

2023-25 Governor's Budget

Section 3



2023-25 ODHS — Governor's Budget Policy Packages (POPs)

POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
105		APD , IDD & OEP	Healthier Oregon Program (HOP)	Everyone in Oregon deserves access to the services they need, when they need them, to achieve well-being. More importantly, access to services needs to remain uninterrupted as people move through each stage of life and regardless of identity or place. Oregon Department of Human Services is requesting funding to provide long-term services and supports to eligible children and adults with disabilities regardless of their immigration status as directed by HB 3352, formerly called Cover All People and renamed “Healthier Oregon”. This POP includes continuation of funding for population enrolled during 2022 through initial implementation of the program (ages 19 to 26 and 55+) and expansion of the services to the remainder of the age groups, including children, starting July 1, 2023. It also asks for ongoing funding for staff to help individuals access these services and supports, including case managers, and related staff who are critical to serving this population.	\$ 38,232,495	-	\$ 4,042,868	\$ 42,275,363	48	36.50
106		Central	Chief Data Office	<p>Accurate and reliable data can improve quality of life for the people we serve. Accurate and easily available data can direct services to where they are needed. Accurate data can offer solutions to problems. Data even have the ability to address inequities and disproportionalities, given the resources necessary to identify, gather and maintain them. Data inconsistency negatively and disproportionately impact people and communities of color, Tribal members and communities, people with disabilities and members of the LGBTQIA2S+ community. On the ground level, data give our case workers access to accurate information so they can spend more time in direct service to people. Currently one limited duration employee is the data expert for the Oregon Department of Human Services – a complex agency serving one in three Oregonians.</p> <p>This policy package creates a data office of three FTE and budget for contract services. The data office will: 1.Set and lead vision and standards for data collection, use, management, governance, ethics and justice. 2. Manage compliance with Open Data mandates (ORS 276A.350-276A.371). 3. Lead the development of tools and culture to enable ODHS to better use data to plan, make decisions and deliver service. 4. Implement data quality, management and integration practices to create the future of human services, reduce disproportionality and inequity, respond better to emergencies and disasters and adopt REALD/SOGIE (Race, Ethnicity, Language and Disability/Sexual Orientation, Gender Identity and Gender Expression) standards.</p> <p>If this POP is not funded, adverse effects include: first and foremost slow service delivery, missed opportunities to focus services where they are needed most and the perpetuation of health inequities. If not funded it will also adversely affect</p> <p>compliance with Open Data mandates; diminish the ability to identify and correct disproportionalities and inequities; and miss opportunities to streamline technology implementations due to continued siloed organization of data and related decision making. Lack of comprehensive data affects our ability to equitably serves Oregonians.</p>	\$ 433,310	\$-	\$ 288,873	\$ 722,183	3	2.37
109		Central	Ofc of Resiliency and Emergency Mgt Staffing	The Office of Resiliency and Emergency Management (OREM) provides disaster services to all Oregonians. OREM was created in response to the 2020 wildfires but its charge involves preparing for and responding to all types of emergencies, including the Cascadia Subduction Zone Earthquake, refugee crises, extreme weather events, and drought. OREM helps people be safe, resilient, and eventually self-sustaining. In the last two years OREM has responded to help people affected by excessive heat events, an ice storm, lack of safe drinking water, and a chemical leak. OREM has sheltered more than 4,400 wildfire survivors in over 60 hotels from Portland to Ashland; delivered more than 2 million hot meals, three times a day, seven days a week to wildfire survivors, sourced and delivered 500-gallon tanks to 200 people whose wells ran dry due to the recent drought in Klamath County; the list goes on. While Oregon Department of Human Services is identified in state statute as the primary agency for providing Mass Care during disasters, OREM has been operating without legislatively approved funding since the wildfires of September 2020. In order to fulfill our statutory responsibilities and help Oregonians successfully prepare for and recover from disasters, OREM is requesting additional funding. The funds will allow us to continue program operations while expanding our efforts to partner with communities, Tribes and community-based organizations to improve local disaster preparedness across the state. The policy package requests funding the existing staff to maintain as well as grow this essential program.	\$ 1,930,603		\$ 1,446,210	\$ 3,376,813	48	12.00

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118		CW	Child Safety	Children thrive when they have safe and supportive family structures in which to grow up. According to Oregon’s May Child Welfare Progress Report, about 4,000 times every month Child Protective Services staff engage with families to identify whether children are being exposed to an unmanaged safety threat. Key ingredients in achieving our Child Welfare Division’s Vision for Transformation are accurate assessments of child safety and in-home support to prevent placements away from family and community, but Child Welfare needs more staff to ensure that every family receives in-depth assessment and that safety threats are accurately identified. Current staffing levels make it difficult for staff to meaningfully engage with families, understand their specific needs, and develop customized safety plans – all tasks that require time, care, and skill. Without the staffing necessary to carry out these labor-intensive tasks, we may fail to identify safety issues and support families appropriately in addressing them, thus increasing the likelihood that a child will enter foster care – an often traumatizing outcome that disproportionately affects Black and Native American families. A staffing investment is necessary to meet the goal in the Oregon Caseload Ratio Standards that each CPS caseworker is assigned no more than 7 new assessments per month (1:7 ratio). The investment will ensure critical caseworker capacity for family engagement, assessment, safety planning, and ongoing support – helping to make sure that children have the best chance of growing up in a safe and nurturing family.	\$6,907,091	\$-	\$2,302,362	\$9,209,453	202	50.50
119		CW	Parent Alcohol & Drug Support Services	Children do best when they grow up in a family within their community. However, substance use disorder (SUD) among parents is one of the greatest challenges to keeping children safe and healthy at home. This POP aligns with recommendations from the Oregon Alcohol and Drug Policy Commission that aim to reduce Oregon’s substance use disorder rate and increase Oregon’s recovery rate.It builds capacity for the agency to better respond to the growing complexity of substance use disorder (SUD) among child welfare parents and creates capacity for building more consistent and efficient relationships with community partners and SUD treatment providers. When parents in the ODHS child welfare system can access treatment quicker, be supported in achieving recovery, and be assisted in sustaining their recovery from addiction, there will be fewer foster placements and improved child safety and family stability. ODHS will also increase the internal expertise to respond to a variety of issues that combine with parental and adolescent SUD, including various mental health challenges and the need for clean and sober housing. This proposal will also grow expertise on drug testing, engaging parents and partners, and sustaining community treatment relationships that work with parents and adolescents. These positions will also provide ODHS with needed consultation regarding resource family applicants who may have SUD histories or current use concerns. Estimated need: reclass 25 SSS-1s to SSS-2s and add 8 new positions.	\$1,088,443	\$-	\$362,841	\$1,451,284	8	6.00
122		CW	FOCUS Expansion	Children deserve to grow up in their own communities, where their established connections with family, friends, teachers and others can support their well-being. But children with complex needs are more likely to be placed outside their communities in order to receive specialized services. This proposal seeks to strengthen the well-being of Oregon families through intensive community-based support services for children with complex needs, allowing them to remain in their own communities in a resource home, relative care or parent’s home. These services will provide coaching, training and support to caregivers and individualized services specific to the child’s needs to help keep the child in stable, community-based and familial placements as well as reduce the risk of placement disruption, Temporary Lodging and the use of higher levels of care, including residential treatment. This proposal, if approved, will allow for services to be developed throughout the state, including in rural communities. In the long term, these services will prevent unnecessary foster care placements, support families, improve the retention of resource parents, and ultimately save the state money through effective early intervention and partnerships with other systems. The services included in this proposal are Child Specific Caregiver Services, Response and Support Network (RSN), Community-based supports for Commercial Sexually Exploited Children (CSEC) youth and Multidimensional Transition Services. This proposal requests funding and resources necessary to implement, oversee and audit these services.	\$7,292,700	\$-	\$-	\$7,292,700	-	-
123		CW	FC/Resource Parent Reimbursement Rates	All children deserve to grow up in a family. If a child is not able to remain in their own home, we need resource families who are diverse and affirming and can provide the support a child needs within their communities. Resource families receive a monthly payment, but the rates for Foster Care have not been adjusted since 2018. In 2018, the rates were based on 56.5% of the cost of raising a child at the USDA rate. Cost of living and inflation rates have continued to climb. The rate is intended to cover costs of food, shelter, clothing, school supplies, extracurricular activities, etc. for children in ODHS foster care. Resource Families have voiced to ODHS that the current rate does not cover the actual cost of caring for a child. The policy option package would bring the basic family foster care rate up to 80%-100% of the cost of care to raise a child. The rate would change at each biennium to include regular inflation and additionally, medical, and professional inflation. This would allow for increases every biennium. Increasing the rates could help attract and retain more resource families and help current resource	\$17,363,200	\$-	\$10,519,135	\$27,882,335	-	-

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126	10000-005	IDD	Model Employer	All people deserve equal access to employment opportunities that allow them to thrive as valued members of their communities. The state of Oregon is committed to fair employment practices and non-discrimination. Less than 1% of the state’s workforce is comprised of people with intellectual and developmental disabilities (I/DD), because this population faces common, disability-based barriers when trying to access state employment. The Model Employer program is designed to hire people with I/DD into state service. This policy option package (POP) requests dedicated full-time equivalent (FTE) for positions for the Model Employer program. Providing this opportunity for people with I/DD to have access to state employment by removing common barriers faced by people with I/DD in the state hiring process and incentivizing hiring managers to utilize this process will increase access to state employment for people with I/DD.	\$1,424,399	\$-	\$1,424,399	\$2,848,798	29	16.38
128	10000-003	IDD	Child Welfare and IDD Parents	Our communities are stronger when parents are able to raise their children as independently as possible in their own or family homes. Parents with intellectual and developmental disabilities (I/DD) have long faced overwhelming challenges and have endured discrimination, while being failed by various systems that are intended to support them to have full lives with their children and families in their communities. ODDS proposes a new set of innovative services intended to support parents with I/DD more effectively and keep families together. These new services, “supported parenting” would provide person-centered support for parents with I/DD to raise their children independently in their communities. ODDS requests to maintain permanent 2.0 FTEs that are currently temporary American Rescue Plan Act-funded positions for cross-systems coordination with Child Welfare (CW) and other systems to ensure optimal services to parents with I/DD and children involved in the CW system.	\$387,997	\$-	\$564,445	\$952,442	2	1.50
129		IDD	ODDS Systems	In the 2020s, the ability to quickly, transparently and effectively collect, share, analyze and communicate data is an essential component of providing equitable and accessible human services. The Office of Developmental Disabilities Services (ODDS) lacks a centralized data system to manage the case management services and supports it provides to roughly 32,000 people across Oregon. ODDS seeks position authority and funding to secure a case management system, a universal provider portal, and a robust agency provider system to improve provider reporting capabilities and to replace ODDS’ antiquated ASPEN system that will be shut down in one year. These system upgrades will improve ODDS’ service delivery on many levels, some of which include communications, quality assurance, licensing, data collection and equitable access to case management services and supports.	\$711,758	\$-	\$6,410,420	\$7,122,178	29	22.35
142		SSP OEP	Combined Eligibility Worker	We all want a state in which everyone can access the supports they need to thrive. In Oregon, the ONE eligibility system is key in making this a reality. As of May 2022, 1.5 million Oregonians access critical medical, food, cash, and child care benefits through the ONE system – representing a historic level of need triggered in large part by the COVID-19 pandemic. We need to make sure that ONE operations has the necessary resources to process applications and administer benefits in a timely manner, because people can’t thrive when they are facing interruptions in their ability to see a doctor, choosing between paying bills or buying food, losing paid work in order to care for a child or are unable to afford necessities for their families. Since its initial launch in 2020, the Oregon Eligibility Partnership has made significant improvements to business practices and computer systems in order to boost efficiency and maximize existing staff resources. Still, we don’t have the staffing levels necessary to make sure everyone who is eligible gets what they need when they need it. Without these resources, vulnerable Oregonians may experience longer delays in applications processing, delays that can mean the difference between going hungry and having enough food for their families. Additionally, local businesses may see decreases in consumer spending stemming from delays in getting Supplemental Nutrition Assistance Program (SNAP) benefits out to families, and parents may face interruptions in their employment due to lack of needed child care benefits. In this policy option package, Oregon Department of Human Services is requesting position authority and funding for additional eligibility staff who will answer calls, assist people in person who are applying for or receiving benefits, process applications on a timely basis, and provide support to community partners who assist people in applying for benefits. These resources will help move the ONE system toward its goal of processing applications same day/next day and ensure Oregonians’ timely access to benefits.	\$30,000,000	\$-	\$21,728,451	\$51,728,451	300	300.00

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POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
143		SSP OEP	ONE Ongoing Maintenance	Oregon implemented the ONE system to help process eligibility applications for food, housing, cash, childcare and medical benefits for nearly 1.5 million Oregonians, the largest caseload in Oregon's history. With ONE we have created an opportunity for Oregonians to apply online, over the phone, through the mail or in person at any of our offices. Oregon has continued to invest in the ONE system since the initial release. But, like any system, there needs to be continued maintenance and then investment to meet the ever-changing needs of Oregonians and programs. The ONE system needs to continue to evolve our operating system to support a more integrated effort. ONE is a new system that individuals and community are still learning about. Engagement with community is critical to our success as we move from a siloed to an equality approach and then shift to an equity framework and person-centered, outcome-based system. Dedicated staffing is critical to connect with community and partners. Improved and sustainable ONE system operational support helps ensure constituents will see accurate and timely eligibility determinations, which will result in better access to basic food, health, cash, and childcare benefits in some of the most critical individual and family situations. This proposal would provide one-time funding for paying off the final deliverables from the contract related to the Integrated Eligibility Project, closing out the largest IT project's obligations from the history of Oregon. Funding would also support ongoing maintenance and operations services, staffing and service dollars for needed system modifications to more quickly meet consumers' needs, support training, system changes and building better equitable practices based on feedback we have had from partners across Oregon. This POP also pays for the additional licenses and support for the Centralized Abuse Management system that is supported by OEP.	\$16,200,175	\$840,000	\$22,148,479	\$39,188,654	34	26.00
148		VR	RSA Audit Report	Placeholder. Early in 2022 the Rehabilitation Services Administration (RSA), VR's federal funders, came to Oregon to conduct a monitoring visit of Oregon Vocational Rehabilitation (VR). Two programs, the Youth Transition Program (YTP) and the Pre-Employment Transition Program (Pre-ETS), were evaluated in this monitoring process with RSA. YTP is a VR administrated program throughout the state. This program establishes contracts between local school districts and the VR program to deliver transition and employment related services to students with disabilities. Currently there are more than 220 schools participating in YTP. And the Pre-ETS Program is available and working with every school district in the state through contracts with local Education Service	\$-		\$-		5	5.00
201		Central - OEP	Medicaid Waiver Placeholder	We all want a state in which everyone has access to good health and well-being. This policy option package will allow the state to meaningfully improve health outcomes in communities who face historic and contemporary injustices, in alignment with Oregon Health Authority's goal of eliminating health inequities by 2030. ODHS is responsible for determining eligibility for state medical services, for the operation and maintenance of the ONE eligibility system, and for the delivery of long-term services and supports related to Medicaid. This policy package would fund ODHS for related costs if OHA-HPA-05 is approved, which will enable the Oregon Health Authority (OHA) to execute and implement the policy and program changes outlined in 1115 Medicaid demonstration waiver and approved by the Centers for Medicare and Medicaid Services (CMS). These demonstrations occur within a specific time horizon and can be extended if necessary. This package would allow ODHS to fulfill the implementation obligation necessary to review eligibility as required by the waiver. OHA is currently negotiating the next five-year 1115 waiver with the Centers for Medicare and Medicaid Services (CMS) and expects that negotiations will likely not conclude until September 30, 2022. Therefore, precise outcomes of the negotiation are uncertain and placeholder language regarding this waiver POP is needed for now.	\$4,479,037		\$6,810,361	\$11,289,398	55	34.65
203		Shared	Mainframe Migration/Provider & Client Pmt Sys	Everyone in Oregon deserves uninterrupted access to needed supports and to the income they earn at work. More than one million Oregonians count on the state's current mainframe platform to receive their benefit and provider payments. The COBOL programming code on the mainframe system dates to the 1970s and is increasingly unsupported. Mainframe-proficient staff are shrinking in number and hard to replace, resulting in a variety of service and payment bottlenecks. If these problems are not resolved, there is increasing risk that the agency will be unable to make timely payments to Oregonians, potentially for an extended period. Oregon Department of Human Services and the Oregon Health Authority are therefore jointly requesting the resources necessary to upgrade our mainframe platform and ensure continuity of payments and benefits for the people we serve. It is critical that we migrate all current mainframe functions to more modern, ideally cloud-based	\$2,958,688	\$880,474	\$1,991,333	\$5,830,495	10	7.14

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POP #	LC#	All Program Areas	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
301		Central	ERDC Expansion - DELC Companion	All children deserve supportive and nurturing places to learn and play while their parents are at work. Research indicates that quality child care has a significant and positive impact on children's brain development, setting the stage for success later in life. But disparities persist when it comes to accessing quality child care, with low-income families and families of color bearing most of the burden. We have a shared obligation to make sure that every child has the supports they need to reach their potential, and that means directly addressing this kind of disparity and promoting equitable access to child care for all families. Employment Related Day Care (ERDC) is a federal program, partially funded by the Child Care Development Block Grant (CCDG), that helps mitigate these disparities by providing low-income working families with child care subsidies. In Oregon, ERDC represents the largest child care subsidy program and was enhanced through House Bill 3073 (2021) which expanded program eligibility to include families with student parents and children who are documented. The ERDC program has also capped co-pays at no more than 7 percent of a family's income, as well as waived the co-pays of families at 100 percent of the federal poverty level to \$0. To continue our progress toward addressing longstanding inequities, the Early Learning Division (ELD) is introducing legislation in the 2023 Legislative Session to ensure that children at risk of involvement or involved in Oregon's foster care and child welfare systems, children from families experiencing domestic violence, and houseless families have access to quality, affordable care. This expanded eligibility will allow more families to access critical child care supports, promoting both healthy development for children and uninterrupted employment for parents.	\$ -	\$ 4,892,534	\$ 1,099,439	\$ 5,991,973	-	-
TOTAL					\$ 129,409,896	\$ 6,613,008	\$ 81,139,616	\$ 217,162,520	773	520.39

Oregon Department of Human Services 2023-25 Policy Package

Division:	ODHS
Program:	APD, I/DD, OEP
Policy package title:	Healthier Oregon Program – Long-Term Services and Supports
Policy package number:	POP 105
Related legislation:	SB 558 and HB 3352

Summary statement:

Everyone in Oregon deserves access to the services they need, when they need them, to achieve well-being. More importantly, access to services needs to remain uninterrupted as people move through each stage of life and regardless of identity or place. Oregon Department of Human Services is requesting funding to provide long-term services and supports to eligible children and adults with disabilities regardless of their immigration status as directed by HB 3352, formerly called Cover All People, and renamed “Healthier Oregon”. This POP includes continuation of funding for population enrolled during 2022 through initial implementation of the program (ages 19 to 26 and 55+) and expansion of the services to the remainder of the age groups, including children, starting July 1, 2023. It also asks for ongoing funding for staff to help individuals access these services and supports, including case managers, and related staff who are critical to serving this population.

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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$38,232,495	\$0	\$4,042,868	\$42,275,363	48	36.50

Purpose

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

One of the pillars of ODHS Equity North Star states: we are dedicated to make services, supports and well-being accessible to all. Healthier Oregon program is an important equity milestone for long-term services and supports (LTSS) in Oregon.

Oregon has made significant gains in advancing health care coverage, with 94 percent of Oregonians covered. However, health inequities in coverage and access persist, and will continue to until all Oregonians are able to access affordable health care, including access to long-term services and supports for older adults and people with disabilities. Communities of color are more likely to be uninsured, and the uninsured rate for Latino/Latina/Latinx Oregonians is twice the rate of the general population (12 percent compared to 6 percent) (Oregon Health Insurance Survey, 2019). COVID-19 has only worsened these inequities; Latino/Latina/Latinx Oregonians are 13 percent of the population but suffered 26 percent of COVID-19 cases.

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Prior to July 1, 2022, older adults, and individuals with disabilities, who due to their legal/immigration status in the United States do not qualify for Medicaid, could not access state, or federally funded long-term services and supports. This created a barrier in Oregon that prevented certain populations from accessing needed supports, straining families, and the ability of family caregivers to earn a living while caring for the loved ones experiencing disabilities, destabilizing families, potentially leading to negative outcomes or crisis that had to be addressed through other costly and less appropriate settings, such as hospital emergency departments.

Initial roll out of Healthier Oregon in July 2022 includes individuals ages 19-25 and 55 and older and will cover both health care costs and access to LTSS programs administered by Aging and People with Disabilities (APD) and Office of Developmental Disabilities Services (ODDS) programs. In July 2023, ODHS is planning to add the remaining age groups into services. Department of Administrative Services (DAS) and Legislative Fiscal Office (LFO) determined that the LTSS costs would not be in current service level, so this POP provides the funding to both maintain the services authorized in 2021-2023 and expand LTSS to all potentially eligible populations.

This POP also includes the costs tied to the increase in population and coverage for HOP that is part of the CSL within Oregon Health Authority (OHA). The expansion of HOP eligibility beyond these age groups will increase thousands of potential eligible individuals that will need eligibility done on initial application, renewals, support hearings and ongoing changes.

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

Funding will be used to provide long term services and supports, including nursing facility care (for APD) and home and community-based services (for APD and ODDS), to all eligible individuals regardless of their immigration status (this will include individuals enrolled in Healthier Oregon and Cover All Kids) who qualify and need these services.

Funding will also be used to ensure individuals enrolled through this program have access to case management services.

Funding and position authority will be used to ensure we have staffing to determine eligibility, process applications, redeterminations, support requests around hearings and update cases. The support for these cases is critical to ensure we have ongoing work to meet State and Federal compliance standards and provide timely and accurate services.

These resources will also be used to ensure that ODHS and its contracted partners have sufficient resources to operationalize the program, provide protective services and respond to the additional administrative needs of new enrollment. These costs will be determined through workload models currently in place accounting for additional caseload through Healthier Oregon program.

Resources will also be used to implement a robust communication campaign to promote program awareness, develop communication tools, and build partnerships with community organizations working with immigrant and refugee populations impacted by Healthier Oregon.

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3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

- ☒ Strengthening foundations
- ☒ Responding to emergencies
- ☒ Creating the future of human services

The Healthier Oregon program significantly reduces disparities within Oregon that exist in access to health care and long-term services and supports for older adults and people with disabilities. By applying a universal design lens, this effort increases access for everyone and eliminates intentional and unintentional segregation of certain groups. This effort lays the foundation for more equitable systems of support that will have long lasting positive impacts on both health and social outcomes for people affected by the program and for the entire population of Oregon. At the core of this process is an intentional shift towards inclusive and equitable culture that values all human life and benefits the entire community.

Some of the extended benefits of this program include helping families stay together; better emergency response when needed; improved health, education, and employment outcomes so that people with disabilities and their families can experience more stability, less trauma, and better lives. Additionally, this effort will lead to improved awareness of availability of supports to the whole community; building trust and better outreach with diverse communities across Oregon.

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Quantifying results

4. What are the long-term desired outcomes?

- Reduced inequities based on immigration/legal status
- Reduced racial inequities
- Improved health and wellbeing
- Improved family stability
- Equitable access to supports: the same as for individuals who are eligible for Medicaid.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Data will be collected in the same way it is gathered for Medicaid eligible populations through existing systems, enrollment and eligibility processes, prior-authorization and billing processes, and case management processes.

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How achieved

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

Based on SB 558, also known as Cover All Kids, starting January 1, 2018, the Oregon Health Plan (OHP) became available to more children and teens younger than 19, regardless of immigration status. This coverage did not include long-term services and supports. In 2021, the Oregon Legislature funded HB 3352, formerly called Cover All People, and renamed “Healthier Oregon,” to ensure more Oregon adults can access comprehensive OHP benefits, including long-term services and supports. HB 3352 set a \$100 million General Fund budget for the 2021-2023 biennium. The vast majority of the funding will go to services, while a portion of that \$100 million will go towards outreach, education, and engagement efforts, and administrative and system costs. OHA expects to draw down federal Medicaid match for the portion of services that are allowable under federal rule, primarily for emergency services and services during pregnancy. There will be no Medicaid match for LTSS services.

Beginning July 1, 2022, approximately 12,000 adults will transition to Healthier Oregon and the program will be open to new enrollments – this means that more than 12,000 people in Oregon will newly have access to full medical assistance. Hundreds of these adults will have access to long terms services and supports for the first time, allowing them to remain comfortably in their homes and communities, and prevent costly and difficult emergency department visits and hospital stays.

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Even with this significant progress, children up to age 19 and adults 26-55 with disabilities will still be without coverage and disability related supports, for those who need them, with activities of daily living. OHA estimates that more than 55,000 people could become eligible for coverage under an expanded version of Healthier Oregon covering all ages in 2023-2025. This total is an estimate of the number of individuals in Oregon who are 19 and older not eligible for Medicaid due to their immigration status, and whose income qualifies them for OHP benefits. ODHS is responsible to complete the applications for each of these individuals and determine their eligibility, provide notification of the decision around eligibility, support any hearing requests, and perform ongoing case maintenance for their eligibility along with annual redeterminations.

