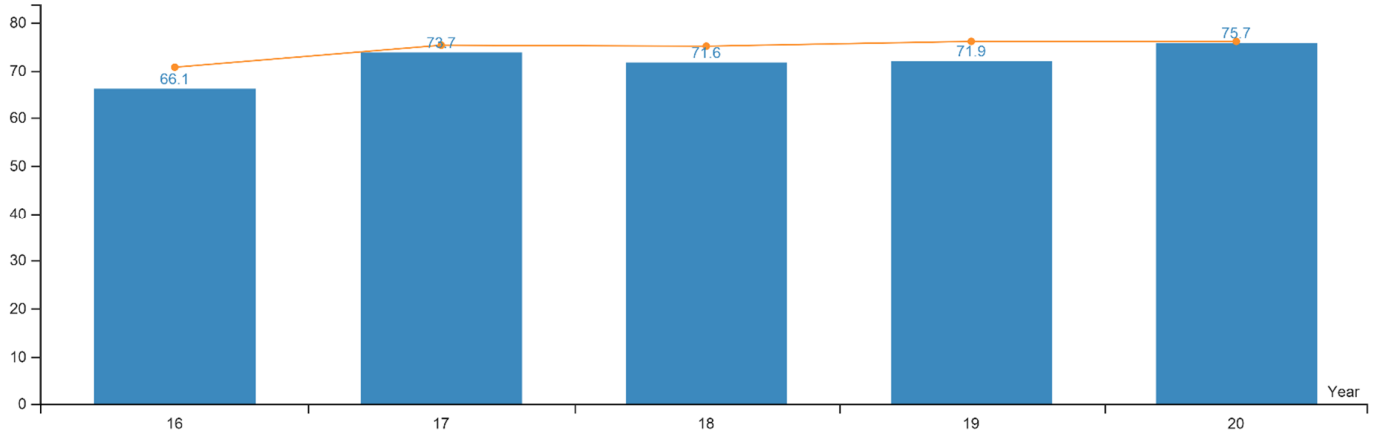
Factors Affecting Results

Oregon’s transition to a centralized screening hotline with training and a continuous quality improvement team has increased consistency in screening assignments across the state. One of the areas identified that impacts recurrence of maltreatment are reports that document historical abuse after a child has entered substitute care. These reports should reflect the date of incident, rather than date of report, however this continues to be a training issue. Root cause analysis of cases has also indicated that there are a substantial number of reports that are founded for maltreatment for an allegation that has already been assessed and being addressed in an open case with a safety plan. New reports are generated reflecting insufficient safety plans, compliance issues, or violations of visitation plans that are not new allegations of abuse. When these reports are assigned for field assessment, our inexperienced CPS workforce has struggled to understand how to review these reports and make an independent CPS decision. For example, in-home cases in which a parent has been founded for neglect due to substance use may have subsequent reports generated if a relapse occurs, regardless of impacts on the child(ren).

It should also be noted that the reporting period falls within the period of time Oregon made concerted efforts to complete overdue assessments, resulting in substantially higher numbers of completed assessments with dispositions that impacts the data.

KPM #5	TIMELY REUNIFICATION OF FOSTER CHILDREN (CW) - The percentage of foster children exiting to reunification within 12 months of foster care entry
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
Timely Reunification					
Actual	66.10 %	73.70 %	71.60 %	71.90 %	75.70 %
Target	70.60 %	75.20 %	75%	76%	76%

How Are We Doing

Oregon continues to make progress in this area improving by 3.8% over the last year which marks a steady increase over the past 3 years. Oregon is .3% away from meeting the benchmark for this measure.

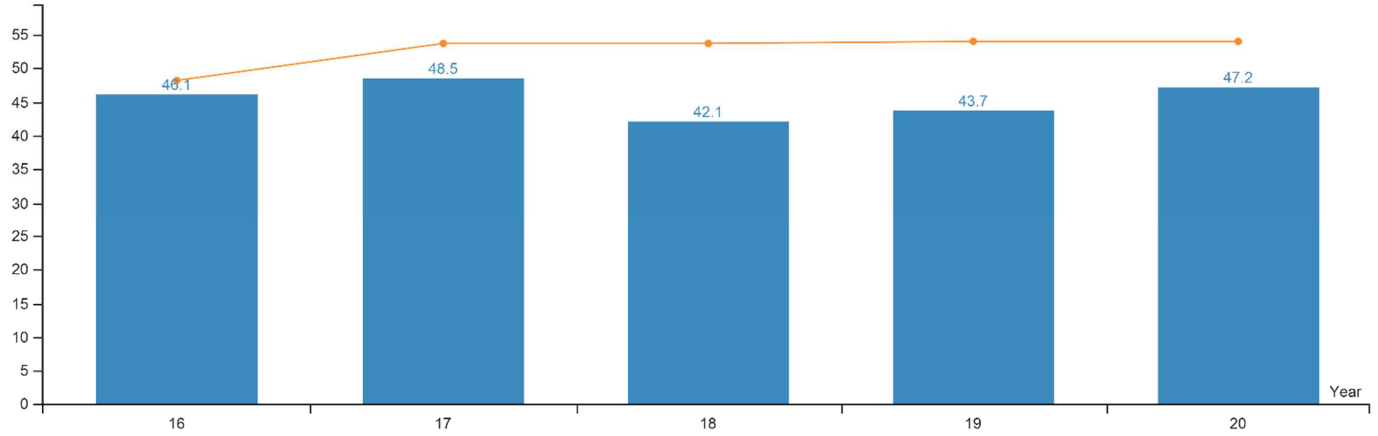
Factors Affecting Results

The Permanency Program in Oregon has continued its intentional focus on reunification efforts through the Program Improvement Plan, Quality Assurance Reviews, consultation and training. There are several pilot projects aimed at supporting the field in using the Practice Model Conditions for Return to quickly and safely return children home. Those efforts have been across programs and in partnership with outside service providers and community programs. Oregon has also implemented an internal case transfer process that supports permanency workers engaging with family's mere days after a child is placed in care. Oregon continues to work with communities and community

partners to develop much needed in-home services for families. These efforts have resulted in more children exiting foster care to their families quickly and safely.

KPM #6	TIMELY ADOPTION ONCE CHILDREN ARE LEGALLY FREE (CW) - The percentage of legally free children adopted in less than 12 months
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
Timeliness of Adoption Once Legally Free					
Actual	46.10 %	48.50 %	42.10 %	43.70 %	47.20 %
Target	48.20 %	53.70 %	53.70 %	54%	54%

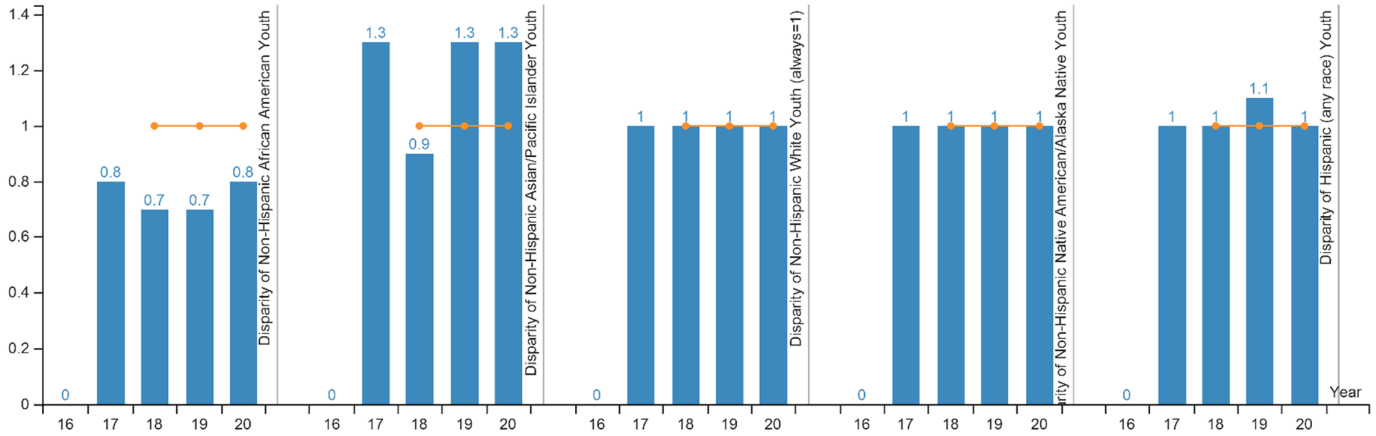
How Are We Doing

Oregon improved performance in this measure by 3.5% over the prior year, marking the second straight year of improvements.

Factors Affecting Results

Oregon, using strategies and activities outlined in our Performance Improvement Plan, has continued coordinated efforts between Central Office Child Permanency Program and Local Branch/Field Office staff to streamline adoption processes, provide technical assistance from central office to field staff (including trainings, process/procedure guides, etc.), and to work with the Courts and other entities/partners on methods to better track adoption progress and move adoption work forward more timely for each child who has a plan of adoption. Those efforts have resulted in improved timeliness to adoption, and we're still working to improve the timeliness even more.

KPM #7	DISPARITY OF FOSTER YOUTH ACHIEVING PERMANENCY (CW) - The disparity in foster youth achieving permanency with 2 years by race/ethnicity
	Data Collection Period: Oct 01 - Sep 30



Report Year	2016	2017	2018	2019	2020
Disparity of Non Hispanic African American Youth					
Actual	No Data	0.80	0.70	0.70	0.80
Target	TBD	TBD	1	1	1
Disparity of Non Hispanic Asian/Pacific Islander Youth					
Actual	No Data	1.30	0.90	1.30	1.30
Target	TBD	TBD	1	1	1
Disparity of Non Hispanic White Youth (always 1)					
Actual	No Data	1	1	1	1
Target	TBD	TBD	1	1	1
Disparity of Non Hispanic Native American/Alaska Native Youth					
Actual	No	1	1	1	1

	Data				
Target	TBD	TBD	1	1	1
Disparity of Hispanic (any race) Youth					
Actual	No Data	1	1	1.10	1
Target	TBD	TBD	1	1	1

How Are We Doing

We are proposing to delete this KPM. It has not effectively measured or reflected the disparity by race/ethnicity of foster youth achieving permanency.