In July 2019, ODDS opened a pilot project for interested Case Management entities to open case management services to intellectual and developmental disabilities (I/DD) eligible individuals who do not qualify for Medicaid due to their immigration status. Multnomah and Benton Counties piloted the program providing case management and resource referral supports to individuals with I/DD and their families. The pilot did not provide access to direct services and supports. Supports have proven to be successful and became more critical during the COVID-19 pandemic in referring to vaccination and other resources. ODDS was in the planning process of expanding the pilot statewide when Healthier Oregon program became known. Effective July 1, 2022, ODDS will open case management services to all I/DD eligible individuals regardless of their legal status and Medicaid eligibility and will begin enrolling individuals within approved age brackets into direct services and supports through HOP.

APD has not had legislative approval to provide the full long-term services and supports to individuals who do not qualify for Medicaid. Some individuals in Oregon Project Independence (OPI) are in that program because

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of their legal status. Since the program does not require legal status documentation, it is hard to determine the actual numbers of people who could qualify for the expanded HOP. The Area Agencies on Aging (AAA) estimated that it is about 20 percent of the current OPI caseload. Additionally, OPI is primarily serving individuals over age 60, missing individuals with disabilities between the ages of 18 and 60. The numbers of individuals accessing the supports is also artificially compressed due to limited funding and large waitlists for OPI. Additionally, OPI provides in-home supports only. It does not provide coverage for nursing facilities or community-based care facilities.

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

ODDS is working to make case management services available to all individuals who meet I/DD eligibility criteria regardless of income and immigration status. However, granting access to full array of home and community services and supports to individuals who do not qualify for Medicaid funding due to their immigration/legal status in the United States requires investment of General Fund resources.

APD has few options. An expansion of OPI could be a possibility but if individuals are eligible for health benefits, they cannot access OPI services. Regardless of any program, providing the full array of home and community services and supports to individuals who do not qualify for Medicaid funding due to their immigration/legal status in the United States is only possible with an investment of General Fund resources.

Without funding for eligibility staffing, there are few alternatives to evaluate. The agency continues to work with OHA on opportunities for greater automation; however, State workers are required to make the final determination of eligibility, contractors and others may collect some information, but the determination is the State's responsibility. The growth in caseload in 2023-2025 requires additional staffing to avoid the already

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long wait times on phones and ensure that we can process and support individuals and families applying for these and other benefits.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Healthier Oregon is a partnership effort between Oregon Health Authority and Oregon Department of Human Services (Aging and People with Disabilities Program (APD) and Office of Developmental Disabilities Services (ODDS)). OHA and ODHS are working closely with community partners on implementation of the Healthier Oregon.

OHA: A critical component of HB 3352 is the establishment of an advisory work group to (1) advise OHA on eligibility restrictions due to the \$100 million expenditure cap, and (2) to advise and assist OHA in the development of a statewide outreach, engagement, and education program with the goal of enrolling eligible individuals in CAP. The Advisory Work Group prioritized individuals 19-25 and 55 and older for the first year of Healthier Oregon, identifying individuals 55 and older due to significant health care and human service needs, including long term services and supports.

Advisory Work Group

- 12 members
- Half are current or past CWM/ OHP members
- Members serving the southeast, northeast, central, south, coastal, Willamette Valley, and Portland Metro Area

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- Members identify as Latina/o/x, Asian, Southeast Asian, Egyptian, Native American, German, Indigenous mix and White
- Languages spoken include Spanish, English, Vietnamese, Sinhala and Tamil

ODDS works closely with community partners and interested parties on service equity and service access initiatives. This includes case management entities, providers, Tribal partners, advocacy organizations, culturally specific groups and organizations, self-advocates and families receiving services. ODDS continues to work on trauma informed communication efforts both at State and local levels through Case Management Entities (CME), including outreach to culturally specific communities, community organizations that support immigrant and refugee populations, and other partners to increase awareness of home and community-based services and supports through I/DD program. Work with CMEs to build on existing local partnerships to disseminate information about the program. Develop and disseminate communication tools and information materials in multiple languages and modalities.

APD will continue to work with community partners, local offices, and Area Agencies on Aging to inform them of the new benefits. Additionally, we will partner with OHA in their work with Community Based Organizations to ensure that those organizations and the people they represent understand the LTSS benefits.

9. 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.

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

Healthier Oregon is a partnership effort between Oregon Health Authority and Oregon Department of Human Services (Aging and People with Disabilities Program (APD) and Office of Developmental Disabilities Services (ODDS)).

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

No.

Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): N/A

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

- Caseload increase due to new eligible groups will impact cost of direct services and supports

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- Caseload increase will impact resources needed to operationalize the program at the state and local level (case management services, protective services, other administrative supports)
- Communication, awareness building effort

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

Office of Information Systems/ Information Technology (OIS/IT) system impacts: all IT investments are being implemented for the first year of the Healthier Oregon program, as the IT changes are designed to allow for program expansion. Adjustments will be needed to ODDS eXPRS provider payment system. No additional changes will be needed for APD IT systems. Oregon Eligibility (ONE) will need to be updated to allow younger individuals access to the services.

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

There will be change in client caseloads for both APD and ODDS.

15. 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.

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ODDS: ODDS is not planning to add any additional central office positions to implement this program beyond those already granted for the purpose.

APD: APD needs funding and positions for local case managers, support staff and supervisors to ensure access for newly eligible individuals. There is no need for additional central office staff

OEP: OEP needs funding and positions for eligibility workers.

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

Resources will be needed to implement a robust communication campaign to promote program awareness, develop communication tools and build partnerships with community organizations working with immigrant and refugee populations impacted by Healthier Oregon.

17. What are the ongoing costs?

- Cost of providing long-term services and supports to Healthier Oregon population
- Cost of providing case management services, protective services and other administrative supports to the Healthier Oregon Population including state case managers and funding for the Community Developmental Disabilities Programs (CDDPs), Brokerages, and Area Agencies on Aging.

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

100% General Fund for Services, positions receive a 66% General Fund, 34% Federal Fund split.

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19. What are the potential savings?

None.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$3,647,021	\$0	\$2,226,955	\$5,873,976	48	36.50
Services & Supplies	\$631,005	\$0	\$384,564	\$1,015,569		
Capital Outlay	\$0	\$0	\$0	\$0		
Special Payments	\$33,954,469	\$0	\$1,431,349	\$35,385,818		
Other	\$0	\$0	\$0	\$0		
Total	\$38,232,495	\$0	\$4,042,868	\$42,275,363		

Fiscal impact by program

	ODDS	APD	OEP		Total
General Fund	\$12,865,521	\$17,495,346	\$7,871,628		\$38,232,495
Other Funds	\$0	\$0	\$0		\$0
Federal Funds	\$0	\$0	\$4,042,868		\$4,042,868
Total Funds	\$12,865,521	\$17,495,346	\$11,914,496	-	\$42,275,363
Positions	0	0	48		48
FTE	0	0	36.50		36.50

Oregon Department of Human Services: 2023-25 Policy Package

Division:	Central Services
Program:	Director's Office
Policy package title:	Chief Data Office
Policy package number:	POP 106
Related legislation:	N/A

Summary statement:	<p>Accurate and reliable data can improve quality of life for the people we serve. Accurate and easily available data can direct services to where they are needed. Accurate data can offer solutions to problems. Data even have the ability to address inequities and disproportionalities, given the resources necessary to identify, gather and maintain them. Data inconsistency negatively and disproportionately impact people and communities of color, Tribal members and communities, people with disabilities and members of the LGBTQIA2S+ community. On the ground level, data give our case workers access to accurate information so they can spend more time in direct service to people. Currently one limited duration employee is the data expert for the Oregon Department of Human Services – a complex agency serving one in three Oregonians. This policy package creates a data office of three FTE and budget for contract services. The data office will:</p> <ol style="list-style-type: none">1.Set and lead vision and standards for data collection, use, management, governance, ethics, and justice.2. Manage compliance with Open Data mandates (ORS 276A.350-276A.371).
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3. Lead the development of tools and culture to enable ODHS to better use data to plan, make decisions and deliver service.
4. Implement data quality, management, and integration practices to create the future of human services, reduce disproportionality and inequity, respond better to emergencies and disasters, and adopt REALD/SOGIE (Race, Ethnicity, Language and Disability/Sexual Orientation, Gender Identity and Gender Expression) standards.

If this POP is not funded, adverse effects include: first and foremost, slow service delivery, missed opportunities to focus services where they are needed most and the perpetuation of health inequities. If not funded it will also adversely affect compliance with Open Data mandates; diminish the ability to identify and correct disproportionalities and inequities; and miss opportunities to streamline technology implementations due to continued siloed organization of data and related decision making. Lack of comprehensive data affects our ability to equitably serve Oregonians.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$433,310	\$0	\$288,873	\$722,183	3	2.37

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Purpose

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

Data is an organization's most valuable asset after its people. This policy package begins to establish the foundation necessary to manage data as an asset and leverage it to better support the ODHS vision, including the ODHS Equity North Star, REALD/SOGIE data standards, and equity dashboards, as well as reducing inequitable outcomes, responding to emergencies and disasters, and creating the future of human services in Oregon. All of these goals require accurate and accessible data and a workforce that understands data and how to use it to make decisions, assess performance and focus service delivery where it is needed most.

All services provided by ODHS require the agency to collect, store, protect, integrate, and use data. These services are all hampered by the siloed nature of the five main ODHS programs and the software applications that support their work, and by the absence of agency standards for data structure and classification. The agency faces significant challenges using and securing data across hundreds of systems while managing risks associated with access to data by internal and external users. Fundamental gaps exist across all disciplines of data governance and management. These gaps slow service delivery, miss opportunities to focus services where they are needed most and perpetuate health inequities.

In addition to solving these problems, the agency needs to develop deeper understanding of its clients, the reasons they seek service, and how their use of agency services relate to one another. This policy package will help ODHS integrate data to develop whole person, whole household views to enhance the possibility of delivering needed services and interventions earlier than they might otherwise. The policy package will enable increased workforce

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data literacy to promote and support data-informed planning, evaluation, and culturally responsive decision making across all areas of the agency, including where and how best to assign staff for greatest impact.

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

This policy package establishes a new data office in the ODHS Director's Office. The purpose of this new program is to:

- Establish the staffing bandwidth and permanency to support this emerging discipline and achieve the work outlined in the bullets below. Currently this effort is a start-up with limited capacity from one limited duration employee.
- Create, implement, and continuously update a strategy to manage and leverage data as an asset, including what and how data is collected, managed, and used, who can access it and how, and how to integrate and enhance it to increase its value and utility to ODHS to improve outcomes and reduce inequities.
- Create a roadmap to mature agency data management and governance, including coordinating available resources and data-related activities throughout the agency and in the Office of Information Services to leverage those existing resources to all, contributing toward one shared vision.
- Promote interoperability of data and manage lineage of data as it moves through and is shared with systems other than the one in which it was initially collected.
- Develop agency standards for the classification and protection of personally identifiable information (PII) and personal health information (PHI), including when diverse datasets are merged by public users.
- Promote and manage data sharing among public agencies and other partners.
- Lead a change management program to provide data to employees in a usable format, for example., in a self-service environment that supports data analysis, and to create a data literate workforce whose first question is, "What does the data tell us?"

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- Inventory and publish datasets, including establishing a process to engage with customers and the public to prioritize datasets for publication, through the Oregon Open Data portal as required by ORS 276A.350 to 276A.371.
- Establish and maintain data governance as required by the State of Oregon Data Strategy and ORS 276A.350 to 276A.371.

The agency will begin recruitment for the three FTE in the policy proposal upon approval with the goal of filling all positions by January 2024. Professional services consulting will be retained in late 2024 or early 2025.

3. How does this policy package help, or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

Data is foundational to all work done by the agency. Like a telephone line to a local office that enables clients to communicate with a case worker for any reason, better data management practices enable the agency to have more and better information to integrate and study for insights about how to best deliver what services to which clients—regardless of how those might change in time. This policy package supports more accurate reports and better access to data by our partners, including Tribal governments. Better data management and governance as enabled by this policy package is a “force multiplier,” for example, it creates unpredictable efficiencies and insights that improve overall program performance and community engagement opportunities. By improving the integrity and consistency of data collected and managed by ODHS, disproportionately and underserved populations benefit in several ways: 1) reducing the quantity of missing data improves the agency’s ability to focus support to those in greatest need; 2) increasing access to usable, correct and complete data provides a more accurate reflection of the location and needs of underserved populations which, in turn, enables the agency to allocate resources more

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specifically to offer support to those populations; and 3) creates opportunities for more impactful collaboration with community members in data collection, analysis and reporting.

Quantifying results

4. What are the long-term desired outcomes?

This policy proposal is anticipated to provide multiple beneficial outcomes, including:

- More efficient and accurate reporting of required information to federal regulators and state partners.
- Improved views of client information.
- Enhanced credibility of information provided by the agency to external sources, including the Legislature, community partners, Tribes, the media, and the general public
- Improved customer service.
- Increased efficiency and productivity.
- Improved transparency in data-related decision making.
- Increased collaboration with community members in developing strategic direction for collection and use of data.
- Data consistency, which will improve technology solution sets and the ability to convert or transfer data between systems, including improved classification of information as personally identifiable (PII) or personal health information (PHI) across systems as a result of improved data lineage mapping.
- Improved data literacy of and informed decision making by ODHS staff.
- More accurate reporting that is consistent over time.
- Ensuring compliance with HB2134 and HB 3159 for REALD and SOGI(E) data.
- Ensuring ODHS compliance with DAS Data Governance Policy.

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- Ensuring ODHS compliance with Oregon’s Data Strategy.
- Ensuring ODHS compliance with Oregon’s Open Data Standard.

This investment also seeks to address inequitable outcomes:

- Improvements to ODHS’s ability to manage data will have a direct positive impact on people’s health and well-being. Accurate information will enable case managers to develop holistic views of clients, trends and the relationship between services provided through different programs within the agency.

ODHS anticipates the following cost savings:

- Increased staff efficiency from standardization and improved quality of data will reduce time spent locating or validating data that is missing or inconsistent.
- Faster response and reduced burden of responding to requests for information from public entities, federal and state partners, the public, community partners and the media.
- More reliable data modeling.
- More efficient data stores due to improved data lineage mapping and de-duplication of redundant data.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Any improvements in service delivery outcomes will be indirectly improved by the investments in data management and use that will occur as a result of this policy package. In fact, the very ability to measure the impact of interventions to address inequities and disproportionalities is enabled by this policy package. Data inconsistency negatively impacts at-risk individuals disproportionately, which is most keenly seen in services for individuals and communities of color, Tribes, the disabled and those in the LGBTQ+ community.

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How achieved

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

The ODHS Director's Office made a one-year, limited duration, appointment to scope the need for data management inside the agency and begin the effort to comply with the Open Data mandates imposed in ORS 276A.350 to 276A.371. Data is an emerging field that requires dedicated resources to develop institutional knowledge and to propagate that knowledge throughout ODHS. One outcome is that this policy proposal is for a long-term structure to ensure that agency data is managed to improve outcomes, advance equity, and increase operational effectiveness. Without funding to establish a permanent, small group to support data efforts, the challenges ODHS faces today with data will persist and will compromise the agency's ability to effectively serve its clients.

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

Continue with only one executive (a chief data officer) accountable for data within the agency.

The agency has been using this model since February 1, 2022, with a limited duration appointment. This experience has demonstrated the need for a dedicated data function inside ODHS, and also that a data-knowledgeable team is required to effectively coordinate and leverage existing resources throughout the agency. One FTE is simply inadequate to support the strategic and operational tasks required of a data office at ODHS.

Eliminate the existing temporary data function.

ODHS will be unable to comply with the Open Data mandates of ORS 276A.350 to 276A.371 and DAS data governance policies. The agency will never develop the capacity to become data-informed except on an ad hoc

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basis depending on the curiosity and ability of interested staff, and the current data silos will not be transcended to achieve the insights necessary to support equity and other agency goals. Data practices will be ad hoc and not adhere to established best practices.

Create a data office of 5 FTE.

Due to the size and complexity of the agency and its data, this might be the desired future state. However, because data is an emerging field and at ODHS is at the lowest stage of maturity, to try to inject five FTE in a short time period is aggressive and risks partial failure. Both expert knowledge in the data team and general data understanding among the workforce need to mature. In addition, a smaller data office forces collaboration with the OHA data management team, the ODHS|OHA Office of Information Services, and each program area, which advances the goal of creating a data informed culture inside ODHS and alignment across the enterprise; in other words, constraint will help us all to learn together and prevent the data office from getting too far ahead of its partners.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Oregon Health Authority (OHA) and the ODHS|OHA Office of Information Services are key stakeholders of the ODHS Data Office proposed in this POP, but they are not directly collaborating on its contents, and OHA is independently submitting a policy proposal to enhance its data management capabilities and related needs within OIS to support data services required by both OHA and ODHS.

9. 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.

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There is no associated LC.

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

The data office created by this policy proposal will develop and manage a data sharing framework to grant other agencies and Tribes faster access to cleaner ODHS data while also improving security controls.

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

No.

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): n/a

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

Several key assumptions affect the pricing of this policy package:

- Collaboration with OHA and OIS will continue, allowing each to leverage the specific expertise of all data management knowledge across the three teams and thereby creating efficiencies for ODHS, OHA, and OIS.

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- The role of this office will be strategic and advisory and will function in a consultative role with regard to technology projects but will not be directly responsible for developing or overseeing the data warehouses/data marts, or other technology operations.
- All ODHS program areas have subject matter experts available to operationalize the guidance provided by the data office and will be able to do so according to training and guidance provided by the data office and without direct operational intervention becoming necessary.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

- Because OHA and ODHS share ownership and access to some data, effective data governance will require collaboration between OHA and ODHS. OHA is submitting a POP to support their participation in this collaboration.
- Because data is stored in systems managed by the ODHS|OHA Office of Information Services (OIS), OIS will participate in data governance and management work and support related technology tools.
- At this time, the impact on responsibilities and staffing in OHA and OIS is indeterminate.

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

- Cost per case can decrease when service staff are able to access accurate case data the first time, without having to contact the client to acquire missing information that had been previously provided but was lost or changed during a data interchange between systems.

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- More complete demographic information and awareness of all services provided to a particular client or others in their household can reduce contact time and frequency as well as provide the opportunity for more effective allocation of services to populations that need it.

15. 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.

#	Class Title	Class #	Working Title	# Months (e.g., 6, 9, 12, 18, 24)	
1	PEM F/Manager 3	X7193	Chief Data Officer	19	Converts existing LD position to permanent
2	OPA4	X0873	Data Coordinator	19	New position
3	OPA4	X0873	Data Coordinator	19	New position

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

Start-up costs are technology related equipment. While one of the requested positions is currently filled on a limited duration basis, and has already been provisioned with required technology, two of the positions are new and will require computers and peripherals as well as mobile phones.

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17. What are the ongoing costs?

The only ongoing costs will be for compensation (salary and benefits) and mobile phone service for three permanent FTE.

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

All funds required for this POP are cost allocated General, Other, and Federal funds.

19. What are the potential savings?

In time, case worker efficiency will increase because case workers who have access to accurate information will be able to spend more time in direct service and less time in acquiring correct data—whether done by having to ask the client to provide it again or by having to look for it in other places where it might be stored. As data is integrated and new insights about how services and conditions relate, the possibility of offering more appropriate services sooner will arise and potentially reduce the need for more costly interventions later. Time required to prepare reports will decrease, and the need to pay external contractors for some reports will end. From an IT perspective, accurate data inventories, database models, and data lineage tracking will support more efficient and faster IT systems changes and reduce billings from external consultants. It is also probable that data storage costs may be positively impacted over time as data redundancies are identified and reduced or eliminated. Storage costs overall will continue to rise as data is continually expanding year by year. Data security will be positively impacted due to improved data environment controls and better data privacy flagging.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$397,105	\$0	\$264,736	\$661,841	3	2.37
Services & Supplies	\$36,205		\$24,137	\$60,342		
Capital Outlay						
Special Payments						
Other						
Total	\$433,310	\$0	\$288,873	\$722,183	3	2.37

Fiscal impact by program

	CS-DO				Total
General Fund	\$433,310				\$433,310
Other Funds	\$0				\$0
Federal Funds	\$288,873				\$288,873
Total Funds	\$722,183				\$722,183
Positions	3				3
FTE	2.37				2.37

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Division:	Central Services
Program:	Office of Resiliency and Emergency Management
Policy package title:	Office of Resiliency and Emergency Management Staffing
Policy package number:	POP 109
Related legislation:	N/A
Summary statement:	<p>The Office of Resiliency and Emergency Management (OREM) provides disaster services to all Oregonians. OREM was created in response to the 2020 wildfires, but its charge involves preparing for and responding to all types of emergencies, including the Cascadia Subduction Zone Earthquake, refugee crises, extreme weather events, and drought. OREM helps people be safe, resilient, and eventually self-sustaining. In the last two years OREM has responded to help people affected by excessive heat events, an ice storm, lack of safe drinking water, and a chemical leak. OREM has sheltered more than 4,400 wildfire survivors in over 60 hotels from Portland to Ashland; delivered more than 2 million hot meals, three times a day, seven days a week to wildfire survivors, sourced and delivered 500-gallon tanks to 200 people whose wells ran dry due to the recent drought in Klamath County; the list goes on. While Oregon Department of Human Services is identified in state statute as the primary agency for providing Mass Care during disasters, OREM has been operating without legislatively approved funding since the wildfires of September 2020. To fulfill our statutory responsibilities and help Oregonians successfully prepare for and recover from disasters, OREM is requesting additional funding. The funds will</p>

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allow us to continue program operations while expanding our efforts to partner with communities, Tribes, and community-based organizations to improve local disaster preparedness across the state. The policy package requests funding the existing staff to maintain as well as grow this essential program.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$ 1,930,603	\$0	\$1,446,210	\$3,376,813	48	12.00

Purpose

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

ODHS does not have a legislatively approved budget for the Office of Resilience and Emergency Management (OREM) existing staff. ODHS has been funding the existing OREM staff without legislative budget. ODHS needs OREM to achieve its legal obligations to provide mass care and disaster social services as required by the Oregon Comprehensive Emergency Management Plan. Please know that these staff are already hired and have been working in the OREM for more than one year.

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

Create legislative budget and authorities for the ODHS Office of Resilience and Emergency Management's personnel. The Office of Resilience and Emergency Management is working to support local communities by hiring staff from within those communities to work by, through and with local community-based organizations to embolden and to be more effective in preparedness and disaster response efforts.

3. How does this policy package help, or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS mission?

- Disasters disproportionately affect historically marginalized communities. Providing comprehensive and equity-based mass care and social services will help to ensure inequalities are alleviated in disaster mitigation, response, and recovery. a new take or perspective on a long-running, perplexing problem in service delivery
- The OREM is being held as an example of how emergency management should evolve in Oregon and as an example of how other state agencies should address their Emergency Support Function responsibilities.
- Challenges assumptions or dominant cultural practices
 - The emergency management culture in Oregon has never before been tested as it has over the last two years. The OREM is demonstrating a bias toward action and assisting people who need help the most regardless of their living situation, income, or immigration status.

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- Applies lessons from other fields
 - The OREM staff is comprised of an extraordinary team with a vast array of experience and backgrounds. All of their experience in emergency management, social services, public service, private industry, law enforcement, legal practice and military service coalesce into a robust collection of perspectives and lived experiences. All these lessons shape the culture and operations of OREM within ODHS.
- Anticipates the ways an emerging trend will shape the future
 - OREM was created in response to the 2020 wildfires but is designed to be able to respond to the Cascadia Subduction Zone Earthquake. All other hazards and disasters are being carefully considered and prepared for in the most thorough means possible.
- Opens new opportunities for communities to leverage resources
 - The OREM works by, with and through local communities and community-based organizations. For example, OREM has provided more than \$18M to community-based organizations to support people recovering from wildfires.
- Builds on community strengths
 - OREM works by, with and through local communities and community-based organizations. For example, during the COVID-19 Omicron surge, OREM responded to a request from Multnomah County to establish an additional isolation and quarantine shelter when local capabilities were exceeded. OREM quickly established the shelter following MULTCO guidelines, operated the shelter, then demobilized it as soon as demand subsided to the level local resources were adequate.

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- Strengthens community relationships
 - OREM works by, with and through local communities and community-based organizations. Our regional staff members live in the communities they serve and maintain regular engagement with local partners, meeting them where they are at.
- Fosters Tribal sovereignty
 - OREM works closely with Tribal Nations to ensure participation and inclusion in each activity, exercise and preparedness measure conducted.

Quantifying results

4. What are the long-term desired outcomes?

The OREM has provided non-congregate shelter and three meals per day to more than 4,400 survivors of the 2020 wildfires. Many more people have been provided support from the many other disasters that have occurred in Oregon since September 2020. The office now has sufficient capacity not only on response and recovery but also on preparation as evidenced by our Able Readiness exercise series which is focused on the Cascadia Subduction Zone earthquake. Outcomes will reflect that people who need emergency shelter, food and water receive it, local communities are more resilient and prepared for disaster and the OREM can effectively respond to any hazard that befalls people in Oregon.

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5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

OREM collects and tracks data in a number of ways for a variety of missions. OREM employs an ARC GIS specialist to maintain a multi-layered interactive map to track resources and efforts. Numbers and dollar amounts are constantly tracked in many ways. But most importantly, people served by OREM experience a more integrated approach to offering social services and are moved into a better state of life as a result.

How achieved

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

Currently, the entire cost of staff for the OREM is without a dedicated budget and with the formation of this entity in September of 2020 there were no available actions.

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

ODHS formed the OREM without budgeted positions beginning in September 2020. Since then, the long list of response and recovery activities conducted by the OREM has clearly demonstrated proof of concept and success of the program. Below is a list of some accomplishments of the OREM staff during the past 19 months:

Fire Related Operations:

- Administered and managed more than 4,400 wildfire survivors who were sheltered in over 60 hotels from Portland to Ashland (non-congregant shelter used due to the COVID-19 pandemic).

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- Built systems, procured equipment, and developed capabilities to coordinate disaster case management services.
- Worked with utility providers across the Pacific Northwest to establish protocols regarding Public Safety Power Shut Offs.
- Conducted disaster case management of disaster survivors in Marion, Lane, Lincoln, Douglas, Jefferson, Multnomah, and Clackamas counties.
- Delivered more than 1 million hot meals to wildfire disaster survivors sheltered in hotels three times every day, seven days per week.
- Worked with private partners, CBOs, CAAs and COOs to provide support to and solutions for more than 4,000 wildfire disaster survivors, including converting hotels into apartments in response to a devastating housing crisis.
- Developed and released a Cleaner Air / Warming / Cooling Center Grant for local governments, Tribal Nations and Schools public buildings as required by Senate Bill 762 (Oregon 2021 Regular Session) and SB 1536 (2022 Regular Session).
- COVID-19 Related Operations:
 - Collaborated with OHA to support hospital decompression (non-congregant shelter used due to the COVID-19 pandemic).
 - Stabilized workforce in ODHS Programs and OHA by establishing and operating a Stabilization Incident Management Team in response to the October 18, 2021, state employee vaccination requirement.
- Weather Related Operations:
 - Sheltered vulnerable populations who lost power during the February 2021 Ice Storm in western Oregon.

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- Sourced and delivered 500-gallon potable water tanks to Klamath County to fight the drought and falling water table where more than 200 residential wells have run dry.
- Provided support to cooling shelters and homeless camps in Multnomah and Clackamas counties during the June 2020 Heat Dome event.
- Other Disaster Response or Preparedness Operations:
 - Conducted tabletop exercises with partners such as OHA and private industry.
 - Developed and established plans and protocols for Evacuation Assembly Points and conducted a full-scale exercise in January, 2022 of these capabilities.
 - Responded to an anhydrous ammonia leak in Yamhill County near a facility for people who are aged or disabled. (Anhydrous ammonia is a gaseous or liquid form of ammonia that lacks water. It can cause chemical burns in a matter of seconds.)
 - Managed in Oregon's largest FEMA reimbursement request for Mass Care expenses.
 - Invested in equipment and strategies to make voice and data communications more resilient across ODHS, other state departments and local governments.
 - Engaged the Nine Federally Recognized Tribes with an experienced Tribal Emergency Manager.
 - Establishing arrangements to receive, house and care for Afghan refugees to be resettled.
 - Worked with hundreds of private sector partners to develop sustainable and resourceful public-private partnerships.
 - Provided emergency communications to a program office in Medford due to a catastrophic equipment failure exacerbated by the current supply chain impacts.
 - Assumed oversight of the 2-1-1 program to better provide services to incident-impacted Oregonians.

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8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

OREM works across state agencies, local governments, Tribal Nations, and other community partners to offer an integrated approach to mass care and disaster social services that builds on existing community strengths. Most counties lack formal capability to provide Mass Care following an incident because there are no dedicated local government departments with that focus. Non-governmental organizations are critical to mass care delivery services, but none have a comprehensive focus nor capacity to address all hazards.

9. 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.

Not applicable.

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

Not applicable.

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

Not applicable.

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Staffing and fiscal impact

Implementation date(s): January 1, 2025

End date (if applicable): Ongoing

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

Pricing assumptions are based upon the number of staff and their classifications. Please remember that these staff are already hired and have been working in the OREM for more than one year.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No.

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

No.

15. 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 POP is requesting ongoing legislative funding for existing staff. This POP is requesting funding for only 48 staff, while the OREM staff has already grown in excess of 60 staff.

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

Not applicable. The OREM staff is already in-place and working.

17. What are the ongoing costs?

We request staffing of ongoing costs for each biennium.

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

All funds are general funds.

19. What are the potential savings?

Not applicable.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$1,771,433	\$0	\$1,180,933	\$2,952,366	48	12.00
Services & Supplies	\$159,170	\$0	\$265,277	\$424,447		
Total	\$1,930,603	\$0	\$1,446,210	\$3,376,813	48	12.00

Fiscal impact by program

	CS-OREM				Total
General Fund	\$1,930,603				\$1,930,603
Other Funds	\$0				\$0
Federal Funds	\$1,446,210				\$1,446,210
Total Funds	\$3,376,813				\$3,376,813
Positions	48				48
FTE	12.00				12.00

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

Summary statement:	<p>Children thrive when they have safe and supportive family structures in which to grow up. According to Oregon’s May Child Welfare Progress Report, about 4,000 times every month Child Protective Services staff engage with families to identify whether children are being exposed to an unmanaged safety threat. Key ingredients in achieving our Child Welfare Division’s Vision for Transformation are accurate assessments of child safety and in-home support to prevent placements away from family and community, but Child Welfare needs more staff to ensure that every family receives in-depth assessment and that safety threats are accurately identified. Current staffing levels make it difficult for staff to meaningfully engage with families, understand their specific needs, and develop customized safety plans – all tasks that require time, care, and skill. Without the staffing necessary to carry out these labor-intensive tasks, we may fail to identify safety issues and support families appropriately in addressing them, thus increasing the likelihood that a child will enter foster care – an often-traumatizing outcome that disproportionately affects Black and Native American families. A staffing investment is necessary to meet the goal in the Oregon Caseload Ratio Standards that each CPS caseworker is assigned no more than 7</p>
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new assessments per month (1:7 ratio). The investment will ensure critical caseworker capacity for family engagement, assessment, safety planning, and ongoing support – helping to make sure that children have the best chance of growing up in a safe and nurturing family.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$6,907,091	\$0	\$2,302,362	\$9,209,453	202	50.50

Purpose

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

ODHS Child Welfare has created the Oregon Caseload Ratio Standards (see Appendix A). Please refer to the attached document that lays out the history of caseworker caseloads in Oregon and outlines the process that was taken to create the current ratio goals, including the 1:7 ratio of new assignments for each Child Protective Services caseworker.

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ODHS Child Welfare continues to improve upon practice, continually striving towards a person-centered approach from a values base in alignment with the Vision for Transformation. This shift in approach means that Child Welfare, as a whole, will need to adjust and pivot current practices to work toward intentional engagement with families, aligning with the Child Welfare [Vision for Transformation](#): Guiding Principle 1 – Supporting families and promoting prevention as well as with the ODHS priority to strengthen ODHS foundations. Child Protective Services (CPS) caseworkers conduct the initial contact with a family on behalf of the agency. Typically, at this initial contact, a thorough assessment is initiated to assess a parent/caregiver's ability to manage the safety of their children. Child Welfare, like any other public, private, or non-profit / for-profit organization, is not immune to the current workforce crisis, resulting from the pandemic. These series of events have provided challenges that Child Welfare was able to overcome through creative, temporary solutions, like the use of the Mobile CPS Unit to assist in completing overdue assessments, however, these temporary solutions are not sustainable without additional staff. To ensure that we honor Guiding Principle 1 within the Vision for Transformation and work towards strengthening child welfare foundations, the need to request for additional CPS caseworkers and the supporting infrastructure is critical in building out the future of child safety within Child Welfare.

Current data shows that an average of 165 assessments are assigned daily, Monday through Friday and an average of 50 assessments on Saturday and Sunday. Monthly, Child Welfare's child abuse hotline assigns an average of 4,000 assessments, including familial and third-party perpetrator assignments. Increased engagement with families at initial contact is shown to improve safety and well-being outcomes for children. In addition, timely and comprehensive assessments focused on engagement, trust, and the quality of assessment of services reduces the likelihood of future reports and future maltreatment. In addition to new assignments, there are current open assessments that need to be completed. In order to address that body of

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work, Child Welfare is asking for mobile units of CPS workers and supervisors to travel across the state and support the work on the timely completion of assessments.

To build out the infrastructure and meet the Oregon Caseload Ration Standards of the one to seven (1:7) new assessments per CPS caseworker, as well as create additional mobile units to support workforce in the timely completion of assessments and other time-limited situations, Child Welfare will need an additional 200 CPS caseworkers, and the workforce to support and supervise those positions.

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

ODHS Child Welfare is proposing additional CPS caseworkers (Social Service Specialist 1 / SSS1s) to have the necessary and adequate staff to manage the work and intentionally engage with families from a person-centered approach. This POP is also seeking additional staff to support other aspects of the work, while the caseworker is able to have more time to engage, assess the family, contact collaterals, and partners they are working with, and provide support and assistance with engaging in services that are needed to help families strengthen their ability to ensure their family remains safe. Child Welfare is requesting 200 SSS1s to be devoted to CPS work. Additional staff will be requested to support the SSS1s within the district such as Supervisors, Office Managers, SSA or Case Aides, OS2s and paralegals. The additional SSS1s will generate additional work as they complete the comprehensive assessments and intentional engagement with families to provide the support needed to strengthen families.

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3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS' 3 strategic goals, and both the program and ODHS missions?

A well-staffed and resourced frontline workforce helps Child Welfare and ODHS to build and leverage culturally and linguistically appropriate community resources and services to support disproportionately impacted families and maintain their children at homes and in their communities of origin whenever possible. The Vision for Transformation is grounded in equity and anti-racism and all efforts by Child Welfare are planned with a full equity framework at the center. A key component of a full equity framework is a diverse, equipped, and competent workforce that has been selected, trained, and supported in equity-building practices and engagement skills related to cultural humility and power sharing. With an intentional focus on the initial contact and approach with families, caseworkers need adequate time and capacity to participate in professional development opportunities to build these skills and the capacity to subsequently meaningfully engage with communities. Increasing the CPS caseworkers and support staff will increase the ability and capacity to center equity-building skills with child welfare workforce and for child welfare to continue intentional engagement with families and most notably with those communities that are most impacted by inequities.

POPULATION/COMMUNITY	POTENTIAL POSITIVE IMPACTS	POTENTIAL NEGATIVE IMPACTS
Federally recognized Oregon Tribes	Engaging with the tribes and their families at the first CPS contact and supporting the families as	If CPS workers are not able to engage with tribes and tribal families in a culturally appropriate

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they engage in the resources and services available. The ability to support the Tribes in the development of necessary resources and services for families within their communities will ensure that children can remain in their homes safely and maintain their ties with their tribes. Tribes will be able to ensure that the resources and services available in their communities are culturally appropriate.

and sensitive approach, tribal children may need to leave their homes and their communities. Tribal families would have to receive their services outside of their community, often needing to leave their communities. Even if services outside of the community make every effort to provide culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure a culturally appropriate and sensitive approach.

Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander communities

Engaging with the Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander communities and their families at the first CPS contact and supporting the families as they engage in the resources and

If CPS workers are not able to engage with Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander families in a culturally appropriate and sensitive approach, these communities' children may need to leave their

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services available. The ability to support these communities in the development of necessary resources and services for families within their communities will ensure that children can remain in their homes safely and maintain their ties with their community. Communities will be able to ensure that the resources and services available in their communities are culturally appropriate.

homes and their communities. These families would have to receive their services outside of their community, often needing to leave their communities. Even if services outside of the community make every effort to provide culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure a culturally appropriate and sensitive approach.

LGBTQIA2S+ communities

Engaging with the LGBTQIA2S+ communities and their families at the first CPS contact and supporting the families as they engage in the resources and services available. The ability to support these communities in the development of necessary resources and services for

If CPS workers are not able to engage with LGBTQIA2S+ families in a culturally appropriate and sensitive approach, these communities' children may need to leave their homes and their communities. These families would have to receive their services outside of their

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families within their communities will ensure that children can remain in their homes safely and maintain their ties with their community. Communities will be able to ensure that the resources and services available in their communities are culturally appropriate.

community, often needing to leave their communities. Even if services outside of the community make every effort to provide culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure a culturally appropriate and sensitive approach.

People with disabilities

Engaging with the disabled communities and their families at the first CPS contact and supporting the families as they engage in the resources and services available. The ability to support these communities in the development of necessary resources and services for families within their communities will ensure that children can remain in their homes safely and maintain their ties with their

If CPS workers are not able to engage with families who are disabled in an appropriate and sensitive approach, these communities' children may need to leave their homes and their communities. These families would have to receive their services outside of their community, often needing to leave their communities. Even if services outside of the community make every effort to provide

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community. Communities will be able to ensure that the resources and services available in their communities are appropriate in meeting their families' specific disability.

culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure a culturally appropriate and sensitive approach.

People who are aging

Rural communities

Engaging with rural communities and their families at the first CPS contact and supporting the families as they engage in the resources and services available. The ability to support these rural communities in the development of necessary resources and services for families within their communities will ensure that children can remain in their homes safely and maintain their ties with their community.

If CPS workers are not able to engage with families that live in rural communities that are appropriate and sensitive, these rural communities' children may need to leave their homes and their communities. These families would have to receive their services outside of their community, often needing to leave their communities. Even if services outside of the community make every effort to provide

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People experiencing low or no income

Communities will be able to ensure that the resources and services available in their communities are culturally appropriate.

Engaging with the low- or no-income communities and their families at the first CPS contact and supporting the families as they engage in the resources and services available. The ability to support these communities in the development of necessary resources and services for families within their communities will ensure that children can remain in their homes safely and maintain their ties with their community. Communities will be able to ensure that the resources and services available in their communities are

culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure a culturally appropriate and sensitive approach.

If CPS workers are not able to engage with Low-or no-income families in a culturally appropriate and sensitive approach, these communities' children may need to leave their homes and their communities. These families would have to receive their services outside of their community, often needing to leave their communities Even if services outside of the community make every effort to provide culturally appropriate and sensitive services, it is difficult to replace a child or family's own community to ensure

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appropriate and do not burden the low- or no-income families' finances. a culturally appropriate and sensitive approach.

Quantifying results

4. What are the long-term desired outcomes?

Child Welfare anticipates that the additional staff will help further reduce the number of children coming into care, increase the number of families receiving in-home services instead of removal, and increase the timeliness of safety assessments.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Through increasing the number of CPS caseworkers that are trained in engaging with families and communities Child Welfare will see a continued increase in serving children and families at home and continued reduction in children entering foster care. Through engagement with families and communities in the development of resources, Child Welfare anticipates a reduction of Child Welfare necessary intervention

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and when intervention is required to ensure safety, more children will remain with their families and in their community. Families will thrive in communities that can best meet their needs and future reports of child abuse and neglect will be reduced.

Some of the potential key measurements of impact includes number of kids entering care, number of kids being serviced in-home, diligent efforts throughout the safety assessment and timeliness to completion of safety assessments.

How achieved

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

ODHS Child Welfare is continuously evaluating the CPS process and tools available to staff. A variety of management strategies have been implemented, such as dashboards have been developed to allow supervisors to monitor caseloads, reprioritizing resources to areas with high assignments, analyzing the assessment format to develop assessment reports that are concise and clear. As Child Welfare moves toward a person-centered (family-centered) approach, the time necessary to effectively engage with families is critical. Lack of engagement may create barriers to building rapport, engaging positively with parents, and working collaboratively to support parents in determining what their needs are to ensure safety and well-being for the child in their own care.

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

The Legislature gives position authority to State agencies. Unless agencies use temporary or non-budgeted positions, there were no other mechanisms for Child Welfare to acquire the additional workforce positions needed to align with the Oregon Caseload Ratio Standards and to hire more staff to engage with families in order to assess immediate and impending safety risks.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Child Welfare is working collaboratively with SSP to connect families with communities, resources, and services. Having these resources and services available through SSP and working jointly with SSP when Child Welfare does encounter families will ensure the families have all the support necessary to be successful in having children remain at home safely and the family's well-being preserved. SSP has had a collaborative relationship with Child Welfare and continues to nurture that collaboration as Child Welfare continues to build out a child safety infrastructure focused on intentional engagement and support with families.

This project will ensure that families can access the services that they need without Child Welfare being involved in their lives. The ability to develop services within communities that do not require agency involvement as well as enhancing the services that SSP is able to access will support families in a person-centered approach rather than in a siloed approach.

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Additionally, the Safety Program is partnering across training and workforce development teams to ensure that staff are onboarded and developed with the tools necessary to enhance the assessment and engagement skills, ensure that a diverse and qualified workforce is retained and recruited, and that workforce have the on-going professional development needed to increasingly serve families in-home.

Increasing CPS caseworkers will ensure that CPS workers will have the time to engage with communities and the resources and services available in those communities. They will engage with families and provide the support needed to seek out resources and services in their communities. Helping communities identify the resources and services their families need where families are defining their own plan, then identifying sustainable funding will ensure that communities are empowered to strengthen and support their families safely while promoting the well-being of individual families and the community.

9. 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

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

Child Welfare has intentionally spent time with the Oregon Tribes and with the underserved communities to listen and hear their concerns regarding Child Welfare's interventions into their families, tribes, communities, and cultures. Child Welfare is often intrusive into families lives as we may not fully understand the family's culture, community, or inequities they are facing. With the implementation of

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Family First, Family Preservation Child Welfare has continued to hold community and tribal listening meetings as well as meeting with other states and professionals to hear how they have successfully addressed implemented preventive and restorative programs and services within communities. Child Welfare is shifting their approach and engagement with families away from a system-centered approach to a person - centered approach in order to better serve families and communities. Child Welfare will continue to hold meetings with tribes and communities to continue to learn and shape the approach, develop community-based resources and services.

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

This request for Child Protective Services (CPS) caseworkers and related positions is, in part, connected to the Oregon Secretary of State's 2018 audit finding that Child Welfare was understaffed for field staff caseworker positions. The Secretary of State's 2019 follow-up report similarly concluded that Child Welfare needed additional caseworkers to meet it staffing needs.

Staffing and fiscal impact

Implementation date(s): July 1, 2024

End date (if applicable): N/A

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

Staffing model.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

The total positions ask of 202 will also need eight (8) infrastructure positions to support the overall work:

- 2 Operations and Policy Analysts 3 (OPA3)
- 2 Human Resource Analysts 2
- 1 Human Resource Assistant (HRA)
- 1 Facility Operations Specialist 2 (FOS2)
- 1 Electronic Publishing Design Specialist 2 (EPDS2)
- 1 Fiscal Analyst 2 (FA2)

In addition, inclusion of costs for language differentials.

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

This package will likely lower client caseloads in both CPS and Permanency. Effective engagement is predicted increase prevention of foster care placement, reduce future maltreatment, and improve outcomes for children and families in Oregon.

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15. 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 Child Welfare would allocate the funds as follows:

- 2 Child Welfare Manager 2 (PEM-E) to oversee & provide overall program support for a 1:7 ratio.
- 17 Child Welfare Supervisors 2 (PEM-C) to be disbursed statewide to provide supervision in local offices
- 8 Social Service Specialist 2s (SSS2s) for Mentoring, Assisting, Promoting Success (MAPS) positions to provide hands on training, mentoring, support, and consultation to SSS1s, specifically providing coaching opportunities to newer staff as they respond to and engage with families
- 100 Social Service Specialist 1s (SSS1s) for Child Protective Services (CPS) positions to be disbursed statewide to conduct assessments and engage families and community partners focusing on how to strengthen the family dynamic to ensure the safety and well-being of children in their own home
 - o 14 SSS1s to the Mobile CPS Unit to support delivery CPS teams in the reduction of overdue assessment
 - o 36 SSS1s based on the 4,000 assignments a month that includes third party investigations
 - o 50 SSS1s as a 7% vacancy rate allowance for continual hiring
- 28 Social Service Assistants (SSAs) to provide support to the SSS1s
- 3 Paralegals to provide the legal support necessary with cases that are court-involved, discovery for courts, responses to subpoenas and release of information requests
- 3 Office Managers 2 (OM2s) to support additional SSS1 CPS staff in the local offices
- 33 Office Specialist 2s (OS2) to provide overall support to the operations and business needs

For a total position ask of 202.

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The total positions ask of 202 will also need eight (8) infrastructure positions to support the overall work:

- 2 Operations and Policy Analysts 3 (OPA3)
- 2 Human Resource Analysts 2
- 1 Human Resource Assistant (HRA)
- 1 Facility Operations Specialist 2 (FOS2)
- 1 Electronic Publishing Design Specialist 2 (EPDS2)
- 1 Fiscal Analyst 2 (FA2)

In addition, inclusion of costs for language differentials.

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

N/A

17. What are the ongoing costs?

Positions costs are ongoing costs.

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

75% General Fund and 25% Federal Fund and Child Welfare will access current available funding resources: Title IV-E, IV-E, SSBG.

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19. What are the potential savings?

Cost of Labor turnover is traditionally the cost of paying to recruit (e.g., advertisements; recruiting firms; time to screen applications, interview applicants, and reference checks (number of people involved, number of hours spent, and salary of participants), etc.) and then the cost to train new employees. It can also include loss of knowledge and skills, costs of customer service disruption, overtime of employees covering vacancies, loss of morale among other employees, burnout of other employees covering vacancies, etc.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$6,907,091	\$0	\$2,302,362	\$9,209,453	202	50.50
Services & Supplies	\$0	\$0	\$0	\$0		
Total	\$6,907,091	\$0	\$2,302,362	\$9,209,453	202	50.50

Fiscal impact by program

	CW				Total
General Fund	\$6,907,091				\$6,907,091
Other Funds	\$0				\$0
Federal Funds	\$2,302,362				\$2,302,362
Total Funds	\$9,209,453				\$9,209,453
Positions	202				202
FTE	50.50				50.50

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ODHS Child Welfare Caseload Ratio Standards

Introduction

The Oregon Department of Human Services (ODHS) Child Welfare Division's Vision for Transformation is a declaration of ODHS Child Welfare's core belief and primary objective that all children deserve to experience safe, stable, healthy lives and to grow up in the care of a loving family and community. This core belief is supported by the Vision's for Transformation's three Guiding Principles: 1) Support families and promote prevention, 2) Enhance the staff and infrastructure, and 3) Enhance the structure to utilize data to inform decisions. These principles are intertwined in the daily work and build upon each other with each principle necessary for a successful transformation. A supported, skilled, respected, and engaged workforce that reflects and embraces the communities we serve will ensure we have a network of services promoting prevention and well-being for Oregon's children and families. The framework in this document will support the Child Welfare Division workforce transformation that in turn will support the spectrum of care and services for the children and families in Oregon. With the continued focus to increase prevention efforts and serve children and families safely at home, there is a need to increase internal capacity to maximize staff across all areas of casework – from child protection and family preservation to foster care, permanency, and support of older youth and young adult transitions. Family preservation is a newly developing service that will require staffing, services, and supports that have not traditionally been included in Child Welfare. This area of practice will continue to expand with the implementation of the Vision for Transformation and the implementation of federally approved Family First Prevention Services. Ultimately, an exceptional workforce that is developed and supported at all levels will result in a decrease in vacancies, an increase in retention rates, an increase in longer tenures, increased promotion, manageable caseloads,

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and higher workforce morale. The amount of time a caseworker spends engaging with a family correlate directly to improved child and family outcomes.

Considerations

Caseload models along with workload modeling play an important role in the legislative process and are used to inform legislatively granted position authority and budget. They also are important in establishing how the agency allocates positions to carry out the work of the Child Welfare Division. “Workload models” are based on time study surveys where workers are surveyed to determine the amount of time different activities related to caseload require. “Best-practice models” factor in standards in child welfare from national organizations such as the Child Welfare League of American (CWLA) Standards of Excellence. These best-practice models sometimes include positions not typically included in the case-carrying workload models, such as case aids and paralegals, and result in a recommendation for a larger staff to handle a predicted caseload than what would be recommended by the workload models. Over the years there have been different approaches to analyzing and reporting caseload and workload models. The Oregon Legislature has typically relied on workload models to inform the appropriate position authority and budget for the Child Welfare Division. The Legislative Approved Budget has not authorized the same number of staff as the best-practice model. In implementing the Vision for Transformation, the Division has established a best practice model for Oregon that incorporates the CWLA Standards of Excellence, timing studies done in Oregon in 2008 and 2017, and literature and research reviews. These standards will be the lodestar as Child Welfare moves forward.

Oregon Caseload Ratio Standards

CWLA recommends, “agencies should set their own caseload and workload standards”. For ODHS Child Welfare, the compilation of research, data capture (i.e., timing studies), and literature reviews are incorporated into caseload standards and recognize that staff are tasked with complex and difficult work each day as they seek to ensure child

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and family safety and well-being. ODHS Child Welfare will be moving forward with these standards for determining average monthly caseload for the specific caseworker roles outlined below. There are circumstances under which caseloads may vary from these standards. For example, as we have learned in dealing with the impact of the pandemic on staffing, caseloads may be higher when factors arise such as staff vacancies due to staff departures from the agency, promotion or leave such as Family Medical Leave, COVID-19-related leave, vacation, etc., as any type of leave impacts staff to work at full capacity.

Caseload = Workers/Cases: The number of children or families assigned to an individual caseworker.