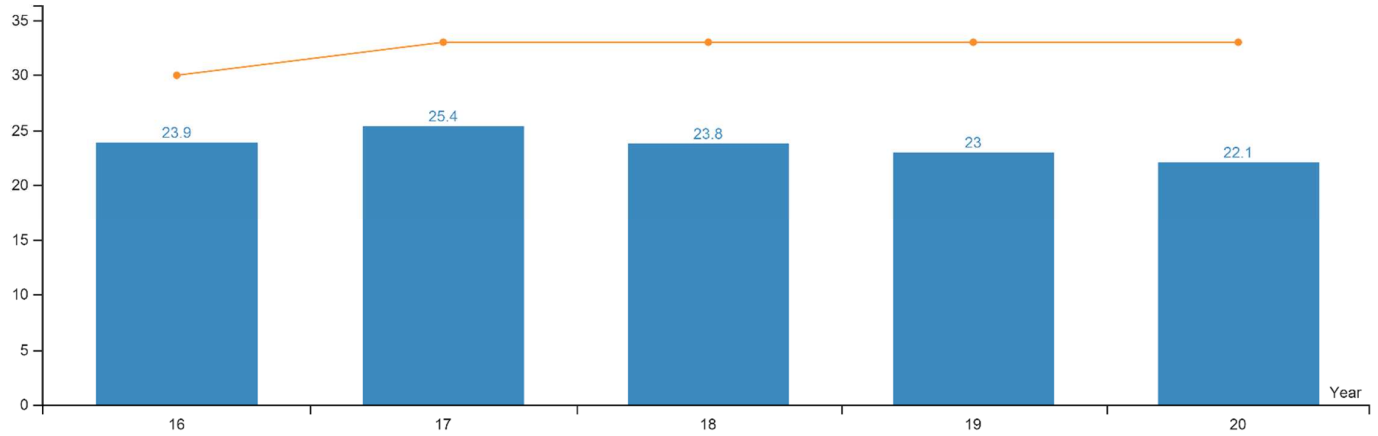
Factors Affecting Results

This measure has gone through thorough analysis including breakdown by decision points and by district in an attempt to look at the variances in foster youth achieving permanency by race/ethnicity

across the state. Child Welfare leadership believes this measure reports potentially misleading information regarding real disparities and disproportionalities that need addressing. In response, for 2021 reporting year, Child Welfare has developed two new equity KPMs to target both the reduction of racial/ethnic disparity in length of stay and the reduction of disproportionality at entry into substitute care and would like to discontinue the use of this measure.

KPM #8	CHILDREN SERVED BY CHILD WELFARE RESIDING IN PARENTAL HOME - The percentage of children served in Child Welfare on an average daily basis (in home and foster care) who were served while residing in their parent's home
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
CHILDREN RESIDING AT HOME IN LEAST RESTRICTIVE SETTING					
Actual	23.90 %	25.40 %	23.80 %	23%	22.10 %
Target	30%	33%	33%	33%	33%

How Are We Doing

The outcome of 22.1% id Federal Fiscal year 2019 data for report year 2020. This represents a decrease of .9% from the previous FFY. With the impending implementation of Family First Act, Oregon's initial candidates for federal funding will include children at imminent risk for removal. This provides the Department an opportunity with a renewed focus on this population of children served in-home. Oregon's practice around serving children in-home varies around the state with some in-home cases remaining in Child Protective Service Units while services are provided, and others transitioning to Permanency units for ongoing case and safety management. Ongoing efforts to train staff on Oregon's safety practice model has resulted in the need to once again focus efforts on supervisors to ensure caseworkers have support necessary to practice fidelity to the safety model. The in-home criteria have been evaluated and updated changing the calm enough criteria to more accurately describe that there are no barriers in the home preventing safety services to occur. Oregon continues to evaluate our practices in providing in-home services and supports that will allow children to successfully remain in their home while sufficiently

managing safety.

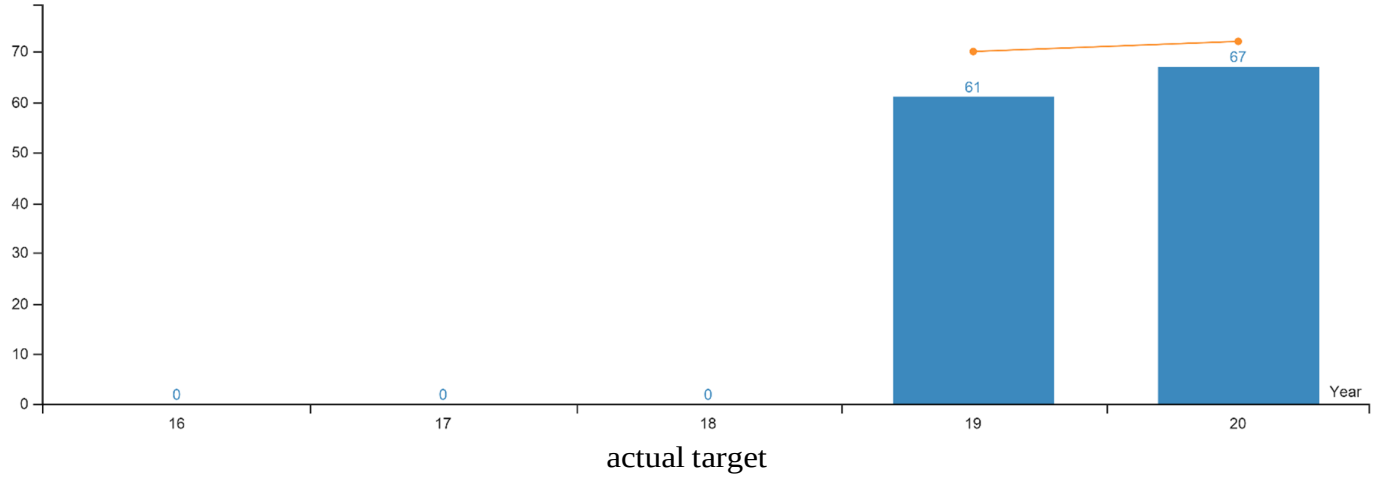
Factors Affecting Results

The lack of resources in communities and natural supports for families to manage safety threats while children remain in-home has been a consistent factor for numerous years. Cases where children remain in-home must receive consistent safety management until parents/caregivers have made sustainable behavior changes. Case reviews, however, indicate in-home cases are often closed prior to the family conditions being fully addressed or insufficient safety planning resulting in removal and placement in foster care. While in-home services may be provided, there is a lack of sustained focus on monitoring safety. In order to manage these high-risk cases, caseworkers require in-depth knowledge of Oregon's practice model which provides specific criteria and guidance for all child safety decisions throughout the life of the case.

Placement of children in foster care is the most restrictive and least desirable outcome to manage child safety. Whenever possible, children who can be safety reunified with their family will continue to receive services in-home. Currently, Oregon's practice for offering in-home cases is inconsistent around the state. Additionally, the number of children served in-home has seen minor downward trend since the previous FFY. The Department believes the implementation of Family First Act will counter this decline and offer specific focus on children at imminent risk for removal.

KPM #9	TIMELY ELIGIBILITY DETERMINATION FOR ODDS SERVICES - The percentage of individuals who apply for ODDS services who are determined eligible within 90 days from application
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
SERVICE ELIGIBILITY ODDS					
Actual	No Data	No Data	No Data	61%	67%
Target	TBD	TBD	TBD	70%	72%

How Are We Doing

Community Developmental Disability Programs (CDDPs) continue to make improvement in meeting 90-day determinations, with an ongoing pattern of continuous improvement between 2019 and 2020 and an increase in the number of cases where an applicant received a determination within 90 days. Data variances provide initial indications that targeted timeline goals have increased by at least 6% in the last fiscal year, and determinations are at least 4% closer to the target as compared to 2019.

Factors Affecting Results

We continue to hold a 90-day determination timeline as a goal. Several factors impact meeting this goal: workload model and staffing impacted determination timelines; some offices with less eligibility staff or those with multiple roles experience increased difficulty in achieving timelines; an individual's ability to attend required appointments for eligibility also delay determinations. Additionally, in early 2020 the effects of the COVID19 pandemic and subsequent emergency response policy created an emergency outside the control of the State and the CDDP

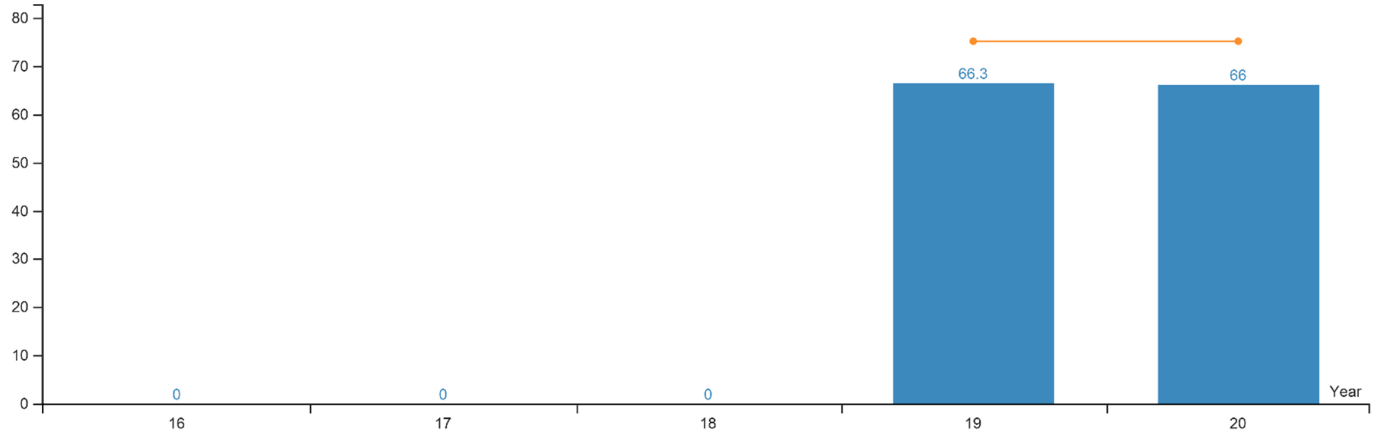
offices. Due to the pandemic some determinations were delayed, and additional time was required to schedule in-person meetings or establish other methods to complete a determination or evaluation.

Data extrapolations have identified some variance in quantitative and qualitative analysis, requiring further interpretation and follow up. ODDS will submit subsequent data and comment, upon further evaluation of the data if appropriate.

Comment: When this data was initially reported in 2019, it was based on a “year to date” calendar year and showed 67% of applicants were determined eligible within 90 days. The measure is now based on a fiscal year, beginning July 1 and running through June 30 the following year. The 2019 data was adjusted for fiscal year reporting as well.