Table 1: Oregon Caseload and Field Support Staff Supervision Ratio Standards

<i>Oregon Caseload Ratio Standards</i>	
<i>Worker: call/new assessment/child/home</i>	
Screening	1:561 calls
Child Protective Service	1:7 newly assigned assessments
Permanency (in-home, substitute, and adoption)	1:12 children (COA 15-17)
Certification	1:21 homes
<i>Field Support Staff Supervision Ratios Standards</i>	
Field Supervisor (PEMC)	1:7 SSS1 + 1:12 SSA, PLG
Case Aid (SSA)	1:7 SSS1
Social Service Assistant (SSA)	1:7 SSS1
Paralegal (PLG)	1:28 SSS1
FRS/IVE Specialists	1:200 FC/Adoption cases
Office Support (OS2)	1:3 SSS1
Office Manager (OM3)	1:12 OS2

Application of Caseload Ratio Standard

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The Child Welfare Division has developed an internal Caseload Dashboard for Child Welfare Executive Leadership and program leadership to inform and analyze the current caseload for caseworkers in safety, permanency, and certification. The Caseload Dashboard provides a statewide snapshot of currently assigned cases. The dashboard is organized by categories, including caseworker type, district, and county level, and can be filtered by supervisor and worker level to provide data on assigned cases. The dashboard is live caseload data (actuals) out of the ODHS Child Welfare's database, OR-Kids. The data is updated in real-time and subject to change as the quality of information about staff assignments is dependent on information being entered timely and accurately within OR-Kids. Additionally, the dashboard includes the use of human resources data including current staffing, vacancies, rotations, and other hire statuses. This is an internal management tool to assist in assignments and work management. Child Welfare leadership will use an internal monthly and quarterly average to inform allocations, needs, and trends. Almost half of the caseworkers have been with the program for three years or less. Using that information and the Caseload Dashboard, Child Welfare leadership can better determine the number and type of assignments dispersed between less experienced and more experienced caseworkers. Caseworkers who are new to ODHS Child Welfare generally take more time to complete each task and require additional guidance from supervisors than their more experienced co-workers. Child welfare work is difficult and complex, and it takes a significant amount of time for workers to gain the experience and knowledge necessary to function effectively with a full caseload of families and children. Until a caseworker has established significant experience in the field their work will likely take them longer to complete when compared to more experienced staff. From the internal dashboard and the internal monthly caseload report, Child Welfare leadership and the staffing allocation committee will monitor the monthly and quarterly average caseloads for Districts and branch offices. This, as well as the tenure information, will help inform the allocation decisions for position assignment.

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Conclusion

ODHS Child Welfare recognizes the importance of giving caseworkers manageable caseloads as it improves worker morale and retains qualified staff, in addition to the critical goal of improving outcomes for Oregon's children and families. As such, ODHS has taken steps to better understand the current state of worker caseloads and define what caseloads should mean under the Child Welfare Vision for Transformation. This ODHS Child Welfare Oregon Caseload Ratio Standard is a concrete step toward fulfilling all three guiding principles of the ODHS Child Welfare Vision for Transformation by specifically enhancing the staff and infrastructure to support families and promote prevention all while utilizing data to inform the current state and advise Child Welfare's decisions. This will continue to be the framework for future caseload ratio standard considerations.






References

Collins-Camargo, C., Collins, J., and Wilfong, J. (2018). Caseload & Workload: A synthesis of the evidence base, current trends, and future directions. Child Welfare League of America, Inc.







Oregon Department of Human Services: 2023-25 Policy Package

Appendix B: Position Descriptions

The following Position Descriptions are in a “final DRAFT” version, waiting for final DAS approval.

Number of Ask	Position Classification	Position Description Attachment
5	Child Welfare Manager 2 (PEM-E)	 PEME PD.pdf
34	Child Welfare Supervisor 2 (PEM-C)	 Child Welfare Supervisor 2 (PEMC)
17	Social Services Specialist 2	 SSS2 MAPS PD (DHS 0105).doc
200	Social Services Specialist 1	<div>  SSS1_Permanency.doc </div> <div>  CPS SSS1 Position Description.doc </div>

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		 Mobile CPS - SSS1 PD.doc
57	Social Service Assistants	 SSA Case Aide PD 2018.05.01.doc  PD SSA C6609 Visitation Worker 04.2
7	Paralegals	 Paralegal PD.doc
6	Office Manager 2	 PD OM2 X0806 04.2022.doc
67	Office Specialists 2	 PD OS2 C0104 Support Staff.doc

Oregon Department of Human Services: 2023-25 Policy Package

Division:	Child Welfare
Program:	Child Safety
Policy package title:	Parent Alcohol & Drug Support Services
Policy package number:	POP 119
Related legislation:	N/A

Summary statement:

Children do best when they grow up in a family within their community. However, substance use disorder (SUD) among parents is one of the greatest challenges to keeping children safe and healthy at home.

This POP aligns with recommendations from the Oregon Alcohol and Drug Policy Commission that aim to reduce Oregon's substance use disorder rate and increase Oregon's recovery rate. It builds capacity for the agency to better respond to the growing complexity of substance use disorder (SUD) among child welfare parents and creates capacity for building more consistent and efficient relationships with community partners and SUD treatment providers. When parents in the ODHS child welfare system can access treatment quicker, be supported in achieving recovery, and be assisted in sustaining their recovery from addiction, there will be fewer foster placements and improved child safety and family stability.

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ODHS will also increase the internal expertise to respond to a variety of issues that combine with parental and adolescent SUD, including various mental health challenges and the need for clean and sober housing. This proposal will also grow expertise on drug testing, engaging parents, and partners, and sustaining community treatment relationships that work with parents and adolescents. These positions will also provide ODHS with needed consultation regarding resource family applicants who may have SUD histories or current use concerns.

Estimated need: reclass 25 SSS-1s to SSS-2s and add 8 new positions.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$ 1,088,443	\$ -	\$ 362,841	\$ 1,451,284	8	6.00

Oregon Department of Human Services: 2023-25 Policy Package

Purpose

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

Parental Substance Use Disorders (SUD) continue to be the greatest challenge to child safety. The U.S. death toll from overdose in the country has risen to an all-time high of well over 100,000 people in a recent 12-month period, and Oregon has seen an increase in this tragedy as well. The Oregon Child Welfare Critical Incident Review Team has reviewed nine teen fentanyl overdose tragedies in a period of less than 24 months.

The Child Fatality Prevention and Review Program (**CFPRP**) has identified Addiction Recovery Teams as a critical support in the prevention of child abuse and child fatalities based on 2019 and 2020 Critical Incident Review Team (**CIRT**) fatality data. Approximately 70 percent of reviewed cases included parental history of substance abuse while nearly 50 percent identified substance use as a factor in the child's death. Parental substance abuse went unaddressed in more than 30 percent of cases. CIRT recommendations for caseworkers includes training and support to better understand the complexities of substance use and subsequent impacts to child safety. Circumstances surrounding child fatalities provides a picture into children who are most vulnerable due to parental substance use in Oregon as well as teenagers who are dying by fentanyl overdose.

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<https://app.powerbigov.us/view?r=eyJrIjojOWY5M2E5MzgtMDU0NC00MjI4LWI5MzctMDQ1MjQ1NWlwMGZzIiwidCI6IjY1OGU2M2U4LThkMzktNDk5Yy04ZjQ4LTEzYWRjOTQ1MmY0YyJ9>

In the spring of 2021, the CFPRP, in partnership with the Child Safety Program, facilitated the first safe systems mapping session for Oregon Child Welfare. This process was facilitated with the support of Dr. Tiffany Lindsey from the University of Kentucky Center for Innovation in Population Health. In this inaugural round of safe systems mapping, the team explored improvement opportunities in cases involving parental substance use disorder (SUD). These improvement opportunities were representative themes across nine cases reviewed through the CIRT and Safe Systems Analysis processes between August 2019 and March 2021.

Following the mapping process, eight recommendations were shared with Child Welfare Executive Leadership Team that could reduce or prevent child maltreatment in Oregon. Please see Appendix A: “2021 Oregon Safe Systems Mapping Overview and Recommendations” for more detail that are directly correlated with this POP.

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

- Three additional Social Service Specialists 2 (SSS-2’s) position to serve the families in all branches equitably

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- Two Operations & Policy Analysts 3 (OPA-3's) designated as experts in Behavioral Health (substance use disorder and mental health)
- One Administrative Specialist 2 (AS-2) to provide overall program support
- Two Child Welfare Manager 1 (PEM-Ds) positions to oversee this group of workers

The POP would provide position authority and funding for eight new staff for ODHS child welfare, as well as the funding for the reclassification of 25 existing SSS-1's to a more accurate classification to SSS-2. The additional staffing requests include two PEM-D level managers, to manage the Recovery Services Unit, two OPA-3's, and a support staff for the Recovery Services Unit related to these 30 positions and the related contractors. These positions will be used in child welfare to manage delivery supports, collaborate with community partners, and respond to contracted service providers in a joint effort to counter substance use disorder and its negative impact on child safety, child health and parental health.

Additional service dollars are not requested in this POP. Contracted services are existing or will exist in all counties. The funding is needed for ODHS Child Welfare expertise at the caseworker level. ODHS Addiction Recovery Team specialists will provide training, parental engagement, caseworker support and consultation, service monitoring, and community liaison services to local treatment providers including family treatment courts.

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3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

Addiction treatment services, like many others, have an overrepresentation of people of color, with a less than adequate service response. This POP can increase the engagement of currently underserved communities through focused client engagement goals and service provider relationships for those families interacting with child welfare. The POP increases capacity, service efficiency to parents within their own communities, and the ability to respond to families across Oregon more equitably.

Addiction exists in all cultures and levels of income, but like many other health issues it hits hardest in communities of color and low-income families. Therefore, a focused service, grounded in a knowledge base of the complexities of substance use disorders and free of the bias that exists toward people with addictions, must be a foundational piece of ODHS services. This POP empowers child welfare parents to achieve recovery, regain their dignity and move toward independence from the illness of addiction. These services move ODHS toward that ideal of citizens achieving wellbeing. Specifically, the POP can 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.

This POP will increase advocacy for both treatment and peer support services that better serve communities currently most impacted by the inequities of recovery focused services. This is done by using the POP created positions to have specific responsibilities for community partner liaison work to available resources and maintaining the relationships to the advantage of parents in the ODHS child welfare system.

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Quantifying results

4. What are the long-term desired outcomes?

This POP aligns with the Oregon Alcohol & Drug Policy Commission plan to develop a comprehensive addiction recovery strategic plan, which ODHS has a role in responding to. The Commission describes two primary objectives — reducing Oregon’s substance use disorder rate and increasing Oregon’s recovery rate — and provides recommended outcomes in 4 categories: prevention, intervention/engagement, treatment, and recovery supports. All of these are addressed in some fashion through the services supplied which this POP increases and enhances within the child welfare population.

This POP will increase the existing advocacy for both treatment and peer support services that better serve communities currently most impacted by the inequities of recovery focused services. The created positions will have specific responsibilities for community partner liaison work to available resources and maintaining the relationships to the advantage of parents in the ODHS child welfare system. Statistically, the chronic illness of addiction dominates the challenges of people using child welfare, self-sufficiency, employment training and other community services. The child welfare services that intervene on addiction by providing engagement, referral to treatment, support, and training on the intricacies of addiction and recovery is a standard for all helping services.

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5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Oregon child fatality data is extremely clear and demonstrates an ongoing concern for child safety surrounding a lack of resources to assist caseworkers in understanding the often-detrimental impacts of parental substance use on children. This POP is a critical piece in the prevention of maltreatment and fatalities.

Parents in the ODHS child welfare system will access treatment quicker, be supported in achieving recovery, and be assisted in sustaining their recovery from addiction. Recovery decreases foster placements and increases child safety and family stability. This funding would achieve three primary goals of parent engagement, rapid access to SUD treatment and sustaining recovery.

How achieved

This POP will demonstrate the achievement of recommendations Number 5 and 6 in the Oregon Safe Systems Mapping Overview and Recommendations (see Appendix A: “2021 Oregon Safe Systems Mapping Overview and Recommendations”).

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

Oregon was once a national leader in responding to this issue. Oregon's actions to address parental addiction began 30 years ago, and the service and staff package to address it has not been increased or adjusted since. In 1991 Oregon child welfare obtained a federal grant to place alcohol and drug support services directly into 8 child welfare branches to assist parents with SUD. These services led to rapid access of parents into treatment which was more important than ever as the federal Adoption and Safe Families Act created shorter timelines for parents to achieve recovery from their addiction. In 2003 the name was changed to ART (**Addiction Recovery Teams**).

Current services have been stretched far beyond their capacity, and the need for additional and better managed services is clear. Child welfare has made various efforts to respond to a growing need with an expired service level. In addition, as addiction increases, and becomes more complex through the rise of opiates like fentanyl and the addition of COVID-19. Child welfare parents have struggled to achieve treatment entry, and the isolation of the pandemic has proved deadly. These child welfare services break down that isolation and fill the gap during treatment wait times for parents.

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

Alternatives to meeting child welfare needs in this area do not exist, and in fact, Oregon's creation of services for this challenge had been a national model for many years after their inception in 1991. Key to our local treatment resources and our contracted services being utilized, effectively integrated into case practice, and monitored for effectiveness and contract compliance are the ODHS positions that were authorized by the Legislature in 1991. Thirty years later, the need for these services is still a prime focus of

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the current Child Welfare Division Vision for Transformation. Behavioral health treatment, specifically substance use disorder treatment, are cited as key components of a statewide safety net for families, but the positions authorized 30 years ago are insufficient for the current demand and placed in an administrative structure that decrease their ability to effectively assist parents and caseworkers respond to SUD.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

While no other state agencies are involved directly in the POP itself, many benefit from the work they do including ODHS programs that regularly attend training offered regarding substance use disorder. In addition, local treatment providers benefit from treatment referrals and support to their clinical services since over 75% of children in foster care have at least one parent identified as having an issue with substance abuse. While ODHS is well-integrated with local treatment partners in many sites, they count on us for referrals information, client support, client motivation, outcome collaboration and the creation of relapse prevention and creating ongoing life support networks for the clients we share. In that sense the silos of ODHS/OHA, treatment/child safety, and community supports/child welfare are all made less restrictive and more collaborative as the positions in this POP will continue the collaborative work and expand it.

This POP is an adjustment to current services that are already highly collaborative with local treatment agencies, family treatment courts, alcohol and drug free housing and various peer support programs. As it is focused on parents and families struggling with substance use disorder, we already share power, and in most cases defer to the clinical expertise of our partners. The positions in the POP are those who refer to these

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programs and lay out a set of services that support the continued use of the services in ways a treatment provider cannot. These services also serve as a liaison between treatment and child welfare caseworkers so that plans made on both sides remained fully informed of the work of partners, sharing not only power, but treatment goals, safety goals and client challenges that allow our parents and families to work with an informed system that is integrated rather than fragmented.

- 9. 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 statutory changes required**

No.

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

While no other state agencies are involved in the POP itself, many benefit from the work they do including ODHS agencies which regularly attend training offered regarding substance use disorder. In addition, local treatment providers benefit from treatment referrals and support to their clinical services.

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

N/A

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Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): N/A

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

The existing costs of positions funded will remain consistent.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

N/A

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

No changes to client caseloads. Increase in alcohol and drug support services to child welfare families in five counties not currently fully staffed with this resource.

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15. 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.

POSITIONS ASK:

Reclassification:

- 25 *existing* Social Service Specialist 1s / Addiction Recovery Team to Social Service Specialist 2s

New positions:

- 2 Child Welfare Manager 1s (PEM-Ds) to provide supervision for this overall team
- 3 Social Services Specialist 2s to serve the families in all branches equitably
- 2 Operations and Policy Analysts 3s designated as Behavioral Health experts in substance use disorder & mental health
- 1 Administrative Specialist 2 to provide overall program support

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

N/A

17. What are the ongoing costs?

Positions costs are ongoing.

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

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75% General Fund and 25% Federal Fund and Child Welfare will access current available funding resources: Title IV-E, IV-E, SSBG.

19. What are the potential savings?

Services that assist parents in entering treatment quickly, and achieving and sustaining recovery, also assist children in coming home, therefore, reducing foster care costs.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$ 980,010	\$ -	\$ 326,677	\$ 1,306,687	8	6.00
Services & Supplies	\$ 108,433	\$ -	\$ 36,164	\$ 144,597		
Total	\$ 1,088,443	\$ -	\$ 362,841	\$ 1,451,284	8	6.00

Fiscal impact by program

	CW Design	CW Delivery			Total
General Fund	\$596,398	\$492,045			\$1,088,443
Other Funds	\$0	\$0			\$0
Federal Funds	\$198,812	\$164,029			\$362,841
Total Funds	\$795,210	\$656,074			\$1,451,284
Positions	4	4			8
FTE	3.00	3.00			6.00

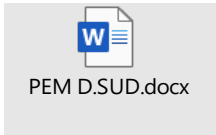
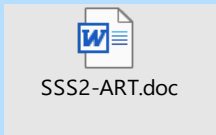
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Appendix A: 2021 Oregon Safe Systems Mapping Overview and Recommendations






Appendix B: Position Descriptions

The following Position Descriptions are in a “final DRAFT” version, waiting for final DAS approval.

Number of Ask	Position Classification	Position Description Attachment
2	Child Welfare Manager 1 (PEM-D)	
3	Social Services Specialist 2 (SSS2)	
2	Operations and Policy Analysts 3 (OPA3)	

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		 OPA 3 SUD.docx
1	Administrative Specialist 2 (AS2)	 PD - AS2 SUD.docx
* 25	*** RECLASSIFICATION *** Social Services Specialist 1 <i><u>TO</u></i> Social Services Specialist 2	 PD - Standard ART Worker.pdf

Oregon Department of Human Services: 2023-25 Policy Package

Division:	Child Welfare
Program:	Treatment Services
Policy package title:	FOCUS Expansion
Policy package number:	POP 122
Related legislation:	N/A

Summary statement:

Children deserve to grow up in their own communities, where their established connections with family, friends, teachers, and others can support their well-being. But children with complex needs are more likely to be placed outside their communities in order to receive specialized services. This proposal seeks to strengthen the well-being of Oregon families through intensive community-based support services for children with complex needs, allowing them to remain in their own communities in a resource home, relative care, or parent's home. These services will provide coaching, training and support to caregivers and individualized services specific to the child's needs to help keep the child in stable, community-based, and familial placements as well as reduce the risk of placement disruption, Temporary Lodging, and the use of higher levels of care, including residential treatment. This proposal, if approved, will allow for services to be developed throughout the state, including in rural communities. In the long term, these services will prevent unnecessary foster care placements, support families, improve the retention of resource parents, and ultimately save the state money through effective early intervention and partnerships with other systems. The services included in this proposal are Child Specific Caregiver Services (CSCS) and Response and Support Networks (RSN). This proposal requests funding and resources necessary to implement these services.

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Policy package pricing:	\$ 7,292,700	\$ -	\$ -	\$ 7,292,700	0	0.00
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Purpose

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

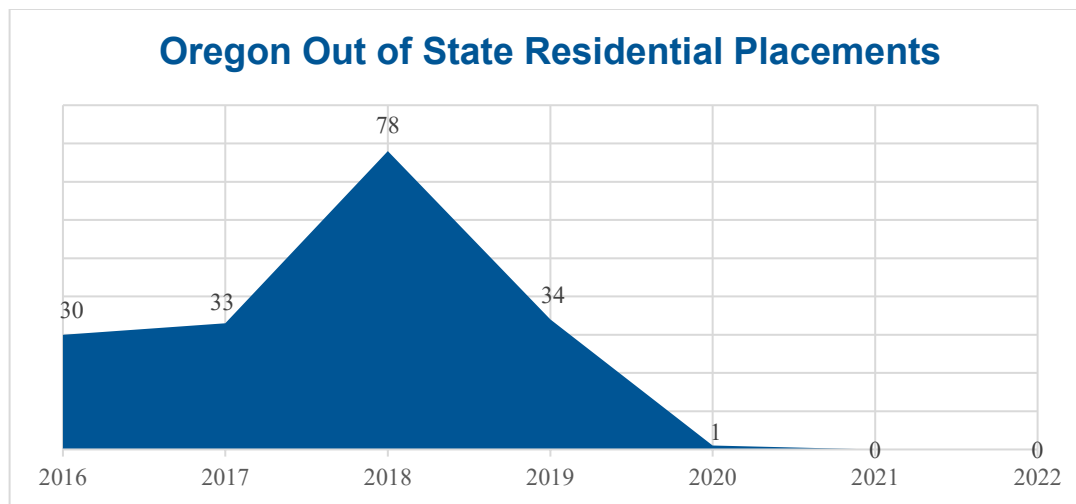
This proposal seeks to better support Oregon children and families by providing intensive individualized services to prevent the need for out of home placement, higher levels of care and placement instability, allowing children with complex needs to access necessary services while remaining within their own communities. To that end, the proposal seeks to address four critical challenges:

Critical Challenge #1: Placement stability

As of April 20, 2022, according to the Oregon Child Welfare Federal Performance Dashboard, children, and young adults in care experience 5.00 moves per 1,000 days, which is higher than the Federal Standard of 4.12. Children with intensive needs often experience many more moves than the average and are much more likely to experience stays in Temporary Lodging. Children who qualify for Behavioral Rehabilitative Services (BRS), mental health and Intellectual/Developmental Disability (I/DD) supports account for the majority of children in Temporary lodging, reaching 87 percent in 2021. However, due to provider capacity, accessibility, the workforce crisis and a number of other issues, these services are not always available to those eligible to receive.

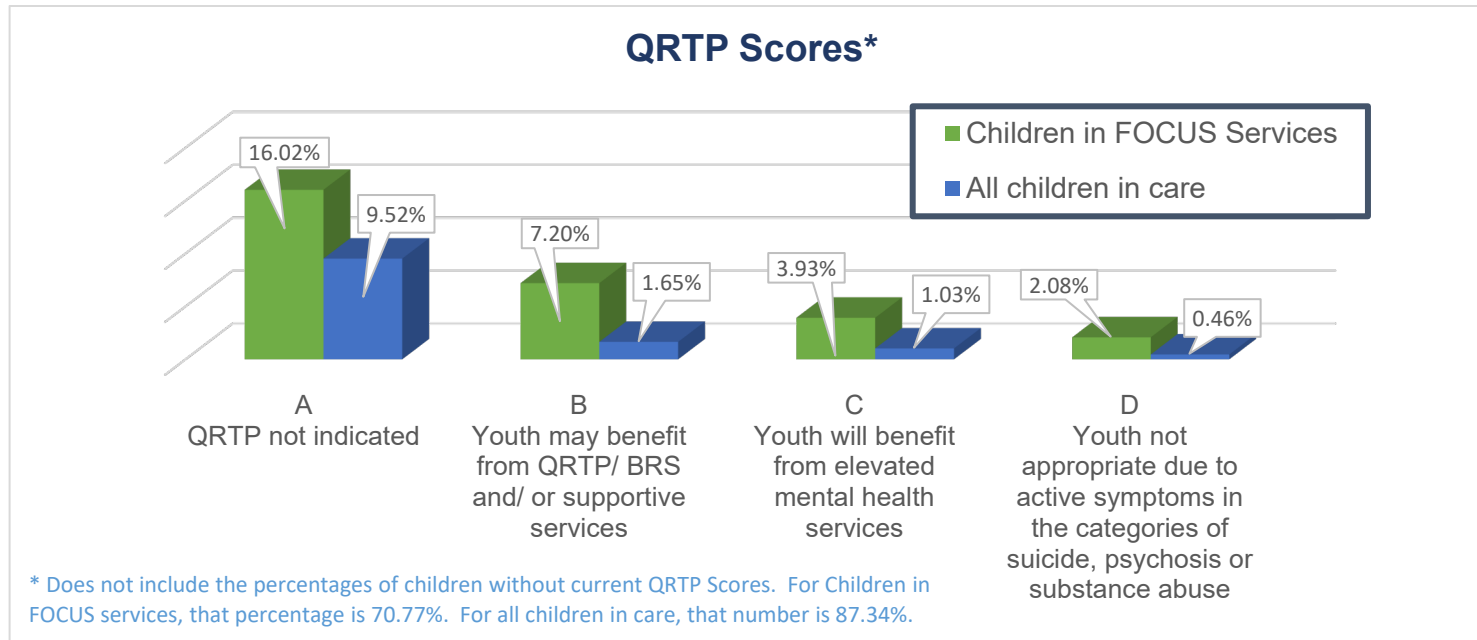
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Previously, ODHS Child Welfare utilized Out-of-State Residential Treatment facilities to serve some children with complex, multisystemic needs. From 2016 to 2020, Oregon placed 176 children in Out-of-State Residential Treatment Facilities across the country, primarily as the only way to access eligible services. ODHS made the decision to return and serve these children in Oregon in 2020. Since June 2020, no children served by ODHS Child Welfare have been placed in Out-of-State Residential Treatment.



While we celebrate that children have returned from these facilities, access to eligible services remains challenging. The FOCUS program serves some of the most complex and vulnerable children in care, as reflected in the QRTP scores visual below:

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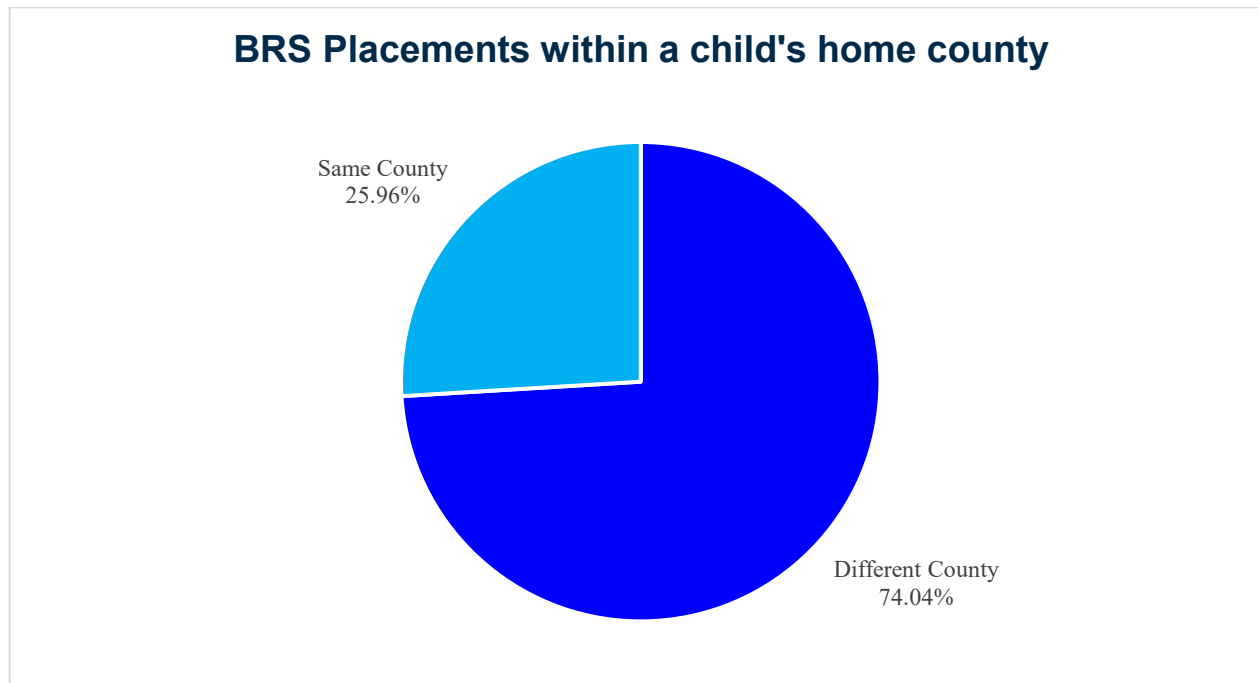


Critical Challenge #2: Equitable access to supportive services

The FOCUS Program has been successful in providing community-based Youth Mentoring, Sex Abuse Specific Treatment, Skills Training and Respite services to many children who were previously placed out of state, helping them move toward independence or permanency. Sending children hundreds of miles away to access higher level placements does not allow caregivers' direct involvement in the process nor does it support empowerment to incorporate new skills to work with them. Supporting caregivers with the child's very specific needs and providing hands-on coaching may have not only supported the children upon their return but might have prevented the need placement disruption in the first place. Service accessibility continues to be a critical need within Oregon. Many current services are only available within Metro areas and along the Willamette Valley. Between March 2020 and

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March 2022, 5 percent of children placed in BRS placements with cases coming out of Eastern and Central Oregon counties were placed in their home counties. By contrast, in Multnomah County, that number is 54 percent. Statewide, 26 percent of children are placed in BRS in their same county.



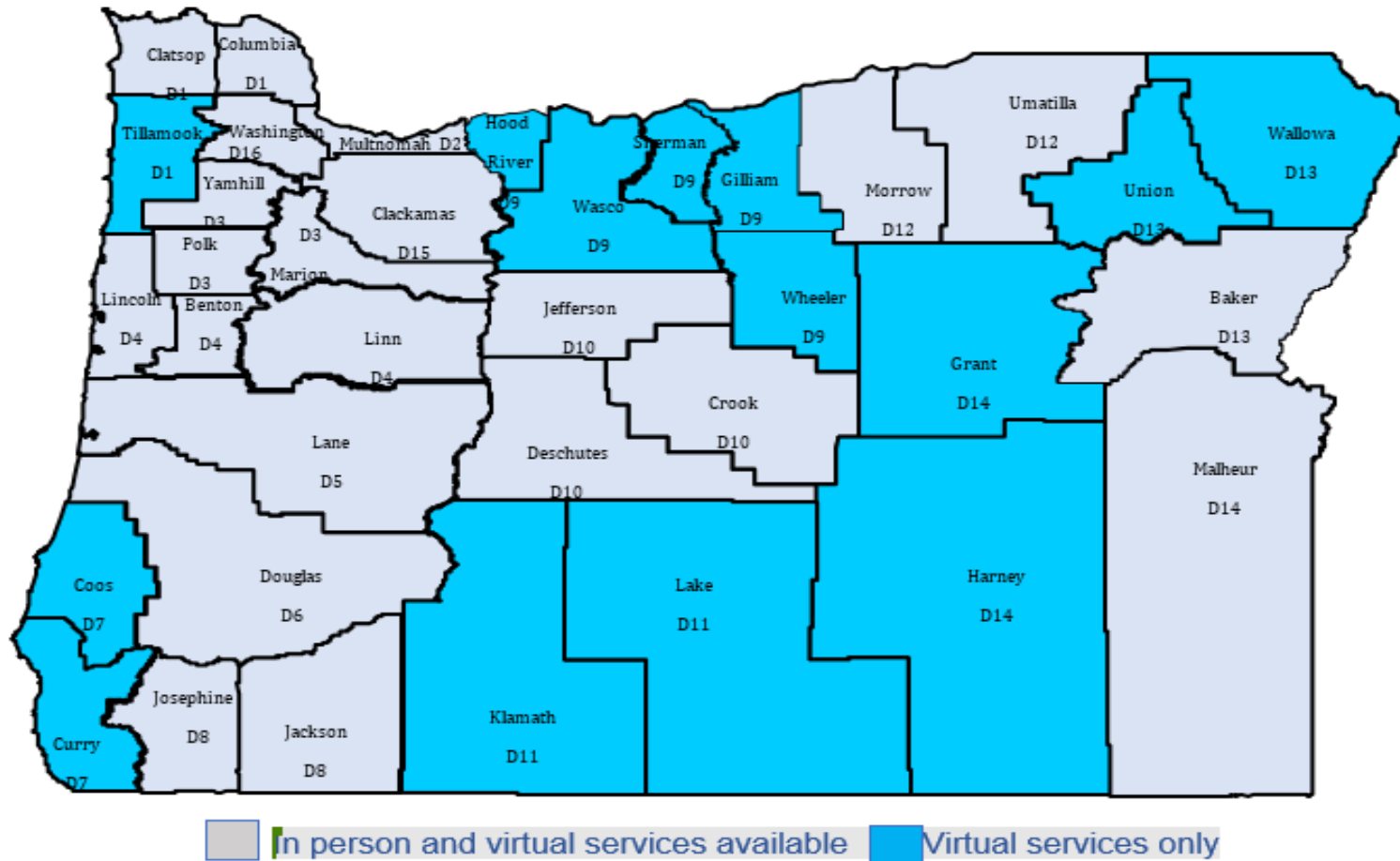
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Often children in Eastern, Central and Southern Oregon are removed from their communities to be supported in BRS Programs. In order to build intensive services thoughtfully and successfully in these communities, it is necessary to get to know the strengths and needs of each community, assess service array, and determine the best ways to serve the area, while considering the characteristics that make that community unique. Services or providers that are effective in Lane County may not be in Malheur County, for example. Treatment Services and the FOCUS Program have been collaborating with local Child Welfare offices, community partners and service providers for years in collective efforts toward expansion of services into more districts. This proposal will allow us to expand the work.

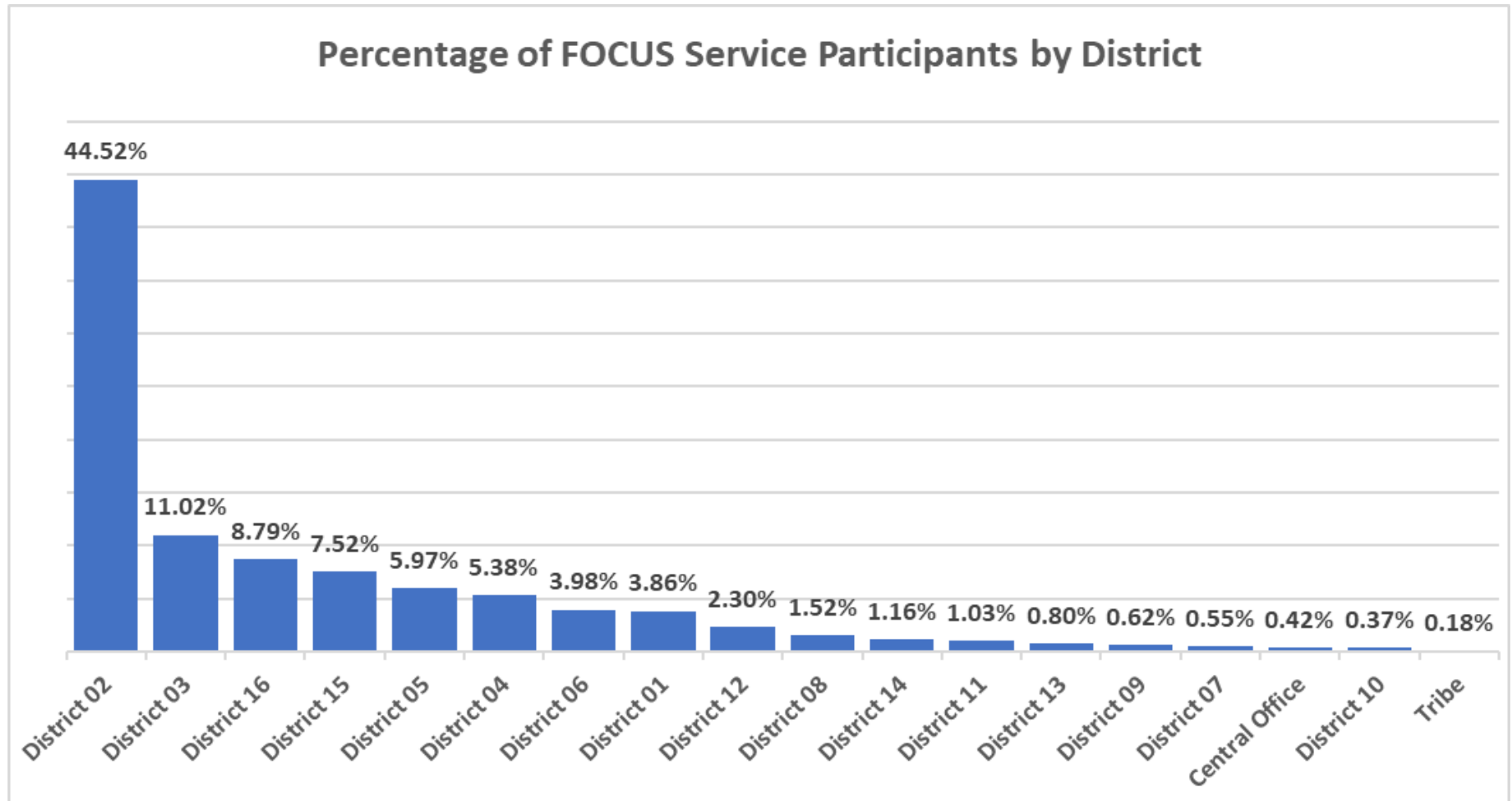
The following map shows the current availability of in-person services for FOCUS Preventative Services. Within the last two years, a small virtual service array has also been initiated. For example, parents and caregivers of children with sexualized behaviors can access virtual supports through a contract that assists them in understanding the child's needs, setting up structure in the home and maintaining healthy boundaries, among other things. Providing this service virtually allows children from across the state to remain in their home and the families to feel safe and supported.

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FOCUS Contracted Preventative Service Availability May 2022



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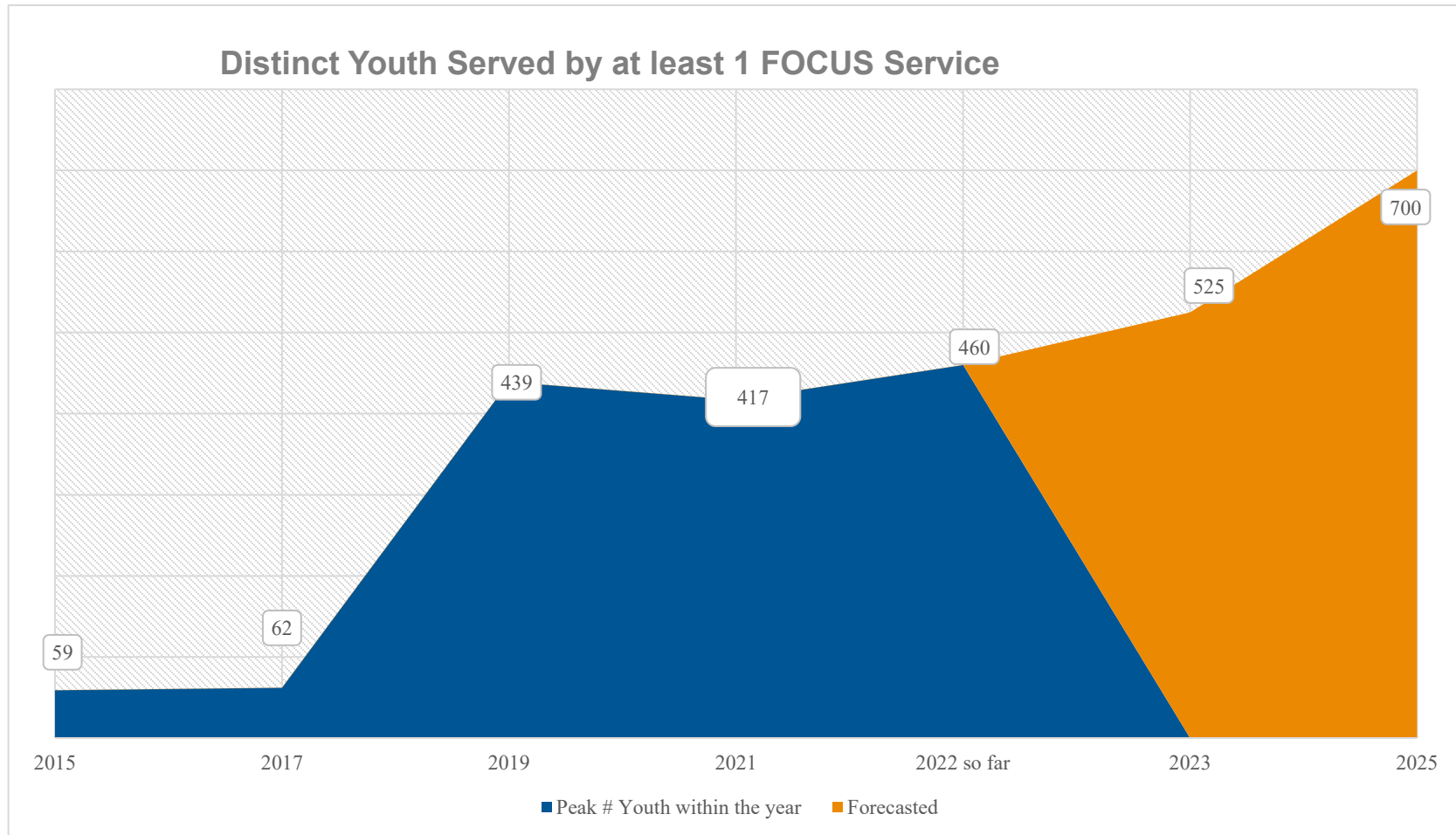
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Critical Challenge #3: Removal from home and extended stays in substitute care in order to access supports related to a child's specialized intensive needs

Children are sometimes placed in substitute care, including higher levels of care, because parents are unable to manage their behaviors, mental health symptoms or developmental needs. Traditional Child Welfare systems were built in a way that the child would need to be removed from the home to access necessary services. As Oregon continues to move toward a system that prioritizes safety and equity through family preservation and prevention, it is crucial that we build a robust service array that can help parents, families, and communities support children with complex needs. These children deserve the services and supports necessary to remain with family in their own communities, but still receive services in the least restrictive way possible. As a system, it is our responsibility to ensure that this is available in the most trauma-informed and culturally appropriate ways whenever possible and regardless of the family's location, financial situation, ability to advocate, access to health insurance, cultural identity, etc.

All the services within this POP are community-based and support children at the least restrictive level of care possible. Most are able to provide intensive in-home services in an effort to prevent entry into substitute care and ultimately preserve families. With the Response and Support Network (RSN) and Child Specific Caregiver Supports (CSCS) projects, as well as other FOCUS Preventative Services, future phases are expected to include structure for serving families without current Child Welfare cases, as true prevention or post-Child Welfare intervention or adoption. One of the current Preventative Service Providers has already begun moving this direction independently, having received a grant from the Spirit Mountain Community Fund to support their Next Level Program, which continues to fund services for youth who are no longer in the care of ODHS but would benefit from continued mentoring, independent living, and educational supports. This program has been highly successful for the youth involved.

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This critical issue specifically speaks to Guiding Principles 2 and 3 within the Oregon Child Welfare Vision for Transformation. Data has shown consistently that preventative services, including those provided by the FOCUS Program, improve outcomes, timelines, and long-term wellbeing for the families we serve. The FOCUS Program has

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shown exponential growth and success in a time where other systems, as well as programs within our own agency, are struggling to find and maintain providers. Investing in a program with a proven record of success, with clear data and auditing processes in place to oversee not only compliance with requirements, but quality of service, can provide the agency with opportunities to champion the use of quantitative and qualitative data, as well as opportunities to drive forward our agency's mission. We have been able to do this with limited staffing.

This proposal seeks to strengthen the well-being of Oregon families by providing intensive community-based support services to children with complex behavioral, mental health and developmental needs who historically have been supported in residential systems administered by the Office of Developmental Disabilities Services (ODDS), Oregon Health Authority (OHA), or Child Welfare. Uniquely, this new intensive community-based service array will support caregivers for these children in an effort to reduce or eliminate the cycle of placement disruptions, Temporary Lodging, and unnecessarily long stays in higher levels of care, as well as increase resource parent retention and support reunification efforts. Utilizing a phased approach, these services are also intended to support family preservation and reduce the need for children to enter foster care.

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

We are proposing the funding to create and stage statewide implementation of the following new services for children who are at risk of placement instability, removal from home or extended stay in higher levels of care:

A. Child Specific Caregiver Supports – Coaching, Training, Resource Navigation and on-call support services for Resource Parents, Relative Caregivers and Parents specifically focused on meeting the individual special needs of the identified child. This non-clinical support service is focused supporting the child's parent or resource parent meet the child's daily behavioral needs. Its goal is to not only stabilize the child's placement but also to support the caregiver, improving resource home retention and maintaining children in their homes. Pilots are being initiated May 2022 in Multnomah, Clackamas, Washington, Lane, Marion, Polk, and Yamhill Counties. During the 2023-

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2025 Biennium, with the funding needed, we anticipate full procurements for those counties as well as of other identified districts. Eight districts will have these services in 21-23. Final expansion to the additional eight districts is projected in 2025-2027. The average cost per district for these services is \$250,000 per biennium.

B. Response and Support Network (RSN) Rollout – RSN is a short-term (60-90 days) intensive urgent response and support for Resource Parents with non-clinical providers, as part of a collaboration with CareOregon to offer immediate cross-system response and referrals. RSN further offers a unique support when OHA’s Mobile Response Support Service (MRSS) and 988 (Suicide Prevention line) roll out; the key to MRSS and 988 response is the immediacy of the 24/7 crisis response and connection to ongoing services like RSN. RSN offers a seamless connection to services that are tailored to a priority population and can categorically leverage success of MRSS. Services that are tailored to priority populations have shown to be more effective than service availability for the general population. When MRSS launches, RSN will modify its services offering to next business day response modeling opposed to 24/7 INITIAL response (this will be a cost reduction). Once the service is opened, 24/7 response will be available through RSN for the cohort. When and if BRS in-home services are offered, RSN looks to convert its service offering to bill Medicaid for eligible BRS clients whenever possible. MRSS and new In-home BRS services success and infrastructure leverage will be propelled by RSN’s existence. Resource Families and Child Welfare clients will continue to benefit from the core highly tailored trauma specific supports offered in RSN and the partnerships it represents with CCOs.

RSN is currently being piloted in District 2 and District 16, and then will expand to District 10. The goal in the 2023-2025 biennium would be to partner with FOCUS CSCS to assess community need and readiness in order to determine the best course for expansion as we fully roll out the program, understanding that RSN requires:

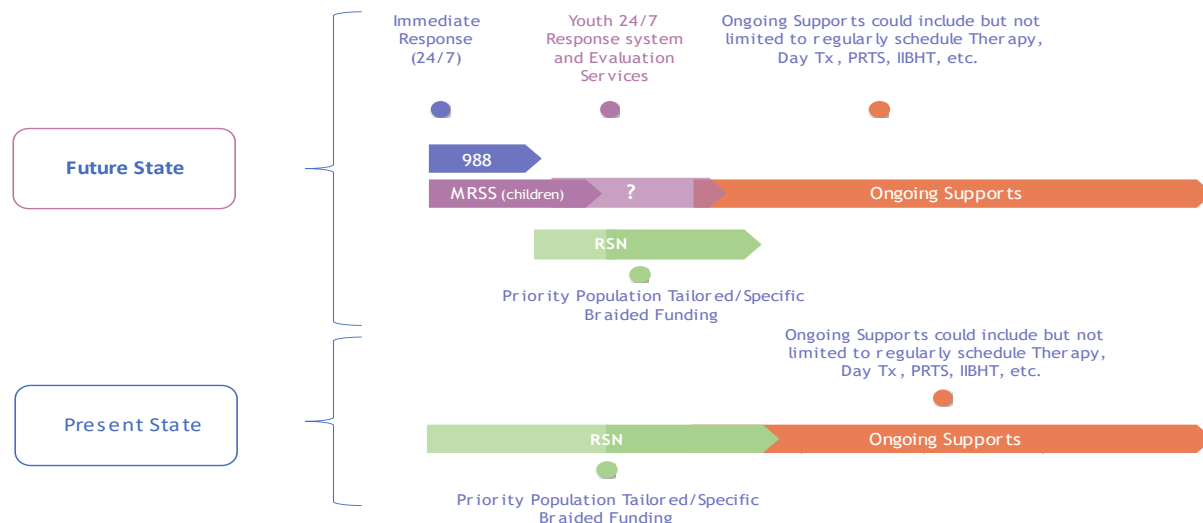
- i. CCO participation
- ii. Child Welfare Staff Resources (position and funds allocated in this POP)

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- iii. RSN for Adoptive and Guardian Families requires that the general RSN service also be established in the area.

If the above requirements are met, Child Welfare looks to initiate RSN in Districts 3, 8, 15, 6, 9 during the **1st phase** of expansion efforts. This also includes continuation cost of RSN in District 16, 2, and 10. **Phase 2** (year 2) Child Welfare looks to initiate RSN in the remaining districts and “Phase In” allocation funding based on established trajectory of onboarding in phase 1.

Addressing gaps in service between initial response (MRSS) and ongoing support for a priority population (CW). RSN increases MRSS’s bandwidth of response and effectiveness in locating appropriate services for Child Welfare clients.



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3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

In all procurement processes, the FOCUS Program prioritizes contractors who are able to not only describe their ability to meet the needs of underserved or disproportionately represented populations, but also those contractors who demonstrate that serving these populations is a part of their agency's values and mission. The current FOCUS Preventative Service Array includes several programs that specifically serve populations that are traditionally underserved or disproportionately represented in Child Welfare. This includes culturally specific youth mentoring for African American teen boys, youth mentoring for teen girls who have been victims of CSEC, skills training & youth mentoring and equine assisted mentoring within rural communities with few other services, youth mentoring, group and leadership activities for youth identifying as LGBTQIA2S+ and tutoring for students who have fallen through educational gaps due to multiple stays in residential care, as well as others. In addition, we seek out providers who prioritize a culturally and gender diverse staff, as well as staff with lived experience who can relate to the children and families being served. All services within the Preventative Service Array, which would include the services developed through this proposal, are required to be highly individualized and focused on the specific strengths, needs and goals of the child and family being served. The child and family/ caregiver are required to be involved in setting the goals, as well as creating the service plan.

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All of these services align very closely with the ODHS Child Welfare Vision for Transformation, especially Guiding Principle number 1, Supporting Families and Promoting Prevention. As such, these services are all built around the fundamental goals that FOCUS aims for with all services in the Preventative Service Array:

1. Maintaining Children within their communities;
2. Stabilizing Children at risk of placement disruption;
3. Reducing barriers to necessary services;
4. Being trauma informed and strength-based;
5. Supporting equity and being culturally responsive; and
6. Preventing the need for higher levels of care.

This policy package furthers the ODHS strategic goals of Strengthening Foundations and Creating the Future of Human Services. The current two FTE in this program have proven that the FOCUS Program is able to build equitable and strength-based service delivery in highly effective, efficient and successful ways. Investing in additional specific positions and programs within FOCUS will allow the agency to build upon this success to expand both service delivery and the ability to oversee these additional programs through effective contract administration and thorough program auditing and support. This policy package also furthers the goal of Creating the future of human services in Oregon. As the FOCUS program builds services, a level of infrastructure for communities to utilize is also being strengthened. Many of the programs we work with community partners to develop later use that same infrastructure to create additional supportive services within their communities that are not funded by ODHS. The FOCUS team works with contractors to support them in diversifying and building a community network that can be partially self-sustaining and can support the local community. For example, one Youth Mentoring contractor has been able to build a large local network of volunteers and donors to provide additional supports to the children and families in their services. In addition, they have been able to access grants that allow them to serve youth who are no longer in the care of ODHS so that they can continue to provide services despite cases closing when needed.