KPM #10	ADULTS ENROLLED IN ODDS PROGRAM RECEIVING IN-HOME SERVICES - The percentage of adults enrolled in the Intellectual/Developmental Disabilities program who are receiving services in their own home, including family home
	Data Collection Period: Jan 01 - Dec 31

* *Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
In Home Services					
Actual	No Data	No Data	No Data	66.30 %	66%
Target	TBD	TBD	TBD	75%	75%

How Are We Doing

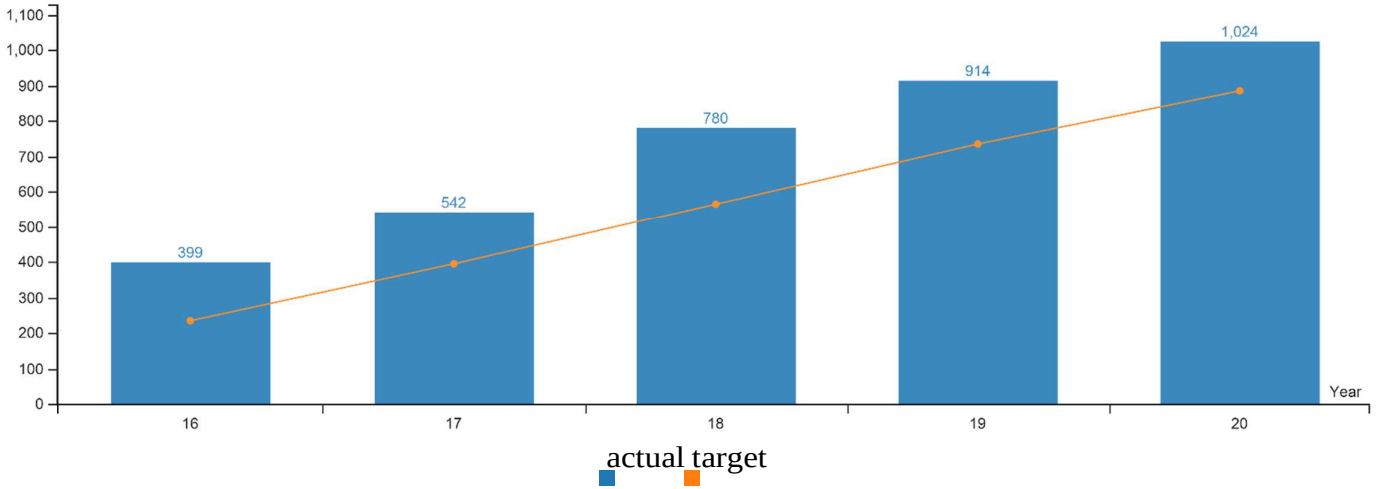
Oregon does not have any institutional care settings for people with intellectual/developmental disabilities. All services are provided in a community setting. Additionally, two of our five strategic goal areas are focused on supporting people's living options and providing adequate support to individuals and families, so they can be happy, safe, and healthy in the home setting they choose.

Factors Affecting Results

Group homes and foster homes fulfill an essential role in providing supports and services to those that may not have access to in-home supports or whose support needs are specialized enough that providing them in the family home would provide a major disruption to others living in the home.

KPM #11	SUPPORTED EMPLOYMENT SERVICES TO OBTAIN COMPETITIVE INTEGRATED EMPLOYMENT - Number of individuals in sheltered workshop target population receiving supported and/or related employment services from ODDS and VR who obtain competitive integrated employment
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
SUPPORTED EMPLOYMENT EMPLOYMENT FIRST					
Actual	399	542	780	914	1,024
Target	235	395	565	735	885

How Are We Doing

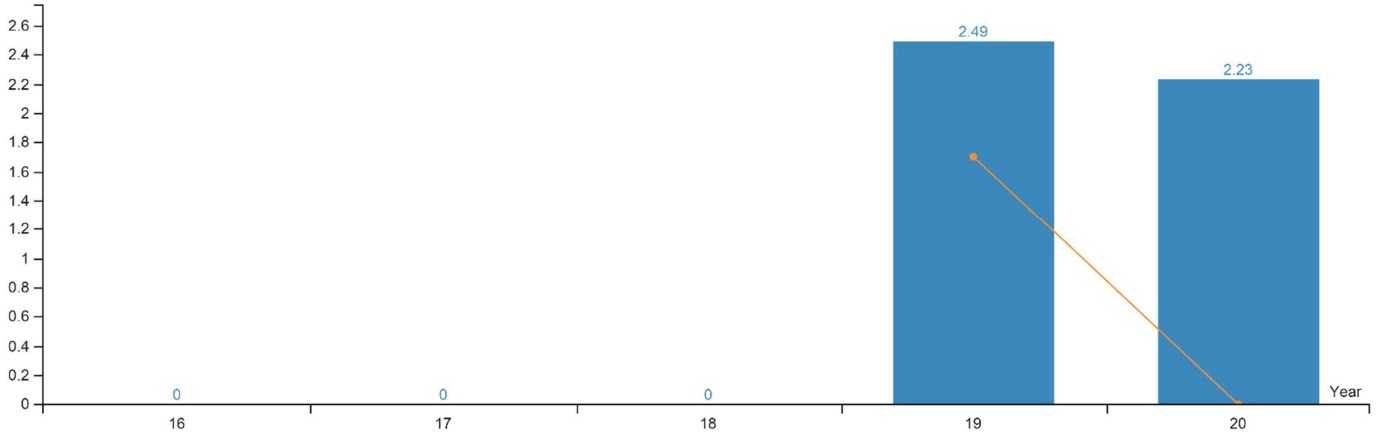
At this time, ODDS continue to be in substantial compliance with this metric and the *Lane v. Brown Settlement Agreement*. This is a significant achievement given that many people in Oregon experienced temporary and permanent job loss due to COVID-19 during FY 2020. ODDS and ODHS as a whole continue to prioritize and grow Competitive Integrated Employment for people with Intellectual and Developmental Disabilities.

Factors Affecting Results

ODDS continue to be in substantial compliance. It is important to note that thought ODDS continues to exceed the requirements of this metric, growth was slowed this year due to COVID-19.

KPM #12	ABUSE/NEGLECT OF ADULTS WITH DEVELOPMENTAL DISABILITIES (ODDS) - The percentage of substantiated abuse/neglect of adults in licensed and endorsed programs
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES					
Actual	No Data	No Data	No Data	2.49%	2.23 %
Target	TBD	TBD	TBD	1.70%	0%

How Are We Doing

Changes to the definition of the KPM last year make direct comparisons to data from earlier years inappropriate. Historically the population was based on all people with developmental disabilities— adults and children, whether they lived in residential settings, received services provided by programs with endorsements or not. In 2019 the metric changed to focus on substantiated abuse of adults in licensed and endorsed programs. The metric now applies to a smaller group of individuals, and it is a more responsive metric. Because these programs have sought licenses or endorsements, ODDS can have a direct impact on the provider agencies involved in abuse and neglect.

In previous years most reports of abuse and neglect involved licensed settings. Employees in these settings are mandatory reporters of abuse and are trained to recognize signs of abuse. The estimate of abuse for this more constrained population appears to have declined by approximately 2/10 of a percent from last year's figure. This reduction is the result of a 4% larger adult population receiving these services and

a 10% decline in the actual number of adults with a substantiated abuse allegation.

Because of a lack of national abuse data, it is a challenge drawing comparison to the IDD abuse rate targets. Targets are currently based on trends of historical data.

Oregon is in the process of transitioning to a Centralized Abuse Management (CAM) information system that will allow for enhanced tracking and monitoring of abuse referrals and investigations. IDD service cases were included in the second phase of implementation. Piloting began in October 2019 and continued into early August of 2020. The full implementation of CAM will enhance access and availability of information across the state and greatly improve the ability to make data informed decisions.

Factors Affecting Results

Abuse rates for people with intellectual/developmental disabilities can be affected by many factors, including:

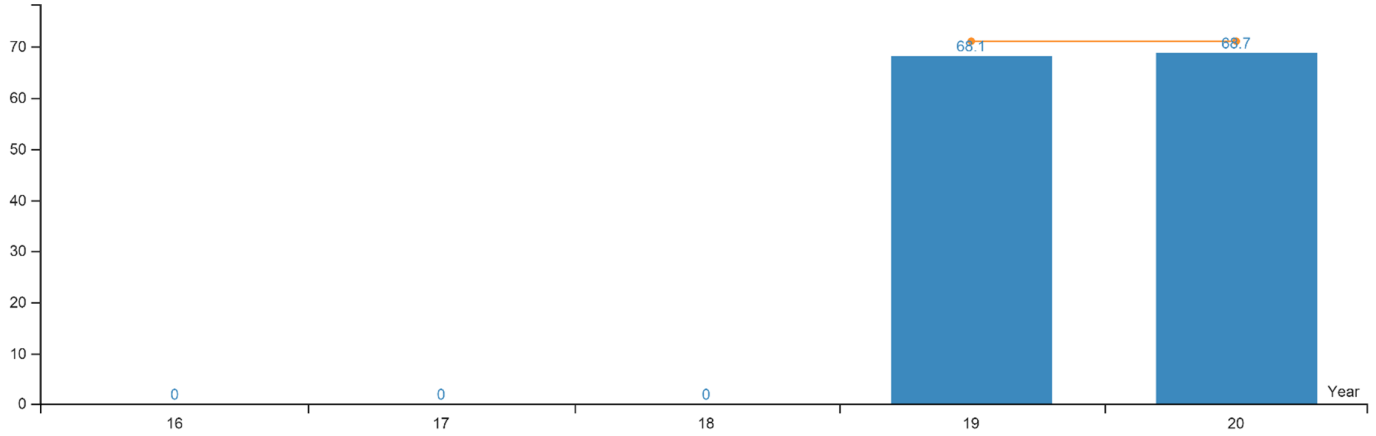
- The high acuity and service needs of residents being served in
- community-based care settings. High turnover rate of treatment and support staff in all settings.
- An adult's right to make decisions about their living
- situation, companions, etc. Barriers to the reporting of abuse by cognitively impaired clients.
- Limited resources available to respond to and support people with intellectual/developmental disabilities who are abused (e.g.
- domestic violence shelters, counseling resources, etc.). Current data systems do not have the capacity to clearly identify risks associated with reports of abuse.

What needs to be done in this area includes:

- Ongoing training for service coordinators, personal agents, personal support workers, direct support providers, service providers and facility
- staff in recognizing, reporting, and preventing abuse. Research and collaboration with community response systems and resources, including domestic violence interventions, sexual assault response, mental health services, housing, etc.
- Coordination and participation with local area multidisciplinary teams and coordinated-care organizations.
- Increased investigator access to content experts such as forensic nurses, psychologists and other
- health care professionals. Appropriate training of investigators and staff in proper use of data systems to assure high-quality, accurate data entry.