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As the FOCUS program develops additional services in communities across Oregon, we work with local community partners to assess the current services available in that community and determine what gaps exist. We then work with service providers to procure services to meet the community's identified needs. We prioritize contractors who are based within the local community to be served or who have experience serving that community. While we are developing services that will be rolled out statewide, specific contracts are negotiated individually based on the needs of the communities being served and local partners are involved in those procurement processes.

As we look at the ODHS Mission Statement ***"To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity"***, it is easy to see how this proposal moves us toward that goal. This proposal seeks to provide intensive supports to children and young adults, as well as their caregivers and families, who have complex unmet needs that often cause them to fall through the cracks of other systems. The goals of these services are to prevent the need for substitute care, shorten lengths of stay in high levels of care and prevent placement disruptions and utilization of Temporary Lodging.

This Policy Package also furthers the mission of the FOCUS Program, ***"Empowering youth with specialized needs to find healing, quality of life and permanency by providing the right supports at the right time"*** by focusing on providing services to children and families before a crisis situation occurs. Preventing substitute care and higher levels of care benefits children, families, communities, taxpayers, the agency, and the State of Oregon. It helps meet each goal and mission set by the agency.

4. What are the long-term desired outcomes?

The following outcomes are expected:

- Decreased number of placement changes
- Reduced length of stay in and reliance on higher levels of care such as residential treatment

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- Expanded access to services within rural regions and for population-specific services
- Reduction in Temporary Lodging
- Increased Resource Care retention within the populations served by these contracts
- Measurable improvement within service quality and quantity
- Shortened timelines for reunification
- Reduction of children coming into care due to the parent being unable to meet the child's behavioral or other needs
- Reduction in Adverse Childhood Events
- Reduced cost per case.

In the long run, these outcomes will strengthen the shift away from a focus on crisis and reaction to growth as an agency with a foundation of wellbeing that is strength based and community driven, while focused on the principles of prevention, equity, and empowerment.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

All services provided, children served, districts served, service types, service closure reasons, child demographic information, race and ethnicity and length of time in the service will be tracked within the ODHS FOCUS Dashboard currently available in SharePoint. Referrals and the number of caregivers served will be tracked by providers and FOCUS Program staff. Providers are also required to utilize specific methods to measure outcome and provide outcome data. Comprehensive Program Review audits and interviews of children and families served will also be conducted for quality assurance. We will also be cross checking this with data related to Temporary Lodging.

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RSN has initiated its final dashboarding process after rendering results for the first Pilot year. The RSN dashboard is combined data reported by our contractors and automated pulls from ORKIDS. Qualitative data is further collected to assure clients satisfaction. The dashboard relies on the BRS, District, and State cohort to compare and contrast.

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

Over the last 5+ years, the Treatment Services Program has worked to build a Preventative Services Array for children who would have historically been served in residential treatment facilities due to their mental health, behavioral and developmental needs but are now placed in community settings. This has been done with a small number of staff through thoughtful utilization of the FOCUS and Treatment Services budgets. In this time, more than a dozen successful programs have been built that provide Youth Mentoring, Skills Training, Equine Mentoring, Sex Abuse Specific Treatment and Overnight Respite for children and young adults at risk of placement instability or removal from home. In addition, Treatment Services has created pilot projects to study the effectiveness of several new services included in this proposal, each with the intention to provide earlier, less intrusive support in the community.

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Using LEAN practices, some of our systems and processes have been reviewed to reduce or eliminate unnecessary inefficiencies and allow for the more effective utilization of staff and funding.

- FOCUS and Out-of-State Procedure has been amended
- Service Authorization processes restructured
- Weekly team meetings were initiated to re-prioritize work and manage projects
- Through existing partnership with OC&P, approval was gained for Template Statements of Work for service types most frequently used
- Engagement with the Policy Unit and DAS was initiated to reduce insurance barriers for non-commercial independent contractors to support equitable and diverse supports are accessible
- Several Pilot Projects were facilitated to study the most efficient way to provide comprehensive services prior to rolling out services on a larger basis.

In addition, close collaborations with system partners continue to ensure services align but do not overlap with others in the continuum. For example, FOCUS holds a contract with Jasper Mountain for PRTS due to CCOs authorization delays or denials for children medically eligible and in need of the service. Through this contract and in partnering with OHA, education and technical training for both the Contractor and CCOs has taken place and progress is being made. At first, this contract was utilized to access PRTS for children denied the service by their CCO while ODHS and the clinical provider filed appeals of the denials. Over the last couple of years, we have used this contract to work with CCOs and OHA regarding how processes can be expedited. While we still make some referrals utilizing this process, for the most part, the PRTS stays that result are nearly always funded

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by the CCO, either for the entire stay or after a short assessment period funded by FOCUS. While this contract is underutilized, we still consider it a success in that it has helped us access this level of care for children in need, often paid through systems previously denying the authorizations.

RSN used LEAN mapping during the planning phase to successfully build these Lean processes that establish zero case worker time to initiate and one phone call to start all the automated authorization processes:

- RSN is authorized with one phone call, funds are authorized between Child Welfare and the CCO upon the initiation of the response through an automated notification through the call center.
- Services are made available through fixed cost contracting and cost reimbursable contracting that were projected through a thorough placement disruption calculation.
- All collaborators and their supervisors are made aware of the need to respond and the situation through a coordination email.
- Each collaborator then takes initiative in coordination of services led through Maple Star's (our no clinical 24/7 responder) established protocol.

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- RSN has the capability of full-service emersion within 1-3 business days after initial after-hours response to include authorization from the CCO for Behavioral Health services and all can be initiated with a resource parents request.
- Through a quasi-Lean process and project management planning process; authorization, referral, and criteria for response obstacles have been eliminated to achieve service enrollment without the difficulties typically associated with accessing behavioral health supports through other systems, causing less work for caseworkers and central office staff and making the process much easier for families in need.

FOCUS has identified further processes for its other offerings that could assist us in streamlining services and procedure if additional staff were available to facilitate these, such as increasing provider access to ORKIDS, electronic and standardized provider record keeping, standardizing provider access to required trainings, creating more efficient systems for Comprehensive Program Reviews, and systematizing reported concerns similar to how CCA reports are processed.

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

An alternative to this request is continued service delivery, without additional collaboration between state systems including partnership in reaching underserved regions and populations. While services are delivered through ODHS and OHA children's systems, its current structure is reliant upon families to navigate the system to identify services by funding stream and appropriate agency of administration. This puts the onus on families to understand state agency administrative roles, qualifying factors for various services as well as an understanding of how to access needed services. Additionally, timelines to access services currently average 60 days or longer

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which is not tenable for children and families requiring immediate supports. In fact, this is a driving factor behind this proposal as the service expansion is designed distinctly to support families while longer-term and sustainable supports can be leveraged.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Close partnerships include: OHA, CareOregon, Pacific Source, Local SOC groups, the Foster Care Team, ODDS, county I/DD agencies, ILP, provider agencies, Resource Parents, local offices, and community partners, many of whom have lived experience, on various aspects of this proposal. Additional community partners and CCOs in the different communities will be involved as projects progress. In addition, the FOCUS Program administers a Comprehensive Review process with all large providers. A large part of this includes conversations with the youth currently receiving services, as well as program staff, caseworkers, Resource Parents, and other involved people regarding their current services. The process allows learning about what is working well, what could be improved and what our team could do to make these services even better. During these conversations, recipients share what other services would be helpful and what else they need from the agency to be successful. These conversations will continue to ensure that services are effective and meeting the needs of the children, families and caregivers being served. Having direct input from youth with lived experience has been critical in our planning for this POP and the direction of these services. RSN is a first of its kind project in the state that is 50/50 funded (braided funding) by Child Welfare and a CCO for mutual benefit. Other CCO's have taken notice of its success, reached out to understand more and request partnership. In addition to RSN's demonstration of effectiveness in its first year, it's possibly the first meaningful Child Welfare and CCO partnership since the inception of CCO's. This partnership includes county, and community SOC groups who also have requested

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more information. RSN not only is known within the state, but information has been requested by Washington and Colorado State.

9. 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 statute changes are required.

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

Other state and county service agencies, such as the Oregon Health Authority, Office of Developmental Disability Services, Oregon Youth Authority, County juvenile justice agencies, county mental health and developmental disability agencies, Coordinated Care Organizations, etc. will benefit from this policy package by being able to partner with the subsequent contractors to walk alongside their own service contractors to provide a comprehensive package of community based services to meet the child and family's complex multidisciplinary needs. This, in turn, makes their own service provision more effective and reduces silos. Services created by this package will be available to designated children and families involved in tribal services without Child Welfare involvement, as are all FOCUS funded services.

The other benefit to agencies is that, as FOCUS works to develop programs, an infrastructure is created that can be utilized by other agencies to create additional services within their own service array. FOCUS partners with other agencies to provide advice and technical assistance related to program development and compliance oversight in an effort to build out a robust cross-system service array.

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

No, however under the current Temporary Lodging Settlement Agreement (3:15-cv-01895-YY), the agency is required to ensure that services and supports have been offered and explored before Temporary Lodging is authorized. The services outlined in this request are intended to expand and enhance the children's service array to support children in familial settings and prevent them from disruption.

Staffing and fiscal impact

Implementation date(s): 10/1/2023

End date (if applicable): N/A

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

RSN relies on Coordinator Care Organizations (CCO) participation and financial contribution for behavioral health supports. Without CCO participation, RSN will not be available in the area; nor will RSN for Adoptive and Guardian families as it relies on the infrastructure with the RSN vehicle. With that said, the cost of RSN may be significantly less if a CCO declines participation. The assumption made in this pricing is that ALL CCO will participate in the program. Further assumptions are made that staff allocation are made to support the rollout of such a large network across Oregon, the current staffing model of FOCUS does not and cannot support such an

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extensive rollout. Last assumption, the pricing model utilized for braided funding within Multnomah County translates across the districts and their unique layout and needs. Multnomah County was the most expensive county, prices were reduced through lean process in phase 2 of the Pilot rollout; while eastern counties have less youth in care and custody, their network adequacy and geographic spread add some unknowns to pricing but also require more investment to assure response.

This Policy Option Package pricing assumes a start date of 10/1/2023 for the Child Specific Caregiver Supports to identified districts, with the Response & Support Networks to be phased in and in place by July 2024, with allows for time to develop contracts in new areas in the state.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No, Child Welfare's Treatment Services FOCUS Program will take on the responsibilities of developing procurements for the additional services and building the necessary structure to implement this expansion. As always, services and supports will be developed in transparent communication and partnership with OHA Children's Behavioral Health

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

This proposal will not increase, decrease, or move caseloads. It will instead assist Child Caseworkers by offering increased assistance in accessing necessary services. However, increased assistance to families prior to a foster
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care placement may ultimately prove to decrease the number of children in foster care. There may be some effect on the Cost per Case for the FOCUS mandated caseload will increase by the cost of this POP.

RSN will likely have a positive effect on Districts overtime. Caseworkers will no longer need to respond while on-call in many circumstances as situations of requested response will be more adequately supported through RSN after business hours.

15. 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 request does not include request for staffing.

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

The costs are all ongoing. 23-25 biennial costs are less than the ongoing costs due to the program expanding starting October 2023 and the phase-in of districts over time for the child specific caregiver supports (CSCS).

17. What are the ongoing costs?

The 23-25 biennial cost for 12 months of RSN and 21 months of CSCS is \$7,292,700 General Fund. The future 24-month biennial costs of these services are \$14,908,000 General Fund.

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Service	Biennial Cost	Monthly Cost	Months	Cost
Response & Support Network (RSN)	\$ 8,028,000	\$ 334,500	12	3,852,700.00
RSN Adoptive and Guardianship	\$ 2,880,000	\$ 120,000	12	1,440,000.00
Child Specific Caregiver Supports (CSCS)**	\$ 4,000,000	n/a**	n/a**	2,000,000.00
Total	\$14,908,000	\$ 454,500		7,292,700.00

*23-25 is to get a total of 8 districts with these services. Phase in for 25-27 would add in the final 8 districts. Avg. cost per district is \$250,000 per biennium.

The expectation is that this funding would be built into the FOCUS service budget allotment after the initial investment. Within the first phase of this proposal, infrastructure building for RSN adoptive and guardian families would be require an allocation of General Funds to be spent on families outside of Child Welfare to support placement stability. Treatment Services is committed to researching additional funding options and investigating any additional federal matching for these expenses as this program matures.

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

100 percent General Fund for services.

19. What are the potential savings?

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With the expansion of FOCUS services there may be longer term costs that are affected, as children are better served in community settings. ODHS Child Welfare will also likely be in better compliance related to preventing Temporary Lodging.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Special Payments	\$7,292,700	\$0	\$0	\$7,292,700	0	0
Total	\$7,292,700	\$0	\$0	\$7,292,700	0	0.00

Fiscal impact by program

	CW Program				Total
General Fund	\$7,292,700				\$7,292,700
Other Funds	\$0				\$0
Federal Funds	\$0				\$0
Total Funds	\$7,292,700				\$7,292,700
Positions	0				0
FTE	0.00				0.00

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Division:	Child Welfare
Program:	Foster Care Program
Policy package title:	Foster Care/Resource Parent Reimbursement Rates
Policy package number:	POP 123
Related legislation:	N/A

Summary statement:

All children deserve to grow up in a family. If a child is not able to remain in their own home, we need resource families who are diverse and affirming and can provide the support a child needs within their communities. Resource families receive a monthly payment, but the rates for Foster Care have not been adjusted since 2018. In 2018, the rates were based on 56.5% of the cost of raising a child at the USDA rate. Cost of living and inflation rates have continued to climb. The rate is intended to cover costs of food, shelter, clothing, school supplies, extracurricular activities, etc. for children in ODHS foster care. Resource Families have voiced to ODHS that the current rate does not cover the actual cost of caring for a child. The policy option package would bring the basic family foster care rate up to 64% of the cost of care to raise a child. The rate would change at each biennium to include regular inflation and additionally, medical, and professional inflation. This would allow for increases every biennium. Increasing the rates could help attract and retain more resource families and help current resource families cover the cost of care.

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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$17,363,200	\$0	\$10,519,135	\$27,882,335	0	0.00

Purpose

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

Rates for Foster Care have not been adjusted since 2018. In 2018 the rates were based on 56.5 percent of the cost of raising a child at the USDA rate. Cost of living and inflation rates have continued to climb. The reimbursement rate is intended to cover costs of food, shelter, clothing, school supplies, extracurricular activities, etc. Resources Families have voiced to ODHS that the current rate does not cover the cost of caring for a child. We continue to have families request additional support for food, clothing, and shelter. The monthly base rate for caring for a child is currently \$693 for ages 0-5, \$733 for ages 6-12 and \$795 for ages 13-20. This rate creates challenges in ODHS' efforts to recruit new prospective resource families and retain current resource families. Bordering states, Washington, and California, have higher reimbursement rates.

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Washington recently increased their rates. The following includes their pricing and methodology.

The chart below outlines the monthly rates based on the child's age and their level.

Child's Age	Level I or Basic Rate	Level II (Includes Basic)	Level III (Includes Basic)	Level IV (Includes Basic)
0-5 Years	\$672.00	\$849.92	\$1195.51	\$1474.30
6-11 Years	\$796.00	\$973.92	\$1319.51	\$1598.30
12+ Years	\$810.00	\$987.92	\$1333.51	\$1612.30

The chart below breaks down the monthly basic rate by the child's age and basic needs.

Child's Age	Shelter ¹	Food ²	Clothing ³	Personal Incidentals	Total Level I or Basic Rate
0-5 Years	\$385.00	\$183.00	\$52.00	\$52.00	\$672.00
6-11 Years	\$385.00	\$291.00	\$44.00	\$76.00	\$796.00
12+ Years	\$385.00	\$318.00	\$43.00	\$64.00	\$810.00

¹ Shelter costs are based on 2019 Washington foster care non-relative placements, by county; and The FY 2019 Washington FMR Summary, average cost of adding a bedroom (from one to 4 bedrooms). (https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/2019state_summary.odn).

² USDA Moderate-Cost Food Plans July 2019, adjusted to Washington State Cost of Living (source: <https://fns-prod.azureedge.net/sites/default/files/media/file/CostofFoodJul2019.pdf>; 2010 Census Bureau Cost of Living for Urban Areas).

³ Clothing and a marginal portion of shelter costs are based on 2015-2017 Consumer Expenditure Survey (CES) updated to July 2019 dollars by using the Consumer Price Index, using the respective CES Expenditure Codes outlined in Tables 2-4.

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Below provides an overview for California rates:

3.2 Current Santa Clara County Foster Care Rates

Effective July 1, 2021, All County Letters (ACLs) 21-54 and 21-76 authorized the California Necessities Index (CNI) increase of 2.11% for Foster Care, Kinship-Guardianship Program (Kin-GAP) and Adoption Assistance Program (AAP) placements.

The Home-Based Family Care (HBFC) rates below are effective July 1, 2021 for FY 2021-2022.

TYPE OF PAYMENT / PLACEMENT	LOC Basic	LOC 2	LOC 3	LOC 4
MONTHLY RATES for Resource Families, Foster Family Homes, ARC, NREFMs	\$1,059	\$1,177	\$1,298	\$1,416

For additional information regarding California's rates, please visit:

http://policy.dcfslacounty.gov/content/AFDC_FC_GRI_FC_Rates.htm#BASICRATESCHDLEB.

Idaho and Nevada are currently proposing rate increases. The rate increase is needed to adequately support resource families. Nevada is currently under a rate review. They have hired a consulting firm to review nearing states and their pricing.

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Idaho is conducting a rate review and looking to increase its rates. They are also seeking other methodologies used by other jurisdictions. They currently are using the USDA report from 2105 and the US Bureau of Labor Consumer Price Index Calculator. These rates do not include the enhanced rates.

Below are pricing estimates that provide an idea of rates the State of Oregon may consider.

	Age 0-5	Age 6-12	Age 13-17	Age 18-20
FY 22 Foster Care Rate	\$395.00	\$439.00	\$585.00	\$674.00
Proposed Foster Care Rate	\$632.00	\$702.00	\$759.00	\$876.00

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Proposed rate at 64% cost reimbursed:

Percent of Costs Reimbursed					
	64%	Proposed Rate			
Description	Current Rate (March 2022)	64%	Change in Rate	% Change in rate	23-25 ADP (Spring22)
Foster care 0-5	\$ 693.00	\$958.00	\$265.00	38%	1,549
Foster Care 6-12	\$ 733.00	\$963.00	\$230.00	31%	1,246
Foster Care 13+	\$ 795.00	\$1,022.00	\$227.00	29%	1,126
Foster care Shelter rate 0-5	\$ 932.68	\$ 1,198.00	\$265.32	28%	117
Foster care Shelter rate 6-12	\$ 972.53	\$ 1,203.00	\$230.47	24%	61
Foster care Shelter rate 13+	\$ 1,035.19	\$ 1,262.00	\$226.81	22%	27
Foster Care Enhanced Shelter rate 0-5	\$ 1,652.72	\$1,918.00	\$265.28	16%	-
Foster Care Enhanced Shelter rate 6-12	\$ 1,692.57	\$1,923.00	\$230.43	14%	1
Foster Care Enhanced Shelter rate 13+	\$ 1,754.08	\$1,982.00	\$227.92	13%	2
Enhanced Supervision 1**	\$ 240.00	\$ 240.00	\$0.00	0%	610
Enhanced Supervision 2**	\$ 468.00	\$ 468.00	\$0.00	0%	259
Enhanced Supervision 3**	\$ 960.00	\$ 960.00	\$0.00	0%	604

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

The policy option package would bring the basic family foster care rate to 64 percent of the cost of care to raise a child. The rate would change at each biennium Current Service Level using the Resource Parent Rate Model, using updated USDA costs or, alternatively, using regular and medical/professional inflation rates as provided by DAS to update the model. This would allow for increases every biennium.

The table below displays the total 18-month cost for an increase to 64 percent cost reimbursement. ODHS Child Welfare is requesting approval to phase in costs in the 25-27 biennium to reach the updated 100 percent cost reimbursement rate level.

Foster Care Rates as a Percent of Cost of Raising a Child, Price for 18 months for the 23-25 biennium					
Percent of Costs Reimbursed	64%	GF	OF	FF	TF
	Total Foster Care	12,100,052	-	5,754,415	17,854,467
	Total AA/GA	5,263,148	-	4,764,720	10,027,868
	Grand Total	17,363,200	-	10,519,135	27,882,335

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

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Payments directly to a certified resource family have not changed since the last rate increase in 2018. Increased support can provide further opportunity for targeted recruitment of resource families to maintain children with family, kin, or homes with expertise either lived or learned that can meet the well-being support of children with complex needs because more resource families will be able to afford to care for a child. The ODHS Vision for Transformation Guiding Principle 1: Supporting Families and Promoting Prevention means that our Child Welfare transformation is built on trauma-informed, family and community-centered and culturally responsive programs and services focused on engagement, equity, safety, well-being, and prevention. Keeping children connected to their community, family and identity is paramount to decreased experiences of trauma.

Quantifying results

4. What are the long-term desired outcomes?

One desired outcome is to continue supporting our goal of keeping children with their families and within their communities. If a child is not able to remain at home, Child Welfare wants to have resource families that are diverse, affirming and located in or near the community a child comes from to support maintaining connections.

Other desired outcomes are to increase community awareness about becoming a resource parent, to increase relative placements, and to support specific homes to meet individual needs of child or sibling group.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Families, relatives, kith/kin will have support in caring for a child in foster care and able to meet their needs without extraordinary out-of-pocket costs associated with raising a child. Often, accepting families, communities of color and tribal families have had an interest to care for a child but hesitate due to the financial

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hardship it can create. Increasing the reimbursement rate will provide the ability and opportunity to become a resource family, knowing the cost of care is covered while keeping that child connected to who they are and their community.

POPULATION/COMMUNITY	POTENTIAL POSITIVE IMPACTS	POTENTIAL NEGATIVE IMPACTS
Federally recognized Oregon Tribes	Increase in homes certified by Tribes or CW	
Black, Indigenous, Latino/a/x, Asian, and/or Pacific Islander communities	Increase in certified families	
LGBTQIA2S+ communities	Increase in homes for our children	
People with disabilities		
People who are aging		

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Rural communities

People experiencing low or no income

Ability to care for a child and meet their needs, especially relatives.

Other populations (specify)

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How achieved

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

Payments directly to a certified resource family have not changed since the last policy option package rate increase in 2018. OAR 413-090-0051 requires review of rate every two years and was listed in recommendations of both the SOS 2018 audit report and the 2019 follow up report. A POP is required to increase the rate. Additional supports are provided to families with childcare at a very low reimbursement rate of \$375 per month per child. Respite services are offered to provide breaks in care and are reimbursable at a current rate of \$85 per day. With funding from last session, ODHS CW is constructing types of respite available and looking to expand this support to resource parents. Increased Respite availability is expected to support retention of certified resource homes.

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

Payments directly to a certified resource family have not changed since the last rate increase in 2018. Additional supports are provided to families with childcare at a low reimbursement rate of \$375 per month per child. Respite services are offered to provide breaks in care.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Oregon Resource Family Alliance was made aware of the POP and is in support, Oregon Tribes, Resource Parents, Youth, or those with lived experience in the foster care system. No direct connection currently with listed partners.

9. 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

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

Oregon Resource Family Alliance, Oregon Tribes, Resource Parents, Youth, or those with lived experience in the foster care system. Increase in rate would allow for Oregon Resource Family Alliance to continue their support in recruitment of certified homes. The rate increase would help retain certified foster homes, boost recruitment efforts, and minimize out-of-pocket expense for all certified ODHS homes.

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

OAR 413-090-0051 requires review of rate every two years. Internal review determines rate increase needed to meet basic care costs of raising a child.

Staffing and fiscal impact

Implementation date(s): 1//2024

End date (if applicable): _____

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

Rate increases will need to be kept competitive using update data and/or current inflation rates. If rates are not adequate recruitment and retention of resource homes will be challenging.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

No

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

Cost per case will be impacted in the Regular Foster Care, Shelter Care, Adoption Assistance, and Guardianship Assistance budgets. The change in cost per case is funded by this Policy Option Package.

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15. 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 positions are needed to implement this policy package.

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

N/A

17. What are the ongoing costs?

This policy option package, funded for 18 months in the 23-25 biennium, will cost \$27,882,335 total fund for the 64% cost reimbursement level of investment. IV-E federal funding is available for IV-E eligible children, with federal funding making up 37.5% of the total fund expenditures.

In addition, for future biennia, we are proposing to update the Resource Parent Reimbursement Rate Model each biennium. If the underlying data from the USDA report “Cost of Raising a Child*” is updated, this data would be used to update the model. In lieu of that report being updated, we are proposing to update the model cost categories by the regular and additional inflation amounts, as provided in the budget instructions by DAS. Other data sources would be updated as well. These changes, calculated as part of Current Service Level budget, will keep Resource Parent reimbursement rates in line with the costs of care.

*Source:Lino, M., Kuczynski, K., Rodriguez, N., and Schap, T. (2017). Expenditures on Children by Families, 2015. Miscellaneous Publication No. 1528-2015. U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. <https://www.usda.gov/media/blog/2017/01/13/cost-raising-child>

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

General Fund and IV-E Federal Funds (based on child-level IV-E eligibility).

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19. What are the potential savings?