KPM #13	HOUSEHOLDS AT, OR ABOVE, LIVING WAGE FOUR QUARTERS AFTER LEAVING SSP PROGRAM - The median percentage of households leaving Self Sufficiency who are at, or above, a living wage four quarters out
	Data Collection Period: Jul 01 - Jun 30

* *Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
HOUSEHOLDS AT, OR ABOVE, LIVING WAGE					
Actual	No Data	No Data	No Data	68.10 %	68.70 %
Target	TBD	TBD	TBD	71%	71%

How Are We Doing

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. A key dimension to address poverty and maximize people's potential is the ability to earn living wages. It is well known that families who are employed with incomes at, or just above the federal poverty level often cannot make ends meet. In these circumstances, individuals and families find it difficult to pay for the necessities like food, housing, utilities, childcare, clothing, etc. This measure tracks the median percent of participants who exit all Self-Sufficiency programs and are earning at, or above, living wages four quarters after they leave the programs. The most recent data available shows that 68.7 median percent of those participants are earning living wages.

Factors Affecting Results

This measure relies on Oregon Employment Department (OED) reported earnings for SSP participants one year after they left all SSP programs and comparing these earnings to the most recent Washington State University Self-Sufficiency Standard for Oregon. It is important to note that only the SSP exiters with income captured by OED are included in the pool. The Self-Sufficiency Standard calculates how much income a family must earn to meet basic needs, with the amount varying by family composition and where they live[1]**.** This measure may be affected by several things, including the status of the economy, the availability of jobs, geography, standard costs for basic living needs by county, and family composition. It can also be affected by the structure of SSP employment and training programs and the effectiveness of other agency and community partnerships that connect SSP participants into living wage jobs.

Over the past four years the Oregon Workforce System became more aligned and includes coordinated partnerships and service delivery.

- Data-sharing agreements are in place to include Supplemental Nutrition Assistance Program (SNAP) employment plans in the Oregon Employment Department's (OED) data-system.

- People served by the SNAP-Able-Bodied Adults Without Dependents (ABAWD) program now access enhanced employment services from OED.
- In the Fall 2018, ODHS SSP and workforce system partners participated in regional poverty simulations to ensure goals and approach to servicing families are aligned beginning with a common understanding and framework.

Over the past four years ODHS SSP invested in expanded employment and training opportunities and supports:

- SNAP Training and Employment Program (STEP) has expanded investments in partnership with OED, community colleges and local community organizations, drawing additional federal dollars to offer a more comprehensive set of training and employment opportunities for SNAP participants.
- ODHS SSP invested seed money so that OED can pay for things such as uniforms, scrubs, etc. that their STEP participants need to start a new job.
- Job Opportunity and Basic Skills (JOBS) Program investments include expansion of a more comprehensive model of vocational training and education, expanded supports and payments for family stability services and housing assistance to support Temporary Assistance for Needy Families (TANF) and former TANF participants.

ODHS SSP plans to continue expansion of employment and training programs in partnership with communities, participants, agencies, employers, nonprofit organizations and the federal Food and Nutrition Service.

The current COVID-19 health pandemic and associated social distancing measures have caused an abrupt slowdown in the economy. It is anticipated that next year's data on this measure will reflect the changes in the economy.

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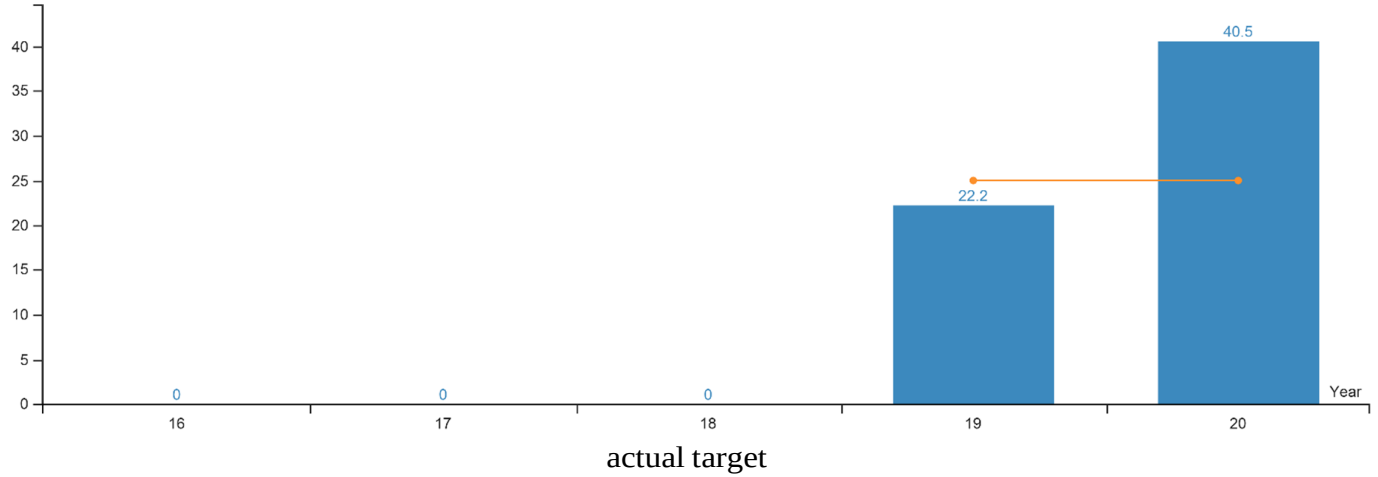
[1] Dr. Diana M. Pearce, "The Self-Sufficiency Standard for Oregon 2017", Center for Women's Welfare at the University of Washington. Available online at: http://selfsufficiencystandard.org/oregon

KPM #14	SSP PARTICIPANTS REPORTING HOUSING STABILITY - The percentage of Self Sufficiency participants who report their housing needs are fully met
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
HOUSING STABILITY					
Actual	No Data	No Data	No Data	22.20 %	40.50 %
Target	TBD	TBD	TBD	25%	25%

How Are We Doing

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. Housing is a foundation for successful communities. Affordable and permanent housing improves the quality of life of families by leading to better health, stability, safety and security. Where a person lives can predict their life expectancy[1]. The goal of this measure is to track the percentage of households connecting to Self-Sufficiency programs who report housing stability. In the Summer 2020, SSP conducted a statewide survey of Supplemental Nutrition Assistance Program (SNAP) participants who applied or reapplied for SNAP or other SSP programs in the month of April 2020. **Of 39,082 SNAP applicants in April 2020, there were 4,544 survey respondents which represents a 11.6% overall response rate.**

The survey found that 40.5% of respondents reported housing stability. This year's result was almost double the result from 2019. Based on the survey, slightly over half of the respondents reported housing instability, meaning that their housing needs are not fully met.

The following is a breakdown of participant responses to the KPM question: **“Please select what you feel is most true for your family now”**

Response	Percentage
I and/or my family need(s) immediate help getting into housing	5.4%

I and/or my family have housing, but it is temporary and/or inadequate	10.5%
I and/or my family needs help at times with rent and/or bill payment	40.7%
I and/or my family's housing needs are fully met (i.e., I can afford to pay rent/mortgage and utilities without difficulty)	40.5%
Decline to answer	2.9%

The following is the breakdown of participants' responses to: "What is your current living situation?":

Response	**Percentage**
Staying or living with family / friends	16.8%
Rental housing with no subsidy	46.1%
Rental housing with subsidy (Section 8, public housing, or other housing assistance)	8.1%
Renting a room or exchange work for room	5.8%
Living on the street / no physical shelter	2.0%
Own home / own trailer	11.6%
Emergency shelter/ Transitional housing (group home, recovery center, etc.)	1.0%
Living in car	1.1%
Other	2.8%
About to lose housing / facing eviction	1.2%
Hotel / motel	0.7%
Staying or living in a recreational vehicle (RV, motorhome, fifth wheel trailer, truck camper, etc.)	2.9%

The following are a few of the quotes from survey respondents who opted to provide more input:

"I work but cannot afford my own housing."

"I reside with my daughter who owns the home."

“[I am] living with my father … would not have anywhere to live if not living with my father, rent is too high and not … able to find jobs.” "Rentals are hard to find right now. Not sure where my family will be in September."

"We are losing everything with COVID. We had a small business and now we have lost it. Now I am so far behind in my rent I feel that my family cannot make up this large of sum of money."

"[We] can't get housing till something opens up on waitlists. Food is not enough when you have nowhere to prepare it. Office can't really help when you are already at maximum for food and there are no programs for housing."

"Housing was part of my job as a hotel manager. With COVID we are closing at end of month. We have nowhere to go."

"Paying [hotel] by the week is expensive but it is better than living on the streets with my kids. I'm hoping I can find a place soon, but I have to look around my work schedule. With COVID I have a lot of fear going to look at places too."

"Things are okay for housing, but my utilities are kind of expensive with the kids home all the time."

"I'm living in neighborhood I grew up in however due to cost of housing I have to exchange work for housing. Need more

affordable housing." "I'm taking care my 87yr old father and I'm not paying rent."

"We are pretty crammed in this house, but we make do…".

This data is also collected by race and ethnicity and is available upon request.

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[1] Arias E, Escobedo LA, Kennedy J, Fu C, Cisewski J. U.S. small-area life expectancy estimates project: Methodology and results summary. National Center for Health Statistics. Vital Health Stat 2(181). 2018. Found at this link: https://www.cdc.gov/nchs/data/series/sr_02/sr02_181.pdf

Factors Affecting Results

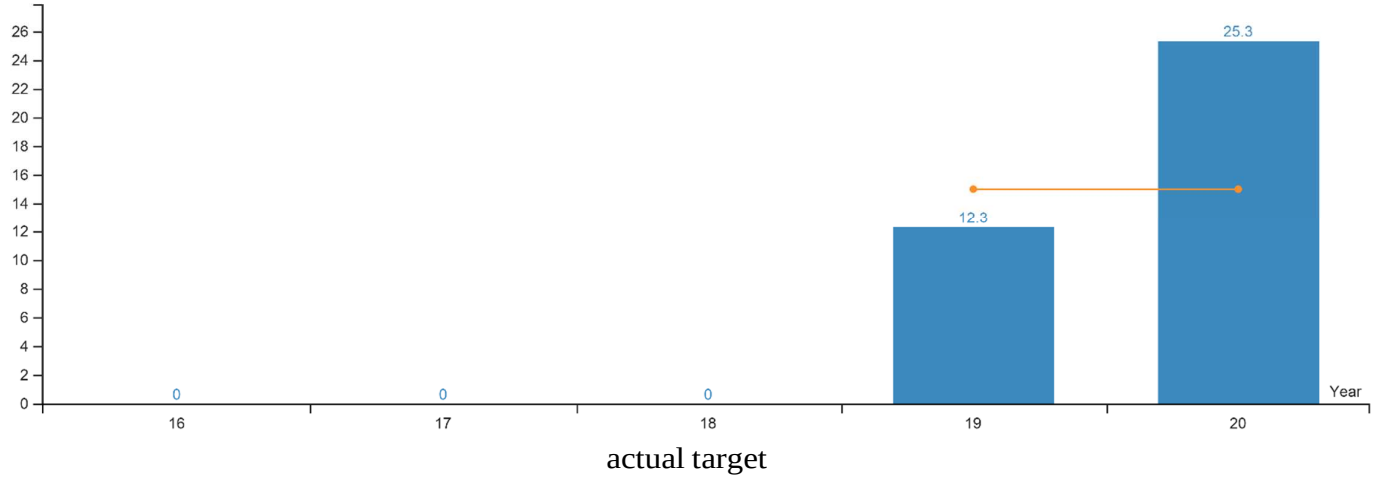
According to the Department of Housing and Community Services, housing had already emerged as a paramount concern across Oregon and **the lack of available housing, high rents and high home prices were driving rapid increases in housing instability and homelessness**[1]**. These themes rang true and were reflected throughout the SSP well-being survey we conducted in this Summer. At the same time, in the current health pandemic, the survey shows that individuals and families are doing everything they can to take care of themselves and that the word "stability" may be a relative term depending on their situation. Survey respondents reported relying on family, friends, and in some cases landlords. It is also possible that the CARES Act funding, other pandemic related benefits, as well as greater amount of rental assistance funds that Community Action Agencies had available this year compared to 2019 helped create more housing stability for individuals and families. Also** the passage of SB 608 that eliminated no-cause evictions and limited rent increases may have also contributed to **housing stability for some survey respondents.**

Over the past three years SSP expanded TANF funded supports to cover housing related emergent needs. SSP has also provided for innovative contracting for housing related services, including navigation services, in partnership with community-based organizations and agencies. Due to the State's budget challenges, some housing-related investments approved by the 2019 Oregon Legislature did not get implemented.

[1] Oregon Statewide Housing Plan 2019-2023, Oregon Housing and Community Services. Available online at: https://www.oregon.gov/ohcs/DO/shp/SWHP-Executive-Summary.pdf

KPM #15	SSP PARTICIPANTS REPORTING FOOD SECURITY - The percentage of Self Sufficiency participants who report they did not worry about having enough food, or actually run out of food, in the past 12 months
	Data Collection Period: Jul 01 - Jun 30

* *Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
FOOD SECURITY					
Actual	No Data	No Data	No Data	12.30 %	25.30 %
Target	TBD	TBD	TBD	15%	15%

How Are We Doing

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. Access to nutritious food helps babies hit milestones, fuels kids as they learn and grow, reduces the chances of chronic disease in adults and makes it more likely seniors are healthy and independent. The goal of this measure is to track the percentage of households connecting to Self-Sufficiency programs who report food security. The United States Department of Agriculture (USDA) defines food security as having consistent, dependable access to enough food for active, healthy living. The USDA's "Household Food Security in the United States in 2019" report found that 9.8% of Oregon households were food insecure, down from 11.1% in 2018[1]. In May 2020, Oregon State University estimated the number of people experiencing food insecurity in Oregon would double to 900,000 people or more than one in five residents due to the increased unemployment from the COVID-19 health pandemic lockdown[2].

In the Summer 2020, SSP conducted a statewide survey of Supplemental Nutrition Assistance Program (SNAP) participants who applied or reapplied for SNAP or other SSP programs in the month of April 2020. **Of 39,082 SNAP applicants in April 2020, there were 4,544 survey respondents which represents a 11.6% overall response rate.**

The survey found that 25.3% of respondents reported experiencing food security[3]. This year's result is double the food security rate reported in 2019. Based on the survey, 72.4% of the respondents reported experiencing food insecurity, meaning that their access to adequate food is limited by a lack of money or other resources.

In the current COVID-19 health pandemic, it is possible the higher food security rate reported is attributed in part to the additional federally approved food benefits deployed by ODHS-SSP as well as other USDA approved benefits like school lunches, and state-level investments through the food banks.

The following is a breakdown of participant responses to**: "Within the past 12 months, we worried whether our food would run out before we got money to buy more"**

Response	Percentage
Often true	23.0%
Sometimes true	49.4%
Never true	25.3%
Don't know	1.3%
Decline to answer	0.9%

The following is the breakdown of participants' responses to "**Within the past 12 months, the food we bought just didn't last and we didn't have money to get more"**:

Response	Percentage
Often true	19.6%
Sometimes true	44.7%
Never true	33.0%
Don't know	1.8%
Decline to answer	0.8%

The following are a few of the quotes from survey respondents who opted to provide more input:

"SNAP has been very helpful. Without it we would not be able to have food."

"I am grateful that I received extra money on my trail card because of pandemic. Before this it was always hard to make it to the end of month. I finally was able to not feel stressed about food. I just got food money for school kids and this has helped a lot since my daughters are home all the time."

"The office has been helpful during this pandemic, they got me SNAP quickly and that helped. Worried about how long this is going to go on."

"Glad to have help with food, it is just never enough. Prices of things are going up quickly, but the benefit amount stays the same. It takes almost all the money I make to pay my rent and utilities. Feel like I'm stuck in a never-ending bad dream."

"Office staff was very helpful and was very happy when got full amount for benefits, it came right when I needed the food."

"I am finally able to get enough food for a month during the COVID crisis because my disability makes me ineligible usually. This is how persons on Social Security should be treated with regard to food help. I worked hard to have a home and then had a heart attack that has made it where I cannot work now. I shouldn't get punished for having other benefits. The last couple months have been the only time I didn't have to go to the food pantries or church in order to have food to eat since my illness…. This is what should happen, even $194 isn't a lot of food but I am good at stretching it."

"[I'm] trying to eat better but food costs much. So very grateful for any help."

"It has helped having the food [benefits] so I do not have to be stressed about that. Just worry as the COVID stuff is getting worse and can't make it if my job is closed again."

"[It] would be nice if people could buy hot food with SNAP when they are living on the streets or otherwise have no refrigeration. The fridge in our RV doesn't work. Hard to store nutritious food."

This data is also collected by race and ethnicity and is available upon request.

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[1] Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2020. Household Food Security in the United States in 2019, ERR-275, U.S. Department of Agriculture,
Economic Research Service. Available online at: https://www.ers.usda.gov/publications/pub-details/?pubid=99281

[2] Mark Edwards. May 2020. Oregon State University School of Public Policy, Oregon
Policy Analysis Lab. Available at this site:
http://olis.leg.state.or.us/liz/2019I1/Downloads/CommitteeMeetingDocument/222368

[3] The SSP Well-being survey incorporated the Hunger Vital Sign™, a validated 2-question food insecurity screening tool developed by Drs. Erin Hager and Anna Quigg and the Children's HealthWatch team. The Hunger Vital Sign™ identifies households as being at risk for food insecurity when they answer that either or both of the 2-question statements are "often true" or sometimes true". For more information visit the Children's HealthWatch website at: https://childrenshealthwatch.org/public-policy/hunger-vital-sign/

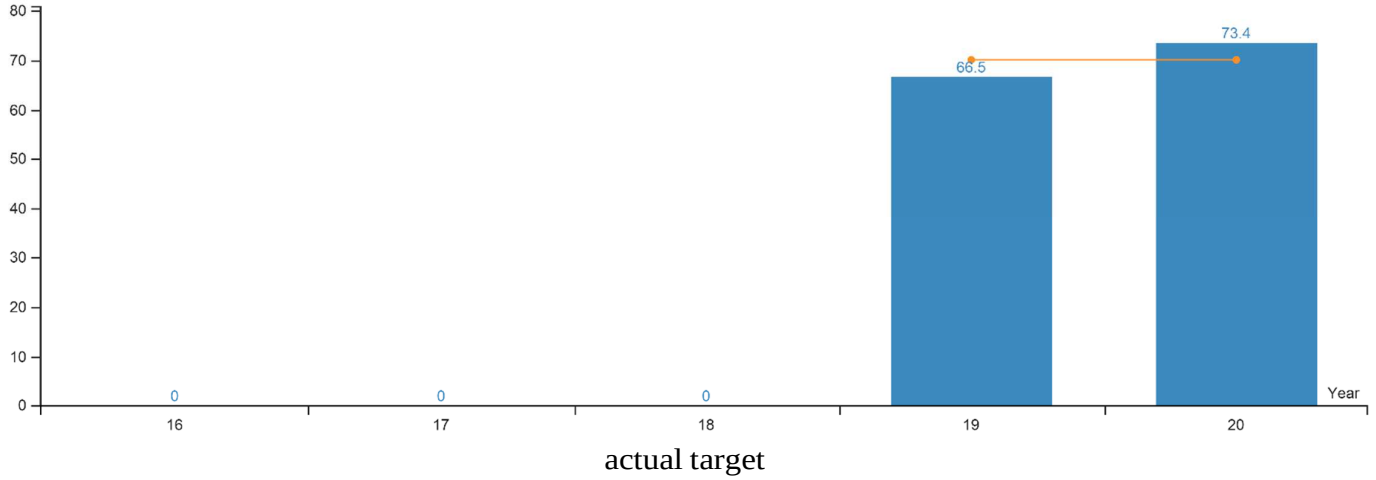
Factors Affecting Results

These results are derived from participants' entries on the SSP well-being survey which will continue to be conducted by SSP each year. Our survey population is composed of persons applying or reapplying for SNAP or other SSP benefits. The current COVID-19 health pandemic and associated social distancing requirements have caused significant job losses. Many people have turned to ODHS for benefits and services such as the SNAP program. In the weeks after Oregon's Governor declared a state of emergency and instituted social distancing mandates, new SNAP application requests increased by 400 percent statewide. At the same time, the SSP workforce began teleworking, while maintaining offices open, and the use of the current online application was encouraged. Despite the surge in applications, SSP did its best to process applications as quickly as possible. Federal waivers helped ease certain application requirements and additional food benefits approved by the federal government were deployed. One example of these food benefits was issuing maximum SNAP allotments to all households regardless of their countable income. Another example is issuing Pandemic Electronic Benefits Transfers (P-EBT) which allowed for depositing food benefits in an EBT card equal to the value of school meals that children would have received if they had been physically attending school.

Oregon continues its outreach efforts to connect with difficult to reach populations, including people of color, by providing information on the benefits of qualifying for and maintaining SNAP eligibility, dispelling myths, providing application assistance, advocating on behalf of participants, and numerous other strategies to reach populations in need. These strategies include identifying and removing barriers to the SNAP program across all populations. We currently collaborate with 15 different community agencies who serve as Oregon SNAP outreach partners.