Potential savings are difficult to determine at onset. Likely stabilization of certified homes and increase in tenure of resource parents. Families will be able to support a child in their home in ways that support belonging and natural and prudent parenting practices that allow children in foster care to participate in activities that children not in foster care get to naturally participate in on a more consistent basis. Resource families may be less likely to request the child move and close their home due to financial hardship.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Special Payments	\$17,363,200	\$0	\$10,519,135	\$27,882,335		
Total	\$17,363,200	\$0	\$10,519,135	\$27,882,335	0	0.00

Fiscal impact by program

	Child Welfare Program				Total
General Fund	\$17,363,200				\$17,363,200
Other Funds	\$0				\$0
Federal Funds	\$10,519,135				\$10,519,135
Total Funds	\$27,882,335				\$27,882,335
Positions	0				0
FTE	0.00				0.00

Oregon Department of Human Services

2023-25 Policy Package

Division:	Oregon Department of Human Services (ODHS)
Program:	Office of Developmental Disabilities Services (ODDS)
Policy package title:	Model Employer
Policy package number:	POP 126
Related legislation:	LC – Employment First / Model Employer (based on HB 2151 2020)

Summary statement:	<p>All people deserve equal access to employment opportunities that allow them to thrive as valued members of their communities. The state of Oregon is committed to fair employment practices and non-discrimination. Less than 1% of the state’s workforce is comprised of people with intellectual and developmental disabilities (I/DD), because this population faces common, disability-based barriers when trying to access state employment. The Model Employer program is designed to hire people with I/DD into state service. This policy option package (POP) requests dedicated full-time equivalent (FTE) for positions for the Model Employer program. Providing this opportunity for people with I/DD to have access to state employment by removing common barriers faced by people with I/DD in the state hiring process and incentivizing hiring managers to utilize this process will increase access to state employment for people with I/DD.</p>
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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$1,424,399	\$0	\$1,424,399	\$2,848,798	29	16.38

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Purpose

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

Less than 1% of the state's workforce is comprised of people with I/DD. However, people with I/DD contribute significantly to the workforce as demonstrated by several employer testimonials. Not including people with I/DD in the workforce undermines all state level service equity initiatives, contributes to workforce shortages, and disadvantages the state as an employer. Given that the Oregon Department of Human Services (ODHS) is responsible for serving people with I/DD, not employing people with I/DD also means that the system is not represented in the same way.

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

This POP would dedicate a pool for 20 positions to ODHS, specific for hiring people with I/DD. Specifically:

- Five administrative specialists (AS1s)
- Five office specialist 2s (OS2s)
- Five human services assistant 2s (HSA2s)
- Two student human services workers
- Three program analyst 1s (PA1s)

Additionally, a pool of eight part-time human services worker positions are requested to provide paid internship opportunities for the state's current Project Search program.

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Finally, one operations and policy analyst 3 (OPA3) is requested to administer the program. This includes data tracking, working with hiring managers to understand the program, etc.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

People with I/DD have historically faced significant inequities. From being segregated into institutions as their living environments to being paid subminimum wage in segregated work environments. Although Oregon has been a leader in closing institutions for people with I/DD, and in September 2020 ended funding for the last sheltered workshop in Oregon, people with I/DD continue to face barriers to employment, as is evident by the current employment rate of people with I/DD in state government. Providing this opportunity for people with I/DD to have access to state employment by removing common barriers faced by people with I/DD in the state hiring process through the direct appointment process (allowing for informal or working interviews, a streamlined application process, etc.) and incentivizing hiring managers to utilize this process, will increase access to state employment for people with I/DD. Additionally, ODHS is responsible for creating, overseeing and implementing policy and funding for people with I/DD to live and work in their communities. For that reason alone, it is critical that people with I/DD are an integral part of the ODHS workforce so they can be part of how these programs are designed and developed. Further, it is often not until people have an opportunity to participate in a diverse work environment that they understand the full benefits of what someone with I/DD brings to the workforce. This opportunity will positively impact not only people with I/DD but ODHS as a whole by making it a more inclusive organization.

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Quantifying results

4. What are the long-term desired outcomes?

This POP is only the beginning of a success model employer program. The intent is that, over time, people with I/DD who are hired into these positions will move into other programs, promotional opportunities, etc. When any of these positions are vacated, the position would remain for a person with I/DD, so another person with I/DD will have the same opportunity. Additionally, as hiring managers come to understand the value of working with people with disabilities and the substantial contributions people with I/DD bring to the workforce, it is likely that hiring managers will hire people with I/DD even without specific position authority. This has been the case with hiring managers who have previously hired people with I/DD. As more people with I/DD enter the state workforce, this will contribute significantly to the work ODHS does. Specifically, people with I/DD utilize all ODHS programs. Having people with I/DD as part of the ODHS workforce will not only better workplace culture, it will better the outcomes for people with I/DD in the state of Oregon.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

The desired result of this solution is that people with I/DD are integrated into the state workforce. If this POP is approved, once position authority is granted, ODDS with its ODHS partners will track those positions to ensure that they are filled. This would mean that at least 20 people with I/DD had entered the state workforce. Additionally, as people with I/DD vacate positions, it will be monitored to ensure there are promotional opportunities and the position remains for people with I/DD. Finally, if a program or position is not able to be utilized, or people are not retained, ODDS and ODHS partners will be able to assist to address any concerns to support hiring managers with this work. Overall metrics will focus on:

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1. How many of these positions are filled
2. How many of these positions are vacant
3. When a person from one of these positions leaves state service and why
4. When a person from one of these positions promotes and how to replicate that success
5. Tracking questions, concerns, and procedures to assist hiring managers with this program

How achieved

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

The Office of Developmental Disabilities Services (ODDS), in collaboration with Vocational Rehabilitation (VR) has been working on a Model Employer program since 2017. This program includes allowing hiring managers to direct appoint people with I/DD into positions within state government. ODDS also ran a legislative concept and proposed a house bill (HB 2151) to codify this policy and program. Unfortunately, this did not pass. After reviewing other programs, it is clear that there are a few additional resources needed to incentivize hiring managers to ensure the state employs people with I/DD. Specifically, these types of programs have proven to be effective in other states, such as Illinois, and cities, such as Seattle. Those states implemented associated FTE for model employer positions in various ways, which Oregon has not yet been able to do. This proposal works to change that by creating FTE dedicated to the Model Employer program.

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

See above. Alternatives have been in place, including operating a Model Employer program without dedicated FTE. ODDS will continue this work, but the addition of dedicated positions has the potential to infinitely increase the number of people with I/DD in state service.

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8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

The Model Employer program was developed based on other state and county government programs. Once the initial process was outlined, I/DD stakeholders, as well as ODDS partners, such as VR, were engaged to ensure it will meet the needs of Oregon. Further, when HB2151 was proposed there was an opportunity for formal public comment and a hearing. Many people, including the Oregon Council on Developmental Disabilities (OCDD) and self-advocates testified in favor of the bill.

Further, VR is a primary partner in this work and already actively engaged in the Model Employer initiative. ODDS has consulted with Child Welfare and the Self Sufficiency Program to discuss potential position needs. Additionally, ODDS has worked with Aging and People with Disabilities in recent efforts to hire someone with I/DD as well as regular engagement with Human Resources regarding this program. As these positions would be available to all ODHS hiring managers, the intent of this project would be to benefit all of ODHS.

9. 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.

This POP does not require changes, but an associated legislative concept (LC) has been submitted in alignment with the previous House Bill 2151. LC is titled: Employment First – Supporting people with intellectual and developmental disabilities to get and keep jobs in the community. This LC would impact ORS 427.007(1)(b). Proposed language would be based on HB 2125 presented in the 2020 session.

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

See question 8. ODHS would be primarily impacted. However, our Project Search program takes place with Imaging and Record Management Services, so they would also be positively impacted. The intention of this

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LC and POP is not only to provide dedicated position authority but also to emphasize the need and desire to employ people with I/DD at all levels of state and local government.

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

No.

Staffing and fiscal impact

Implementation date(s): 7/1/2023

End date (if applicable): NA

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

The pricing is based on position authority and funding for:

- Five administrative specialists (AS1s)
- Five office specialist 2s (OS2s)
- Five human services assistant 2s (HSA2s)
- Two student human services workers
- Three program analyst 1s (PA1s)

Additionally, a pool of eight part-time human services worker positions are requested to provide paid internship opportunities for the state's current Project Search program.

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Finally, one operations and policy analyst 3 (OPA3) is requested to administer the program. This includes data tracking, working with hiring managers to understand the program, etc.

**13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services?
Specify which programs and describe their new responsibilities.**

ODDS has worked historically with Human Resources (HR), the Office of Equity and Multicultural Services (OEMS) and VR on the Model Employer Program. ODDS would continue to coordinate this work. It would be important to have HR, in particular recruiters, be aware of this program and how to utilize it to share with programs. For ODHS programs who would hire someone with I/DD, training would be available for units and hiring managers. This would not be a significant workload change for other programs.

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

No.

15. 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 Option Package (POP) would dedicate a pool for 20 positions to ODHS, specific for hiring people with Intellectual and Developmental Disabilities (IDD). Specifically:

- Five administrative specialists (AS1s)
- Five office specialist 2s (OS2s)
- Five human services assistant 2s (HSA2s)

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- Two student human services workers
- Three program analyst 1s (PA1s)

Additionally, a pool of eight part-time human services worker positions are requested to provide paid internship opportunities for the state's current Project Search program.

Finally, one operations and policy analyst 3 (OPA3) is requested to administer the program. This includes data tracking, working with hiring managers to understand the program, etc.

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

There are no start up or one-time costs for this program. ODDS has already developed the program, and with this dedicated position, can manage this program long term.

17. What are the ongoing costs?

The ongoing cost would be the positions requested.

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

The funding is 50/50 General and Medicaid Match Federal Funds.

19. What are the potential savings?

Though it is hard to anticipate a fiscal on the savings, ODHS currently suffers from a significant workforce shortage and turnover. This has a cost to programs in terms of not getting work done, delays in work and an overall negative impact to the people ODHS serves. Further, with turnover comes enhanced training costs and poor morale amongst employees. This program would help with all of these concerns.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$1,206,495		\$1,206,495	\$2,412,990	29	16.38
Services & Supplies	\$217,904		\$217,904	\$435,808		
Total	\$1,424,399	\$0	\$1,424,399	\$2,848,798	29	16.38

Fiscal impact by program

	ODDS				Total
General Fund	\$1,424,399				\$1,424,399
Other Funds	\$0				\$0
Federal Funds	\$1,424,399				\$1,424,399
Total Funds	\$2,848,798				\$2,848,798
Positions	29				29
FTE	16.38				16.38

Oregon Department of Human Services

2023-25 Policy Package

Division:	Office of Developmental Disabilities Services (ODDS)
Program:	Office of Developmental Disabilities Services (ODDS)
Policy package title:	Supported Parenting Waiver Service (IDD Parents and CW)
Policy package number:	POP 128
Related legislation:	N/A

Summary statement:

Our communities are stronger when parents are able to raise their children as independently as possible in their own or family homes. Parents with intellectual and developmental disabilities (I/DD) have long faced overwhelming challenges and have endured discrimination, while being failed by various systems that are intended to support them to have full lives with their children and families in their communities. ODDS proposes a new set of innovative services intended to support parents with I/DD more effectively and keep families together. These new services, “supported parenting” would provide person-centered support for parents with I/DD to raise their children independently in their communities. ODDS requests to maintain permanent 2.0 FTEs that are currently temporary American Rescue Plan Act-funded positions for cross-systems coordination with Child Welfare (CW) and other systems to ensure optimal services to parents with I/DD and children involved in the CW system.

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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$387,997	\$0	\$564,445	\$952,442	2	1.50

Purpose

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

This proposal includes multiple elements that address unique problems.

1. Parents with an intellectual and developmental disability (I/DD) continue to face challenges in caring for their children. There is not currently a resource or funding stream that meets the unique needs of Oregonians with I/DD who wish to build upon their parenting skills. Often community parenting classes and home visiting services are not able to accommodate the variety of learning styles and needs of people with I/DD and therefore do not adequately meet their individualized goals. This proposed supported parenting service will be person centered and individualized to meet the person's needs and goals in a way that is relevant and empowering to them. There is evidence that with appropriate support, parents can increase their skills in caring for their children and equip them for long-term success. ODDS proposes to add a supported parenting service to the children and adults' home and community-based services (HCBS) waivers so that Oregonians with I/DD can build healthy and independent parenting skills to take care of their children in their homes and communities. Twenty-six ODDS-contracted case management entities (CMEs) provided the following data: There are at least 352 parents with I/DD receiving ODDS services, and of that number, 231 (65.5%) would be interested in utilizing a specialized service to develop their parenting skills. CME survey participants were also asked to provide any further feedback they may have about this concept. The overwhelming response from

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CMEs was that this could be an invaluable service to individuals who need support to build their parenting skills and raise their children as independently as possible in their own or family homes.

2. Children with I/DD in the custody of Child Welfare (CW), along with parents with I/DD receiving services from Child Welfare, face unique barriers to service access at the intersection of two distinct, complex ODHS programs. In response, ODDS has utilized American Rescue Plan Act (ARPA) funds to fill two limited duration (LD) positions, one to support co-case management technical assistance across Oregon and another focused-on policy barriers between these systems. These two positions are key to reducing temporary lodging for children with I/DD, supporting parents and ensuring timely service access for some of Oregon's most vulnerable children and youth. These positions need permanent funding to continue this work. Examples of projects staffed by these roles include:

- Temporary lodging prevention joint policy guidance
- Statewide temporary lodging staffing
- Co-case management guidance for both programs
- Dedicated legislative analysis for CW-related bills that may impact children with I/DD in community and/or CW-certified settings
- Development of legislative concepts and rules in collaboration with CW to remove barriers and enhance service access
- ODDS representation in CW committees and workgroups
- Development of new service models to enhance statewide children's services capacity
- Training development for entry-level staff on each system
- Dedicated support and technical assistance for local relationship building through establishment of best practices and small pilot projects

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

1. A new, specialized service called “supported parenting” that would provide person-centered and individualized support for parents who experience I/DD to raise their children independently. This service would be based on the person’s assessed need and chosen goals. This service could include 1:1 skill building, training and home visiting curricula adapted for parents with I/DD, and in-person modifications for community resources provided by personal support workers (PSW)s and direct support professional (DSPs) at home and in the community.

2. Resource allocation for ODDS to maintain permanent positions at 2.0 FTE for cross-systems case management technical assistance and operations/policy analysis

January 1, 2024 would be the implementation date for both supported parenting services to begin. The two positions for cross-systems case management technical assistance and operations/policy analysis were initially filled in 2022 with ARPA funding and would continue as full-time positions if funded.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS’s 3 strategic goals, and both the program and ODHS missions?

Supported parenting as a specialized service will help parents with I/DD raise their children in their homes and communities. Historically this population has faced stigma and many challenges around their ability to successfully parent. This service could help to reduce some of those challenges and stigma. The department will also request support from community partners in developing this service in a way that is relevant and meaningful to parents with I/DD. We anticipate outreach to self-advocates and other groups to develop advisory committees, stakeholder groups and leadership opportunities.

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Our outreach strategies include using small, community-based organizations throughout the state to reach underserved and marginalized Oregonians in their own community. Targeted populations include Tribal communities, rural Oregonians, LGBTQIA2S+ groups, migrant and undocumented families, people who speak languages other than English and families who experience poverty.

The two positions will focus on the vulnerable population at the intersection of CW and I/DD services and amplify the voices of those with adverse experiences in advisory committees, workgroups and focus groups dedicated to evaluating current barriers, developing new programs and services, and ensuring quality and compliance statewide

Quantifying results

4. What are the long-term desired outcomes?

Expanded access to needed services among key populations. Estimate from 26 CMEs: 352 parents enrolled in I/DD services with their CME, of that number, 231 would be interested in a supported parenting service (65.5%). A decrease in I/DD eligible children in Child Welfare custody entering temporary lodging. Increased awareness and collaboration leading to expanded access to placement resources and support services for children and families.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Impacts and success would be measured via participation counts, satisfaction surveys and focus groups. These measures would also allow ODHS to make needed adjustments with the input of the targeted population and partners.

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How achieved

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

The Office of Developmental Disabilities Services (ODDS) and Child Welfare (CW) have collaborated to support families who are involved in both systems more efficiently. This cross collaboration includes ODDS hiring CW liaisons with ARPA funds, participating on the CW Americans with Disabilities Act (ADA) committee, and has management participation in the interagency partnerships committee focused on reducing temporary lodging.

ODDS is also currently creating a worker guide to support the field on how to use existing services in a way that benefits parents with I/DD to support their children; examples include attendant care may be used to support best practice in parenting.

These two strategies have helped to lessen this gap in supportive services for parents and children, but more long-term capacity is needed to sustain this progress.

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

Attempts have been made to assist parents with parenting skills needs via in-home supports within current attendant care guidelines. However, this is substantially limited and cannot address the direct, hands-on support parents need to help care for their children. While the use of in-home supports is helpful, this approach does not have the capacity needed to fully address the parenting needs of this population.

ODDS and CW recognize the need for collaboration in order to better support families and individuals who access services from both programs. While collaboration and communication has been initiated, there is a strong need for specific technical assistance and operations/policy analysis work to support the implementation of positive, long-term changes that would adequately address these concerns.

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8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

Self-advocates, Children's Services Advisory Council, Vision Advisory Committee, and ad hoc community groups supported the initiation of this policy option package by helping to identify this gap in services, provide input on the needs of children with disabilities involved with Child Welfare and develop a white paper.

Twenty-six ODDS contracted CMEs support this POP by providing the following data through a survey request: There are at least 352 parents with I/DD receiving ODDS services, and of that number, 231 (65.5%) would be interested in utilizing a specialized service to develop their parenting skills. CME survey participants were also asked to provide any further feedback they may have about this concept. The overwhelming response from CMEs was that this could be an invaluable service to individuals who need support to build their parenting skills and raise their children as independently as possible in their own or family homes. This further showed the need and interest in this becoming a permanent service.

Child Welfare (CW) has participated in the planning and implementing of cross service trainings for workers in the CW and I/DD fields. ODDS and CW have collaborated to support families who are involved in both systems more efficiently. This cross collaboration includes ODDS hiring CW liaisons with ARPA funds, ODDS participating on the CW ADA committee, and management participating in the interagency partnerships committee focused on reducing temporary lodging.

9. 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.

Legislative Concept Number **10000-003**.

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- A. Allow limited flexibility for parents to attend to their children in child foster homes when approved by the department. The department will develop specific criteria in Oregon Administrative Rules.
- B. Allow limited flexibility for young adults (ages 22–25) to remain in a child foster home setting while transitioning to independent living and/or pursuing higher education or training, with department approval and specific criteria to ensure the health and safety of the young adult as well as any children residing in the home. The department will develop the specific criteria in Administrative Rule.

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

CW would be affected by this policy package as there would be cross collaboration between CW and ODDS to help strengthen community relationships and leverages existing resources by including bridges to what is inaccessible, rather than duplicating efforts.

Two FTE CW liaison positions are being requested in this package and would be of no fiscal impact to CW.

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

N/A

Staffing and fiscal impact

Implementation date(s): January 1, 2024

End date (if applicable): N/A

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

Currently the two FTE position outlines in this policy package are ARPA funded which is assumed to end June 2023. It is also assumed the CMS approval of the 1115 Waiver will fund most of the new service being requested on an ongoing basis.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

Children with I/DD in the custody of CW, along with parents with I/DD receiving services from CW, face unique barriers to service access at the intersection of two distinct, complex ODHS programs. In response, ODDS has utilized ARPA funds to fill two LD positions, one to support co-case management technical assistance across Oregon and another focused on policy barriers between these systems. These two positions are key to reducing temporary lodging for children with I/DD, supporting parents and ensuring timely service access for some of Oregon's most vulnerable children and youth. These positions need permanent funding to continue this work. Examples of projects staffed by these roles:

- Temporary lodging prevention joint policy guidance
- Statewide temporary lodging staffing
- Co-case management guidance for both programs
- Dedicated legislative analysis for CW-related bills that may impact children with I/DD in community and/or CW-certified settings
- Development of legislative concepts and rules in collaboration with CW, to remove barriers and enhance service access
- ODDS representation in CW committees and workgroups

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- Development of new service models to enhance statewide children's services capacity
- Training development for entry-level staff on each system
- Dedicated support and technical assistance for local relationship building through establishment of best practices and small pilot projects

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

There is a potential for parents with I/DD whose children are involved with CW to want to engage in I/DD services where they have not in the past. This could case an increase in people enrolled in I/DD services.

15. 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.

We request resource allocation for ODDS to maintain permanent positions at 2.0 FTE for cross-systems case management technical assistance and operations/policy analysis.

The two permanent CW liaison positions (2.0 FTE) for case management support and operations/policy analysis will support in developing programs and solutions, developing guidance, and perpetuating consistent practices across the state for this service.

Operations and policy analyst 2
First biennium: 12 months
Second biennium: 24 months

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Operations and policy analyst 3

First biennium: 12 months

Second biennium: 24 months

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

Initial costs for changes to the eXPRS IT system will be needed to accommodate for new service and corresponding reimbursement method.

17. What are the ongoing costs?

Costs for permanent positions, payments to service providers.

Cost of maintenance and updates of eXPRS IT system.

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

\$422,500 General Fund

\$557,500 Federal funds from Medicaid

\$575,000 for the supported parenting service

\$425,000 for the 2 FTE positions

19. What are the potential savings?

This will reduce duplicative work and costs between ODDS and CW services by cross-systems collaboration.

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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$170,637	\$0	\$170,637	\$341,274	2	1.50
Services & Supplies	\$18,084		\$18,084	\$36,168		
Special Payments	\$199,276		\$375,724	\$575,000		
Total	\$387,997	\$0	\$564,445	\$952,442	2	1.50

Fiscal impact by program

	ODDS				Total
General Fund	\$387,997				\$387,997
Other Funds	\$0				\$0
Federal Funds	\$564,445				\$564,445
Total Funds	\$952,442				\$952,442
Positions	2				2
FTE	1.50				1.50

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2023-25 Policy Package

Division:	Office of Developmental Disabilities Services
Program:	ODDS
Policy package title:	ODDS Systems - Case Management and Provider Systems
Policy package number:	POP 129
Related legislation:	N/A

Summary statement:	<p>In the 2020s, the ability to collect quickly, transparently, and effectively, share, analyze and communicate data is an essential component of providing equitable and accessible human services. The Office of Developmental Disabilities Services (ODDS) lacks a centralized data system to manage the case management services and supports it provides to roughly 32,000 people across Oregon. ODDS seeks position authority and funding to secure a case management system, a universal provider portal, and a robust agency provider system to improve provider reporting capabilities and to replace ODDS' antiquated ASPEN system that will be shut down in one year. These system upgrades will improve ODDS' service delivery on many levels, some of which include communications, quality assurance, licensing, data collection and equitable access to case management services and supports.</p>
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	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$711,758	\$0	\$6,410,420	\$7,122,178	29	22.35

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Purpose

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

ODDS seeks position authority and funding to secure a Case Management System, a Universal Provider Portal, and a robust Agency Provider System to replace the antiquated ASPEN system that will be taken offline in one year by CMS.

Currently, ODDS is operated with 45 contracted case management entities (CMEs) with no centralized data system. Many CMEs have access data base systems, some have Excel files and very few have sophisticated systems owned by their community mental health program (CMHP) partners that require them to limit their data. Currently ODDS is required to send Excel spreadsheets to get client addresses to perform mailings. In these mailings we do not always have the proper guardian information when needed or the proper language for the individual receiving the correspondence. Our mailings are over 32,000 letters and on average we receive back more than 600 letters for bad addresses. A case management system is needed to centrally house all information, collect demographic information, and provide information regarding cultural diversity for the more than 32,000 individuals who receive services from ODDS.

Today ODDS, APD and OHA have bargained, non-state workers that go into homes to provide care to our population of Medicaid recipients. Our current systems do not allow us to know if a worker is credentialed in one system when applying to another if the worker is under investigation in another program or if the worker is working unauthorized overtime across the systems. We need to know whether the worker has various provider IDs and various payment systems so we can have one system with one login. This makes it very difficult to follow rules, ensure supports are provided as stated, pay the worker timely and accurately, and send consistent messaging for all programs.

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The ASPEN tool is a federal system that was built more than 20 years ago and does not allow customization to the needs of the licensing Oregon Administrative Rules (OARs) and Oregon Revised Statutes (ORS) that we must operate within. This leads to staff separately tracking the need information that is not allowed in the older system. Creating a new provider system will allow new financial screens, enrollment screens and the ability to record the actions identified by rule that we must meet.

Both provider systems will also incorporate data used to ensure appropriate placements such as the capability to provide the services each individual is assessed including cultural communication (such as languages other than English), location to families and schools, and age similarities.

All systems, provider, and case management will provide real-time data on services based on key elements defined by the program, such as age, gender, ethnicity, race, and sexual orientation.

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

As all three projects are currently in initial planning and procurement, these are staff costs and contract costs. These staff will form the teams performing planning with stakeholders including design and requirements meetings, implementation, and operations and maintenance for each of the three systems. Upon request for proposal (RFP) conclusion, system costs will be requested.

Current breakdown estimates:

Staff: \$4,917,666 (TF)

Contracts: \$1,997,0000

Estimated costs of procuring the system: \$3,000,000 for implementation services of two systems (not an ongoing expense), \$3,000,000 in licensing costs, \$3,500,000 for document management, offline data access, a public portal for individuals and providers and hosting. Costs are estimated based on market analysis; no RFP has been

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generated at this point. Based on conversations with other states and vendors, we estimate the RFP to contract to implementation will be two years as this will be performed in iterative stages per the requirements of the Centers for Medicare and Medicaid Services (CMS). ODDS currently has General Fund dollars to use for the system procurement in the amount of \$2.3 million. Once matched with the federal funds at 90%, this should cover our costs for both systems from procurement to implementation.