KPM #16	SSP PARTICIPANTS REPORTING GREATER SELF-EFFICACY - The percentage of Self Sufficiency participants who report they feel more confident in their ability to improve their current circumstances because of SSP and other services they were connected to
	Data Collection Period: Jul 01 - Jun 30

* *Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
SELF EFFICACY/HOPE					
Actual	No Data	No Data	No Data	66.50 %	73.40 %
Target	TBD	TBD	TBD	70%	70%

How Are We Doing

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. Poverty is multidimensional, meaning that it is more than a lack of adequate income[1]. Multidimensional poverty asserts that there are multiple dimensions of deprivation that must be addressed for people to be equipped to exit poverty and build well-being[2]. This new measure aims to track one dimension of poverty: whether participants perceive a sense of influence over their own circumstances. Specifically, we are tracking participants reported increased self-efficacy and hope as a result of their involvement with Self-Sufficiency Programs and the connections to other services SSP makes. In the Summer 2020, SSP conducted a statewide survey of Supplemental Nutrition Assistance Program (SNAP) participants who applied or reapplied for SNAP or other SSP programs in the month of April 2020. **Of 39,082 SNAP applicants in April 2020, there were 4,544 survey respondents which represents a 11.6% overall response rate.**

Based on the survey, 73.4% of survey respondents reported feeling more confident about their ability to improve their current circumstances as a result of their involvement with SSP and the services SSP connected them to. In addition, 74.2% of respondents reported they feel more hopeful about their future as a result of their involvement with SSP and the services SSP connected them to.

The following is a breakdown of participant responses to **: "My involvement with ODHS Self-Sufficiency and the services ODHS has connected me to have helped me feel more confident in my ability to improve my current circumstances"**

Response	Percentage
Strongly agree	22.3%

Agree	51.1%
No opinion	17.6%
Disagree	6.0%
Strongly disagree	1.8%
Decline to answer	1.2%

The following is the breakdown of participants' responses to "My involvement with ODHS Self-Sufficiency and the services ODHS has connected me to have helped me feel more hopeful about my future":

Response	Percentage
Strongly agree	23.5%
Agree	50.7%
No opinion	17.1%
Disagree	6.0%
Strongly disagree	1.4%
Decline to answer	1.4%

The following are a few of the quotes from survey participants who opted to provide more input:

*"**I don't know that the programs make me feel better, but they help me get by."***

"[ODHS] has helped me feel more confident that my family will have food. The extra amount coming during state closure has helped a lot and I just received the school kids benefit [Pandemic- EBT] so summer doesn't feel as overwhelming anymore. I just started back to part time work and have hope we can resume some normalcy."

"My experience has been good. I felt like the people cared and I wasn't just a number."

"" everything was done on a timely manner and extremely helpful and allowed me to keep my dignity in that time.""

"Without ODHS SSP assistance we may not be surviving at this point and I am extremely grateful for the program."

"Since I have lost my job due to COVID, the people at the office were helpful to me. It was my first time in one of these offices and they were very considerate. I am hopeful that as things go back to normal, I will be able to find work and get back on my feet".

"The office staff has been very helpful. [Worker] was very calm and reassuring, gave me hope even though there aren't programs to supplement my current needs.

During this unprecedented weird and unchartered time, the office staff is being proactive and trying to coordinate with other programs to keep the people from Oregon above water. I appreciate that."

This data is also collected by race and ethnicity and is available upon request.

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[1] "Policy – A Multidimensional Approach", Oxford Poverty & Human Development Initiative, University of Oxford. Available online at: https://ophi.org.uk/policy/multidimensional-poverty-index/

[2] Torgerson, March 2017, "Measuring Community Action Program Impacts on Multi-Dimensional Poverty: Final Report of the Futures Project", Oregon State University. Available online at: https://caporegon.org/what-we-do/the-future/

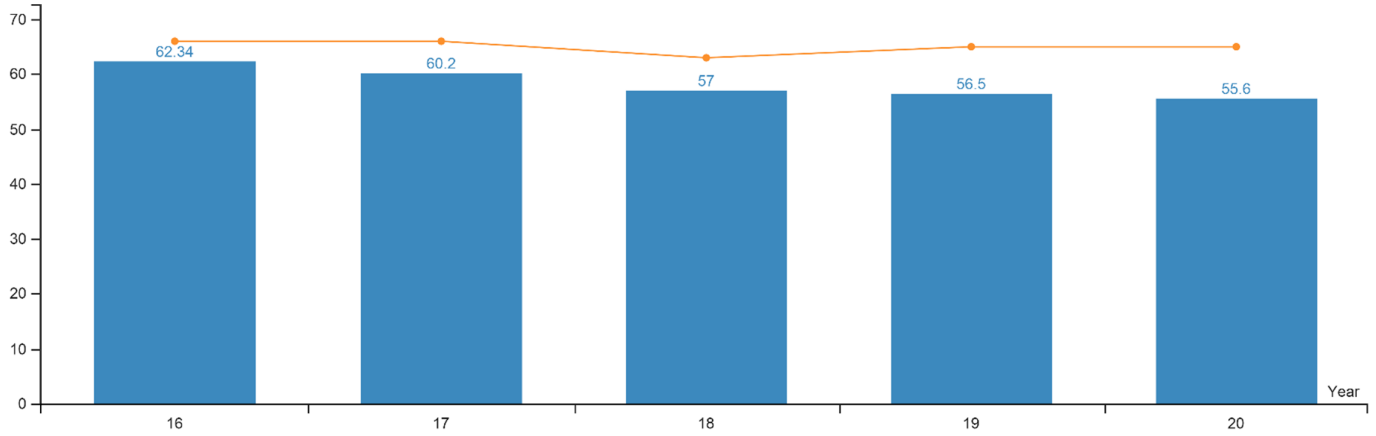
Factors Affecting Results

These results are derived entirely from participants' entries on the SSP well-being survey which will continue to be conducted by SSP each year. We define S*elf-efficacy* as participants having a sense of control or influence over the events and circumstances that affect them and can act on it. We define *Hope* as participants' belief that their current circumstances will improve. Our desired outcome is that in partnership with participants, agencies and communities, SSP provides programs and services that maximize the potential that lies within everyone. Foundational to these changes are intentionally involving families; having a philosophy and practice of being person centered; being strengths based and having resources that build broader well-being.

Hope and self-efficacy are interactively related, having influence on each other, but are also separate, stand-alone concepts. Self-efficacy often generates hope and hope can inspire a person to feel more able to achieve a goal. The SSP program decided to use two questions and measures to bring greater clarity to the impact of SSP services for each, with the primary KPM of self-efficacy.

KPM #17	OVRS CONSUMERS WHO ARE SUCCESSFULLY EMPLOYED AT PROGRAM EXIT - The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed at program exit
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
OVRS CLOSED EMPLOYED					
Actual	62.34 %	60.20 %	57%	56.50 %	55.60 %
Target	66%	66%	63%	65%	65%

How Are We Doing

Placements over the past year have increased slightly in a positive direction. Variance in this measure has been less than 3% year-over-year and also saw an increase during the period 2012 through 2016 when the overall economy saw even greater gains. Those gains in the economy have eased and we have seen a softening in the placement rates over the period 2016 through 2020.

The Oregon target of 66% has historically been optimistic when compared to federal expectations. The Oregon VR Program has met or exceeded the federal expectation. This is no longer a federally required metric under the Workforce Innovation and Opportunity Act of 2014 (WIOA). However, we will continue to work toward increasing this outcome as administrative staff see value in this measure.

Factors Affecting Results

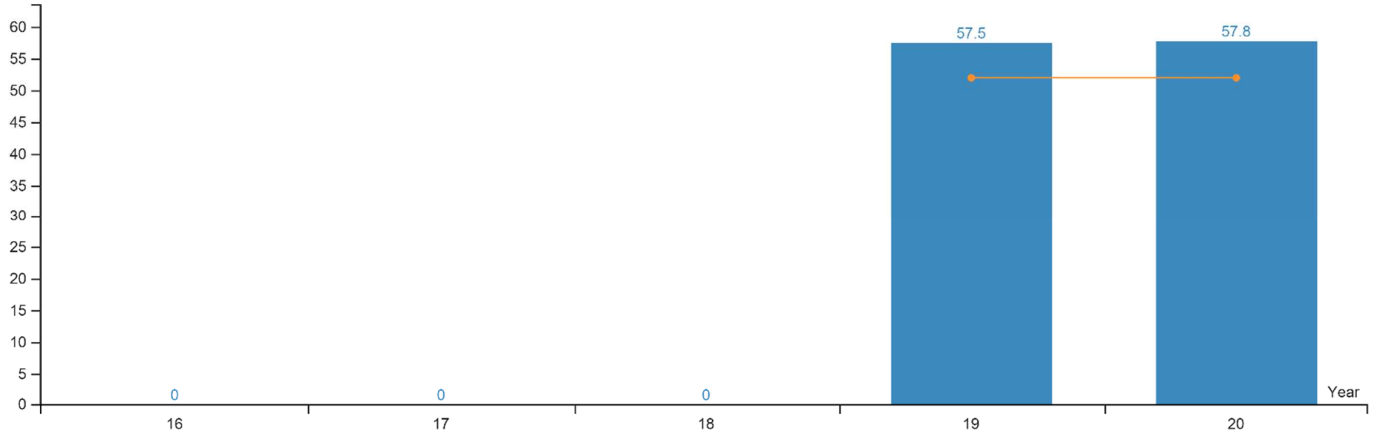
Additionally, significant numbers of clients with intellectual and developmental disabilities as a result of the Lane v. Brown Settlement have

influenced this metric in that the resources necessary to place the most significantly disabled individuals within our state has had an impact on the overall program. We anticipate and increase in this population group as we work through the initial high numbers.

We are working to improve placement opportunities by engaging in employer relationships at a much higher degree as required by WIOA and this has resulted in increased training for potential employers. Staff in Vocational Rehabilitation meet monthly with staff from the Office of Developmental Disabilities Services (ODDS) to jointly plan and coordinate services and to improve outcomes for this population and continue to develop the resources to mainstream this activity to improve on the service delivery model.

KPM #18	OVRS CONSUMERS EMPLOYED IN SECOND QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during second quarter following program exit
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
EMPLOYMENT IN SECOND QUARTER					
Actual	No Data	No Data	No Data	57.50 %	57.80 %
Target	TBD	TBD	TBD	52%	52%

How Are We Doing

For the period October 1, 2018 through September 30, 2019, the most recent period for which all needed data are available, 57.8% of individuals exited from Vocational Rehabilitation services were employed during the second quarter following exit. Staff are working toward more effective career counseling and guidance to ensure employment longevity for our clients.

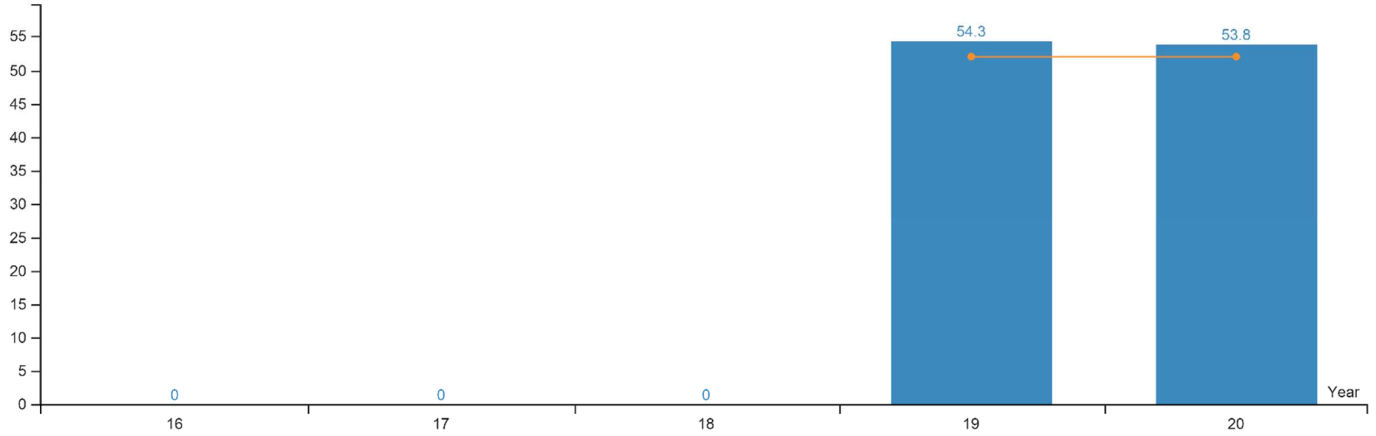
The program is working to emphasize non-technical employment skills (soft skills) to improve employability and retention in employment.

Factors Affecting Results

This result is impacted by the sophistication of the individual's skills in seeking and maintaining employment is a major factor in this measure. The economic realities of the geographic areas in which they live, and the available workforce supports also impact this measure.

KPM #19	OVRS CONSUMERS EMPLOYED IN FOURTH QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during fourth quarter following program exit
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
EMPLOYMENT IN FOURTH QUARTER					
Actual	No Data	No Data	No Data	54.30 %	53.80 %
Target	TBD	TBD	TBD	52%	52%

How Are We Doing

For the period October 1, 2018 through September 30, 2019, the most recent period for which all needed data are available, 53.8% of individuals exited from Vocational Rehabilitation services were employed during the second quarter following exit. This exceeds our target but shows a slight dip from last year's performance. Staff are working toward more effective career counseling and guidance to ensure employment longevity for our clients.

The program is working to emphasize non-technical employment skills (soft skills) to improve employability and retention in employment.

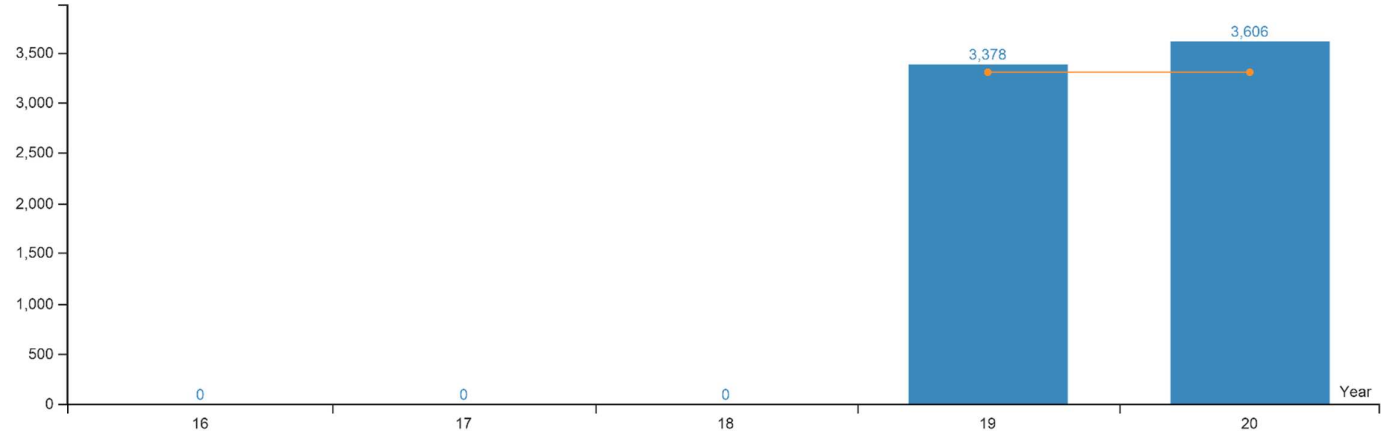
Factors Affecting Results

This result is impacted by the sophistication of the individual's skills in seeking and maintaining employment is a major factor in this

measure. The economic realities of the geographic areas in which they live, and the available workforce supports also impact this measure.

KPM #20	OVRS MEDIAN QUARTERLY WAGE AT SECOND QUARTER FOLLOWING PROGRAM EXIT - Median quarterly wage at second quarter following OVRS program exit
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
MEDIAN QUARTERLY WAGE					
Actual	No Data	No Data	No Data	$3,378.00	$3,606.00
Target	TBD	TBD	TBD	$3,300.00	$3,300.00

How Are We Doing

We are working to increase both the hourly wage and the total hours worked per quarter for clients. A few of the approaches are by delivering both technical skills for employment and soft skills for maintaining and advancing in employment. In addition to these actions we are also incorporating labor market research to identify high and true wage employment opportunities that match our client's skills and interests to be incorporated into the comprehensive career counseling that we provide.

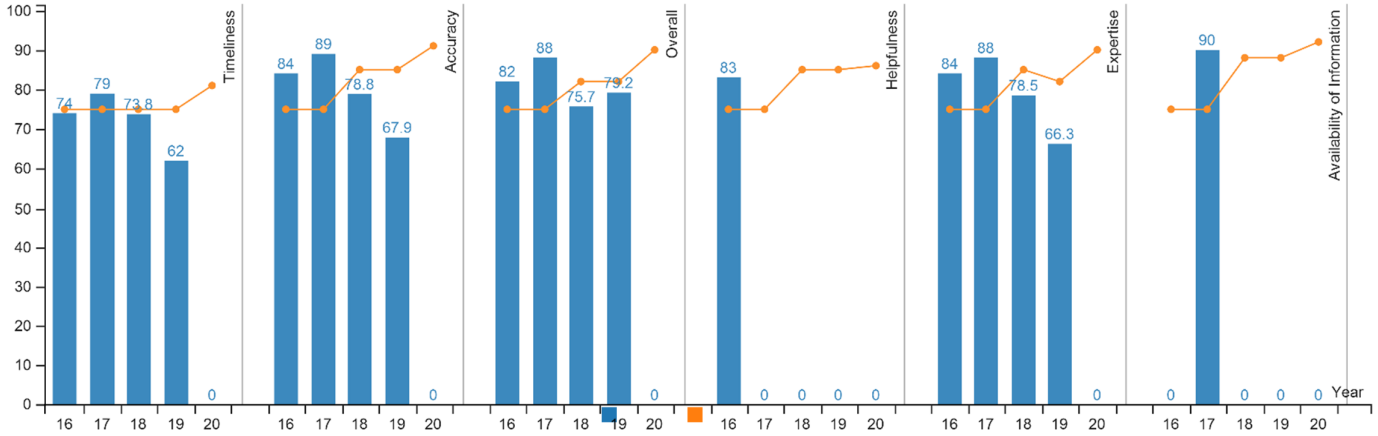
Factors Affecting Results

This is influenced by career counseling to individual job seekers to move them toward career choices that can improve income potential by increasing job skills. As a result of efforts to meet the requirements of the Lane v Brown settlement, the program is currently placing many clients with intellectually/developmentally disabled for the most part at minimum wage. This large number of minimum wage

employees has depressed this number.

Staff are working to meet the needs of employers in sectors offering higher salaries. Additionally, this is impacted by both hourly wage and total hours worked.

KPM #21	ODHS CUSTOMER SATISFACTION - The percentage of customers rating their satisfaction with ODHS above average, or excellent
	Data Collection Period: Jan 01 - Jan 31



Report Year	2016	2017	2018	2019	2020
Timeliness					
Actual	74%	79%	73.80 %	62%	No Data
Target	75%	75%	75%	75%	81%
Accuracy					
Actual	84%	89%	78.80 %	67.90 %	No Data
Target	75%	75%	85%	85%	91%
Overall					
Actual	82%	88%	75.70 %	79.20 %	No Data
Target	75%	75%	82%	82%	90%
Helpfulness					
Actual	83%	No Data	No Data	No Data	No Data
Target	75%	75%	85%	85%	86%
Expertise					

Actual	84%	88%	78.50 %	66.30 %	No Data
Target	75%	75%	85%	82%	90%
Availability of Information					
Actual	No Data	90%	No Data	No Data	No Data
Target	75%	75%	88%	88%	92%

How Are We Doing

Due to other priorities impacting ODHS, such as the pandemic, we were not able to conduct the annual customer satisfaction survey in time for this report. Once new data are available, an update will be provided.

Factors Affecting Results

N/A

PROPOSED SUPERVISORY SPAN OF CONTROL REPORT

In accordance with the requirements of ORS 291.227, the Oregon Department of Human Services presents this report to the Joint Ways and Means Committee regarding the agency's Proposed Maximum Supervisory Ratio for the 2021-2023 biennium.

Supervisor Ratio based on CHRO data:

The agency actual supervisory ratio as of is 1:10.22 as of October 5, 2020.

The Agency actual supervisory ratio is calculated using the following calculation;

975 = 894 + 82 - (1)

(Total supervisors) (Employee in a supervisory role) (Vacancies that if filled would perform a supervisory role) (Agency head)

9,972 = 8,862 + 1,110

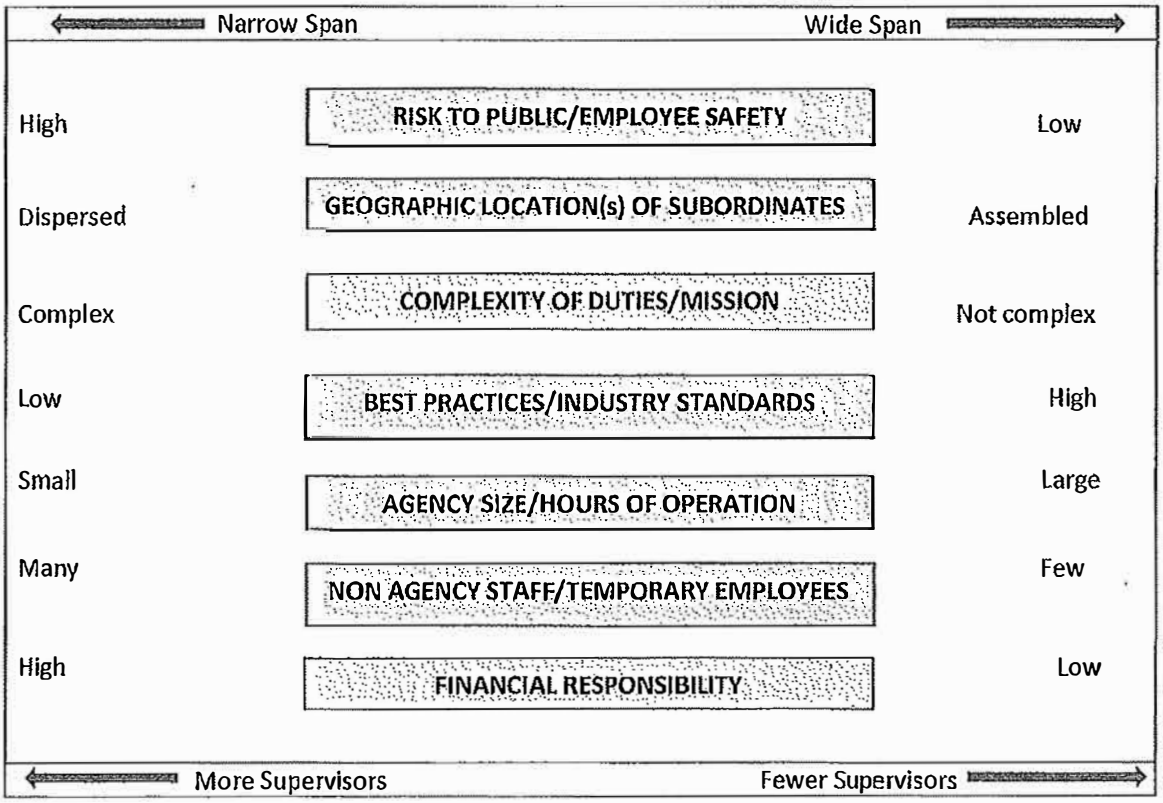
(Total non-supervisors) (Employee in a non-supervisory role) (Vacancies that if filled would perform a non- supervisory role)

The agency has a current actual supervisory ratio of-

1: 10.22 = 9,972 / 975

(Actual span of control) (Total non - Supervisors) (Total Supervisors)

When determining an agency maximum supervisory ratio all agencies shall begin of a baseline supervisory ratio of 1:11, and based upon some or all of the following factors may adjust the ratio up or down to fit the needs of the agency.



Ratio Adjustment Factors

Is safety of the public or of State employees a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS is responsible for the safety of many vulnerable Oregonians in Child Welfare, Self Sufficiency, Aging and People with Disabilities, Individuals with Intellectuals Disabilities and Vocational Rehabilitation programs. Due to safety concerns and industry best practices in both Child Protective and Adult Protective Services a higher than 1:11 MSR is appropriate. ODHS has many supervisors that are working clinical supervisors responsible for the supervision of case managers that have an industry standard much higher ratio than 1:11 in order to maintain the safety of Oregonians and keep reasonable workloads.

ODHS houses the Stabilization and Crisis Unit (SACU) a series of 24/7 homes for people with developmental or intellectual disabilities who are in crisis. Currently the staff to supervisor ratio is below the 1:11 ratio. This is not an ideal ratio to begin with due to the acuity of the clients in the homes and the fact that currently ODHS has supervisors that cover more than one house. 1:7 is a more reasonable target for a supervisory ratio and ODHS is using this as its "target" ratio for SACU employees who are now all in the police and fire designation due to difficulty, stress and potential danger of the positions working with difficult clients.

Is geographical location of the agency's employees a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS has over 158 office locations statewide including many smaller offices in very rural parts of Oregon. (The number of buildings was reduced by consolidating some older, smaller offices into newer, larger offices.) However, many supervisors must travel long distances to interact with their staff and have smaller offices. Because of these geographic limitations a higher than 1:11 MSR is appropriate.

ODHS has, without double counting staff, 1,377 employees in non-urban settings of these areas the ratio ranges from 1:9 and 1:15.17, this includes 107 supervisors and 1,270 non-supervisors. ODHS believes a reasonable target ratio for these rural areas should be 1:8. The remaining urban employees are proposed to be 1:11 where they are currently running at 1:11.44. This does not include CW staffing mentioned in the child welfare section of the "industry standards" section.

Is the complexity of the agency's duties a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS is comprised of 5 major programs the smallest of which is over $120 million TF. The largest is over $4.3 billion TF. In addition to Central Services ODHS also houses Shared Services that support both ODHS and OHA. In each major program area there are multiple sub programs that must be managed each with its own set of complexities from federal reporting to limitations on how grants can be spent to complex eligibility determinations. In addition, each of these programs have impacts on each other making the interaction and complexity of ODHS much higher than most agencies. In many parts of the agency Supervisors are responsible not just for the management of staff but also for policy and procedure questions and providing final guidance on how cases are managed. In other words, they are working supervisors not just supervisors. This is the case in most of ODHS as there are very few supervisory positions that don't also do policy or technical work in addition to their supervisory duties. There is also a concerted effort to work across programs to become more focused on wrapping services around families for better outcomes at the lowest level. For ODHS working across programs is like working across agencies due to the size and complexity of the current 5 major program areas. The smallest "program area" in ODHS is larger than most state agencies. ODHS also houses Shared Services that support both ODHS and OHA this means juggling the needs of each organization for tasks like accounting and overpayment recovery. This adds to the complexity of the organization. These two factors justify a higher MSR than one to eleven.

Are there industry best practices and standards that should be a factor when determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

Child Welfare working supervisors, based on a January 2018 Casey Family Programs issue brief entitled Healthy Organizations (citing both Child Welfare League of America. (n.d.) *Standards of excellence for child welfare services.* Retrieved from http://www.cwla.org/our-work/ cwla-standards-of-excellence/standards-of-excellence-for-child-welfare-services and the Council on Accreditation. (n.d.) *Standards for public agencies: PA-PDS 3: Leadership support of supervisors.* Retrieved from http://coanet.org/standard/ pa-pds/3/, para. 7), have an industry best practice of 1:5/7 for supervisors providing clinical support to caseworkers. This is in addition to their supervisory duties. ODHS is using 1:5 as the target ratio.

Adult Protective services, based on a 2017 National Adult Protective Services Association nationwide survey the average ratio of caseworkers to supervisors in Adult Protective Service programs is 1:5.65. While this has not yet been published, according to H. Ramsey-Klawsnik, Ph.D., NAPSA Director of Research, NAPSA is planning to publish it as findings from the 2017 National Survey of State APS Programs at their next NAPSA conference.

Vocational Rehabilitation also has working supervisors that provide clinical supervision.

In all three cases these managers are also doing case worker clinical type supervision of the actual work not just "supervising" employees. All three cases justify a higher ratio than 1:11 due to clinical supervision duty needs that help with the overall safety of these vulnerable populations.

Is size and hours of operation of the agency a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

While not yet fully implemented, ODHS is moving towards a fully staffed 24-hour child welfare hotline which will justify a higher MSR than 1:11. ODHS is also reviewing its field structure and footprint and may be moving to more smaller locations across the state which may change the geographic footprint of the agency.

In addition, ODHS runs a 24/7 crisis service through the Stabilization and Crisis Unit (SACU). This provides services to those with intellectual and/or developmental disabilities in crisis. There are over 780 positions at SACU with some supervisors having to cover multiple houses and as necessary providing direct services to clients to ensure proper staff to client ratios based on the needs of the client. Staffing ratios have been below 1:11 which is not a reasonable ratio considering the acuity of clients and the 24/7 nature of the business. SACU should be at a higher ratio such as 1:7 to be more appropriately staffed in a 24/7 environment.

Are there unique personnel needs of the agency, including the agency's use of volunteers or seasonal or temporary employees, or exercise of supervisory authority by agency supervisory employees over personnel who are not agency employees a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

On average ODHS has over 100 volunteers and many contractors that need some level of supervision. These positions are not in the "system" per se, at this point but do require some level of supervision. This justifies a higher ratio than 1:11.

In addition, all supervisors but the director have supervisors and supervisors should be included as supervised employees in the denominator of the calculation. This would also justify a higher than 1:11 MSR. This should be taken into consideration on the ASR calculation but is not currently part of the calculation of the ASR.

Is the financial scope and responsibility of the agency a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS is responsible for serving over 1 million Oregonians per year (which is close to one quarter of the state's total population of 4.2 million individuals) encompassing over $14.6 billion-dollar total fund in the Governors' budget. This comes with more than 126 funding streams each with their own limitations, rules and reporting requirements. There are 5 major program areas each bigger than most agencies. Within each program are multiple sub programs again each with their own rules, funding sources and complexities. Most of this funding is spent in the community through hundreds of contracts, thousands of providers and multiple interagency agreements. Each program comes with its own eligibility criteria, usually having multiple different factors. Each sub program usually has its own set of eligibility criteria and there is not continuity between program eligibility due to federal regulations. Employees must know each separate sub program and their supervisor must also be able to guide the employee or answer questions they may have as to how to apply the criteria etc. In addition, the central office staff for each program must keep up with ever changing federal regulations and state changes that must then be distributed out to our many field offices. These changes can be weekly or even daily sometimes meaning employees and managers need to keep up with a myriad of process or policy changes every day. This justifies a higher ratio than 1:11.

Based upon the described factors above the agency proposes a Maximum Supervisory Ratio of 1: 8.41.

Unions Requiring Notification: SEIU; AFSCME; ONA

Date unions notified: SEIU 10/12/20; AFSCME 10/19/20; ONA 10/30/20

Submitted by: Eric Moore, ODHS CFO **Date: January 25, 2021**

Signature Line _____ **Date** January 25,2021

Print Name: Fariborz Pakseresht, ODHS Director

Signature Line _____ **Date** January 25, 2021

Print Name: Audray Minnieweather-Crutch, ODHS HR Director

Signature Line Audray D Minnieweather Crutch **Date** January 25, 2021

Print Name: Kim Roberts, ODHS HR Program Administrator

Signature Line _____ **Date** 1/25/2021