Savings will be realized in reduced travel, mailings, paper, staff time, reduced need for our CMEs to have individual case management systems and staff time to produce solid data as the entire system will be centralized.

3. How does this policy package help, or potentially hinder, populations that are disproportionately underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions?

Together, all three systems will allow the state to have immediate information for individuals in I/DD services and the providers who are serving them including REAL-d information which will provide valuable equity information from CMEs and providers. All systems will produce reports that summarize this data as defined by ODDS in collaboration with the diversity, equity, and inclusion (DEI) coordinator. These systems will be built with longevity in mind by avoiding as much customization as possible.

These systems will also allow us to communicate quickly with families and providers when necessary. The systems will have an external portal for clients and families to access needed information and the ability to receive messages in their desired language. The value of this urgent communication has been brought to light with the recent wildfires and the pandemic.

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Centralized data systems allow for more streamlined and transparent services. This also make the services more predictable for the consumer and will help bridge the trust gap that exists in the Black, Latino, Asian, and Pacific Islander communities.

The systems will provide the ability to compare I/DD enrolled individuals with census data and identify areas of needed outreach.

ODDS has CMS approval for 90/10 funding for new systems planning, development and implementation. Building a team to procure, build business requirements, test the product, and then train and implement in the field is imperative. Having the ongoing ability to maintain this team for future business needs, changes, technical assistance, and ongoing training is essential. This need has been confirmed with lessons learned from the Centralized Abuse Management (CAM) system. We do not want to repeat this mistake.

This system will create transparency of services for individuals and families. Currently parents and individuals who receive services cannot see the information we hold for their service plans or accounts. The last phase of the new development will be to add the individual and family portal so individuals and their representatives may view relevant information. Providing individuals access to their records will allow for easier transitions between providers, CMEs, case managers within the CMEs and information about what and who is available to work with them.

This central information repository will allow ODHS to have real-time data on the makeup of our program population and to inform whether we are meeting their cultural needs. For example, do we have someone who speaks their language to work with them and if not why and how could we resolve that issue? Our desire is to

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procure a system that allows at least the five main languages used by our population to be incorporated into the system.

Providers also have limited viewing abilities in current systems. Increased transparency will allow providers to stay on task for maintaining their credentials. Transparency of providers will also allow individuals seeking their services the opportunity to see the number of complaints filed against them, any substantiated findings, and positive findings. Individuals will also have access to providers' areas of operations, such as whether the home is located near a transit stop or whether the staff are equipped to handle one's individual language, cultural or other needs and criteria. They have never had full access to such information, which will improve their chances of a successful placement.

Quantifying results

4. What are the long-term desired outcomes?

Our current system is first focused on the CME not on the person. The new system will be first and foremost about the person with the CME indicated as a provider. The individual's person-centered plan will live in this system, and the system will be based on the person-centered plan.

- Knowledge and transparency of all the individuals in the I/DD program as well as the people who provide services to them.
- Easy to access data for case managers, providers and family members or individuals.
- Building systems that can be utilized by the enterprise for holistic views of providers and service recipients.
- Data that will allow ODDS to make more informed decisions regarding services, provider quality and quantity, and budget.

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- The person will have access to their records in real time, which has never been available for ODDS' services.
- The state will have access to all records of individuals receiving ODDS' services and will be able to respond to complaints in a timely manner with the facts at our fingertips.
- People's individual service plans will be accessible to them 24/7. They won't be required to wait on a printed copy. They will have the ability to e-sign documents.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

ODDS will measure these items using the real-time data from the new systems. Some of these data include information about the individuals served such as where they live, information about CMEs' staff and the trainings they have completed, when they make referrals for an individual, the processing time between the referral becoming effective, the individual support plan (ISP) documents which will show how much an individual participates in their plan and how much is family driven, REAL-d information on the populations we serve, and service equity plans by the CMEs and how well they are being managed. Having new provider systems will allow us to work closely with the Geographic Information Systems (GIS) unit to map provider locations, regions of various services, changes in CMEs, referrals) and trainings conducted or requested.

The new systems will drastically improve the effectiveness of ODDS' communications. We will be able to track individuals' and guardians' preferred communication methods (text, email, mail), have access to updated addresses and be able to immediately and directly communicate with them rather than depending upon CMEs and providers to share our messaging. This will also reduce mailing costs as we will be able to communicate via the system in the language and the method they prefer. We will have the ability to communicate new service opportunities to all eligible individuals via the system.

With new awareness from this data, ODDS will be able to increase efforts more effectively in to reduce racial disparities within identified areas of the program.

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The Quality Assurance (QA) Unit will have the ability to evaluate effectiveness of CMEs from their computers, by accessing on-site visits' needs at identified sites. This will reduce travel expenses and travel time. QA will use the new system's data to evaluate areas of the state where we need to build the capacity of I/DD services, where we are oversaturated with providers and what actions we need to take to correct these disparities. The eligibility denials data will tell us whether there are any racial disparities occurring and where so the state can investigate. We will be able to better evaluate the timely services of a CME (assessments and ISP) and whether they are they occurring, why they are not, and whether this is a particular case manager's issue or an issue at the CME level.

How achieved

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

We attempted to add the case management system into the existing eXPRS system used by ODDS, which is a home-grown system. This went nowhere due to restricted resources and the fact this system was originally built in 2005 and would need a lot of work to be considered an option. This action would not lend itself to the modularity CMS now requires.

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

ODDS has 45 contracted CMEs across the state, each has their own method of keeping case management records. No one entity has a system that could be utilized for the larger need.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

APD and OHA

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9. 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

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

None

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

No, however there are certain audit findings that would be resolved in maintaining data centrally.

Staffing and fiscal impact

Implementation date(s): 7/1/2022

End date (if applicable): _____

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

The costs of these systems are based on estimates received from market analysis. Staffing will change as certain staff will be contracted instead of brought on as state staff due to many rounds of failed recruitments.

The positions that we will contract are not required to be ongoing so the pricing will decrease upon their

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contract end dates. Other assumptions that could affect the pricing are the number of other programs that utilize the system later. This could include licensing costs and any additional enhancements that may be needed. ODDS is assuming the \$2.3 million General Fund identified for system development currently in our budget will cover the costs of all system procurements as they are matched 90% by the federal government.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

For the Background Check Unit, we would request an interface to the new provider system to allow background check information to be loaded automatically into the new system to avoid the need for manual entry. This has been a discussion, and we were assured this can be done easily with their new ORCHARDS system. There will be collaboration with the Office of Information Services for analysis of the initial impacts of other systems for interface purposes. For any other agency choosing not to use this system, there will be no impact.

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

No, this system will not affect claiming or billing nor change eligibility.

15. 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.

- One Project Director (contracted)
- Three Project Managers (contractors)
- Three Project Coordinators (PM1s/contractors)

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- One Procurement Contract Specialist 3
- Three Training and Development Specialist 2s
- One Electronic Publishing and Design Specialist 2
- Three Business Analysts (OPA2)
- Four Policy Analysts 3s
- Three Senior Business Analysts (OPA3s, one contracted)
- One Diversity and Equity Coordinator (OPA3)
- Two change management specialists (OPA3)
- One Business Operations Manager 2
- Two Administrative Specialist 1s (eXPRS)
- Two Operations and Policy analyst 2s (eXPRS)

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

New staff and contracted staff are needed for the startup. The contracted staff will be removed at the end of the project. Systems will have initial startup costs of ~ \$6.5 million TF Dollars for design, development, and implementation and ~\$3 million for initial licenses.

17. What are the ongoing costs?

Annual license fees, operations, and maintenance staff

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

90/10 CMS approved advanced planning document.

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19. What are the potential savings?

Savings of General Fund but denying exceptions to CMS compliances by CMEs as we will have full transparency. Savings generated by the QA teams being able to determine quality and quantity of case management work without traveling across the state. Savings of time for individuals and families and case managers as all will be able to see pertinent information in the system on their own.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$ 484,421	\$0	\$4,359,707	\$4,844,128	29	22.35
Services & Supplies	\$227,337		\$2,050,713	\$2,278,050		
Total	\$711,758	\$0	\$6,410,420	\$7,122,178	29	22.35

Fiscal impact by program

	ODDS				Total
General Fund	\$711,758				\$711,758
Other Funds	\$0				\$0
Federal Funds	\$6,410,420				\$6,410,420
Total Funds	\$7,122,178				\$7,122,178
Positions	29				29
FTE	22.35				22.35

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Division:	Oregon Eligibility Partnership (OEP)
Program:	Eligibility Determination Staffing / Eligibility Workload Model-OEP
Policy package title:	Combined Eligibility Workers
Policy package number:	POP 142
Related legislation:	N/A

Summary statement:

We all want a state in which everyone can access the supports they need to thrive. In Oregon, the ONE eligibility system is key in making this a reality. As of May 2022, 1.5 million Oregonians access critical medical, food, cash, and childcare benefits through the ONE system – representing a historic level of need triggered in large part by the COVID-19 pandemic. We need to make sure that ONE operation has the necessary resources to process applications and administer benefits in a timely manner, because people can’t thrive when they are facing interruptions in their ability to see a doctor, choosing between paying bills, or buying food, losing paid work in order to care for a child or are unable to afford necessities for their families. Since its initial launch in 2020, the Oregon Eligibility Partnership has made significant improvements to business practices and computer systems in order to boost efficiency and maximize existing staff resources. Still, we don’t have the staffing levels necessary to make sure everyone who is eligible gets what they need when they need it. Without these resources, vulnerable Oregonians may experience longer delays in applications processing, delays that can mean the difference between going hungry and having enough food for their families. Additionally, local businesses may see decreases in

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consumer spending stemming from delays in getting Supplemental Nutrition Assistance Program (SNAP) benefits out to families, and parents may face interruptions in their employment due to lack of needed childcare benefits. In this policy option package, Oregon Department of Human Services is requesting position authority and funding for additional eligibility staff who will answer calls, assist people in person who are applying for or receiving benefits, process applications on a timely basis, and provide support to community partners who assist people in applying for benefits. These resources will help move the ONE system toward its goal of processing applications same day/next day and ensure Oregonians' timely access to benefits.

Grand Total	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$30,000,000	\$0	\$21,728,451	\$51,728,451	300	300.00

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Purpose

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

Oregon is reliant on the new ONE system to help process and provide food, housing, cash, and medical benefits to nearly 1.5 million Oregonians – the largest caseload in Oregon’s history. The system processes applications and updates eligibility at a rate of approximately 300,000 per month and sends approximately 450,000 critical correspondences to applicants and clients per month. The ONE system works in tandem with a customer service phone system. Both systems are new to staff and the individuals applying for program benefits.

As we continue to mature both systems and implement functionality designed to make the experience better for both the users and staff, we are regularly experiencing backlogs of eligibility determination work. Currently, the backlog consists of approximately 2,000 to 3,000 applications that are past federal processing deadlines, which is 30 to 45 days depending on the program. We expect that during the unwinding of PHE, we could see these numbers increase by 10 times these figures due to a historic number of cases, the condensed timeline to begin redeterminations, and the increased demand for services and applications received. These delays directly affect the timeliness of eligibility decisions and provision of benefits and is suspected to disproportionately affect those in historically underserved communities.

Medical redeterminations were modified during the public health emergency, which allowed us to complete eligibility work and maintain a manageable backlog. With the impending implementation of redeterminations

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for medical and able-bodied adults without disabilities (ABAWD) program, there is little chance the current workforce can complete existing and additional work without creating historic wait times and backlogs.

The enormous workload is currently being handled through the heroic efforts of permanent staff (including overtime) and temporary staff, but we anticipate these high-volume numbers to remain high for the foreseeable future – and to outlast the availability of temporary workers. To demonstrate the gap, we have combined monthly volume estimates, current per worker processing average (4 applications or 7 changes per day) and the average days available for processing each month (21.5) which demonstrates the staffing gap shown in the table below.

	Applications	Redeterminations (Medical and other)	Changes	Other Activities	Phones	Total
Count	70,000	130,000	100,000	70,000		370,000
Adjusted for automated Processing	45,500	85,000	100,000	70,000		300,500
Average Processing per worker per day	4	4	7	7		
Average Days available per month	21.5	21.5	21.5	21.5		

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Number of Staff needed	529	988	664	465	280	2,927
Current Staff available						1,420
GAP of Staff needed						1507

In addition to eligibility workers, ONE needs lead workers, support staff and managers to accomplish the system's aims. Staff ratios driving these position asks are one lead worker for every 20 new eligibility staff; one support staff position for every 100 new eligibility staff; one manager for every 15 new eligibility support staff and lead, and training and policy positions (one of each for every 25 to 50 new eligibility support staff and lead).

However, ODHS acknowledges that we are experiencing historic caseloads at a time that there is low unemployment and high levels of competition due to workforce shortages. We have adjusted our ask to focus on clearing positions ODHS has already hired above our Legislative ask, and our expected ongoing hiring levels based on training and current hiring practices. This mix of positions will help us with stabilization around positions brought on and allow us to verify our ability to hire. We will continue to come back and ask for positions until we can reasonably meet the needs of Oregonians.

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

This investment helps to support ODHS' and OHA's ability to deliver benefits and services timely and accurately. The eligibility workforce gap estimate is based on a current workload modeling of the best

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assumptions available. Modeling workload and staffing is an effective way of estimating what resources are needed to deliver services. The ability to confirm assumptions with current services provided has been possible given the ONE system reporting and dashboarding capabilities. The combination of modeling and utilizing valid estimates and assumptions in those models has proven a reasonable way to estimate and request appropriate resources.

Staff earned in the workload model (total 2,157):

301 HSS1 (APD, SSP)

1,517 HSS3 (APD and SSP)

90 HSS4 (APD, and SSP)

127 PEMC (OEP, APD, and SSP)

76 TDS1 (OEP)

38 PA1 (OEP)

18 AS1 (OEP)

2 OPA3 ODHS Position Management

However, ODHS is requesting staffing based on the needs of the agency, what we have hired already over our Legislative Authority, and making sure we ask for the positions for what we plan to hire.

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Row Labels	Sum of OEP Position Count
Administrative Specialist 1	1
Human Services Specialist 1	26
Human Services Specialist 3	221
Human Services Specialist 4	9
Operations & Policy Analyst 2	1
Operations & Policy Analyst 3	1
Payroll Analyst	1
Procurement & Contract Specialist 2	1
Procurement Manager 1	1
Program Analyst 1	12
Supervisor 2	14
Training & Development Specialist 1	12
Grand Total	300

3. How does this policy package help, or potentially hinder, populations that disproportionately or underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

This solution allows us to right-size staff to ensure our systems can stay in place and support integration of eligibility and accountability for operations to individuals applying. These supports answer the calls and assist community partners engaging with communities and assisting individuals in applying for programs. These positions will allow staff to better serve the nearly one in three Oregonians who rely on ONE, providing timely and accurate benefits and determinations.

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Quantifying results

4. What are the long-term desired outcomes?

Sustainable, timely and accurate benefit determinations and improved customer service.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Access equity is at the heart of the ONE system, which substantially increased peoples' opportunities to apply for benefits and combined multiple programs' benefits into a unified system to make navigation easier for consumers. The more we deliver timely and accurate access to benefits, the greater our impact on historic access inequities.

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How achieved

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

ODHS approached the Legislature with a 2021-23 policy option package (POP) that requested additional eligibility workers and staff support positions. The POP was not funded but began a conversation on right-sizing eligibility for the new ONE system and led to a decision to return with a right-sizing POP in 2023. During the interim, additional investments and adjustments have been made to the ONE system and its business processes. Further, we are applying LEAN principles and conducting ongoing assessment of efficiency and effectiveness as we do our work. However, caseload has risen to a high of 880,000 and is expected to remain 25 percent higher than pre-pandemic caseload.

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

ODHS continues to work on system efficiencies, worker efficiencies, turnover, and absenteeism. These measures, though impactful, will not close the gap.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

The Oregon Eligibility Partnership is a collaboration between ODHS, Oregon Health Authority, and the Early Learning Division/Department of Early Learning and Care.

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- 9. 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

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

N/A

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

No

Staffing and fiscal impact

Implementation date(s): 9/1/2023

End date (if applicable): _____

- 12. What assumptions affect the pricing of this policy package?**

None

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13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

ODHS Position Management

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

No

15. 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.

Eligibility Positions are as follows:

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Row Labels	Sum of OEP Position Count
Administrative Specialist 1	1
Human Services Specialist 1	26
Human Services Specialist 3	221
Human Services Specialist 4	9
Operations & Policy Analyst 2	1
Operations & Policy Analyst 3	1
Payroll Analyst	1
Procurement & Contract Specialist 2	1
Procurement Manager 1	1
Program Analyst 1	12
Supervisor 2	14
Training & Development Specialist 1	12
Grand Total	300

This includes nine infrastructure positions are needed to accommodate workload increases related to additional positions earned. including:

- (One) Procurement and Contract Specialist 2
- (One) Procurement and Contract Specialist 3
- (One) Payroll Analyst
- (Two) Human Resource Analyst 3
- (Two) Administrative Specialist 1
- (One) Administrative Specialist 1
- (One) Operations and Policy Analyst 3

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

Traditional eligibility staff office requirements, computers, phone, etc.

17. What are the ongoing costs?

Biennial Personal Service and Services and Supplies.

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

Typical fund splits for eligibility positions are 58 percent State General Funds and 42 percent Federal Funds. Infrastructure positions are 100 percent State General Funds.

19. What are the potential savings?

Savings resulting from improved health and safety outcomes of our clients and client families.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$28,370,787	\$0	\$20,544,156	\$48,914,943	300	300.00
Services & Supplies	\$1,629,213		\$1,184,295	\$2,813,508		
Total	\$30,000,000	\$0	\$21,728,451	\$51,728,451	300	300.00

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Fiscal impact by program

	OEP				Total
General Fund	\$30,000,000				\$30,000,000
Other Funds	\$0				\$0
Federal Funds	\$21,728,451				\$21,728,451
Total Funds	\$51,728,451				\$51,728,451
Positions	300				300
FTE	300.00				300.00

Oregon Department of Human Services: 2023-25 Policy Package

Division:	Oregon Eligibility Partnership (OEP)
Program:	ONE and OEP
Policy package title:	ONE Ongoing Maintenance
Policy package number:	POP 143
Related legislation:	N/A

Summary statement:	<p>Oregon implemented the ONE system to help process eligibility applications for food, housing, cash, childcare, and medical benefits for nearly 1.5 million Oregonians, the largest caseload in Oregon’s history. With ONE we have created an opportunity for Oregonians to apply online, over the phone, through the mail or in person at any of our offices. Oregon has continued to invest in the ONE system since the initial release. But, like any system, there needs to be continued maintenance and then investment to meet the ever-changing needs of Oregonians and programs. The ONE system needs to continue to evolve our operating system to support a more integrated effort. ONE is a new system that individuals and community are still learning about. Engagement with community is critical to our success as we move from a siloed to an equality approach and then shift to an equity framework and person-centered, outcome-based system. Dedicated staffing is critical to connect with community and partners. Improved and sustainable ONE system operational support helps ensure constituents will see accurate and timely eligibility determinations, which will result in better access to basic food, health, cash, and childcare benefits in some of the most critical individual and family situations.</p>
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Oregon Department of Human Services: 2023-25 Policy Package

This proposal would provide one-time funding for paying off the final deliverables from the contract related to the Integrated Eligibility Project, closing out the largest IT project's obligations from the history of Oregon. Funding would also support ongoing maintenance and operations services, staffing and service dollars for needed system modifications to more quickly meet consumers' needs, support training, system changes and building better equitable practices based on feedback we have had from partners across Oregon. This POP also pays for the additional licenses and support for the Centralized Abuse Management system that is supported by OEP.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$16,200,175	\$840,000	\$22,148,479	\$39,188,654	34	26.00

Oregon Department of Human Services: 2023-25 Policy Package

Purpose

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

Oregon is reliant on the new ONE system to help process eligibility applications for food, housing, cash, childcare, and medical benefits for nearly 1.5 million Oregonians, the largest caseload in Oregon's history. The system processes applications and updates eligibility at a rate of about 300,000 per month and sends about 450,000 critical correspondences to applicants and clients per month. The ONE system works in tandem with a customer service phone system. Both systems are new to staff and the individuals applying for program benefits.

The ONE system is supported by the Oregon Eligibility Partnership within ODHS. This system currently supports the needs of individuals applying for medical, food, cash, and childcare assistance. It supports individuals being able to apply online, over the phone, through paper and in-person at our offices; as well as supporting the network of community partners who assist individuals with applications. At any one time, the ONE system could have cued up 10 – 12 critical system changes or enhancements in different stages of development and implementation. And we anticipate this trend to continue as better designs are discovered, program requirements change and improvements to base system functionality are developed. We are certain a steady stream of system change is in our future, and we need additional staff and other resources to right-size that effort.

Oregon implemented the ONE system but needs to continue to evolve our operating system to support a more integrated effort. Before creating the ONE system, people in Oregon had to go to multiple offices, they couldn't apply online for all their benefits, they had to tell their story multiple times and provide verifications multiple times to disparate systems and siloed staff. With ONE we have created an opportunity for Oregonians to apply online, over the phone, through the mail, or in person at any of our offices. However, we need to continue to support this

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statewide model, training more staff, in more programs, providing supports so we can ensure we have individuals with the right knowledge to meet Oregonians in the way they choose to apply. Long call times, staff having to learn new systems for the first time in their career, and support for community have created a need for additional supports not previously recognized until the system rolled out. Oregon is also going through historic change, the Public Health emergency, and the COVID-19 pandemic, pushed workers home and segregated individuals we serve from access to workers. Even as we kept offices open, we have tried to find ways to serve individuals as effectively as possible. As we continue to come back and unwind these efforts, we need to learn and train our staff on ways to serve individuals and learn new ways to support a transitioning workforce more equitably.

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

Increase staffing to improve client services, eligibility activities, and program support to best meet and sustain service level expectation for the ONE system and support services. This would require:

Funding and Permanent Position Authority to Establish the Following New Positions			
	OEP/ONE Oregonian Support (AP Tech Team)	PSR4	6
	OEP/ONE Oregonian Support (AP Tech Team) and Office Simulation Training, Testing & Support, OEP/ONE UAT Test Writers/Testers	OPA1	2
	OEP/ONE Oregonian Support (AP Tech Team) Operations Support Analyst, OEP/ONE Helpdesk Business Analysts, OEP/ONE UAT Testing Coordinators, OEP/ONE Business Analyst, OEP/ONE Quality Control Analysts	OPA2	1
	OEP/ONE Call Center, ECWS, Mobile App, Chat Bots, RPA, IVR	OPA3	4

Oregon Department of Human Services: 2023-25 Policy Package

OEP/ONE Oregonian Support (AP Tech Team) Manager	PEMB	1
OEP/ONE Statewide Model Support	OPA1	5
OEP/ONE Operational Engagement Analysts	OPA3	3
OEP/ONE Audit Coordinator	OPA2	1
OEP/ONE Training Analysts	OPA3	2
OEP/ONE Equity Analyst	OPA3	1
OEP/ONE Community Engagement Analyst	OPA3	1
OEP/ONE Training Development and Delivery Specialists	TDS2	3
OEP/ONE Administrative Support	AS1	2
OEP/CAM Business Analysts	OPA3	2

The Applicant Portal Tech Team provides direct consumer and community provider support for individuals attempting to connect to the Applicant Portal. Federal Security requirements around RIDP create a burden for individuals to authenticate and create an account who do not have a credit history. The State has a process for manual review and verification and has utilized temporary staff to support this work. The ongoing demand for the Applicant Portal and support for providers is a critical area that needs to be resourced. The six positions will provide an opportunity to build out additional staffing with differentials for languages that are most used by callers besides English. Oregon also continues to define and increase our use of ONE. While the initial design of ONE allows for eligibility to be done appropriately when information is entered in the correct fields, feedback from staff and from Oregonians around modifications to make it more intuitive to them and clear are focus points for building a better sustainable system. These OPA staff on this team will focus on the staff portion of that design, with Worker Portal actions getting more information and support based on Staff Centered Design, and our correspondence and Applicant Portal focused on a Human Centered Design. Oregon piloted testing processes late

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in the Integrated Eligibility project using staff in offices and adjusted the initial design that were proven effective by staff based on this methodology. This investment will allow us to use that type of methodology again.

Oregon has continued to invest in the ONE system since the initial release. Like any system there needs to be continued maintenance and then investment to meet the ever-changing needs of Oregonians and programs. Oregon has implemented a chat bot that allows staff and Oregonians to ask questions on the application and have logic drive answers and collect data on questions and the usefulness of the response. Tens of thousands of people have asked questions and the state requires an analyst to review data and continue to work with the vendor to provide updated responses and support for this resource. SNAP funding was set aside due to Quality Control errors in SNAP previously identified to build out mobile supports to assist with common errors. The funding allows for initial implementation but needs ongoing support and maintenance of the solution and funding for staff support. The state is also looking at how we can continue to build out automation and use technology to solve the historic caseload and ongoing demand we see in our systems. We know as recessionary times come, demand for our services increases when funding is not as available. Robotic Automation Processes (RPA) and an Interactive Voice Response (IVR) system for our phones will allow Oregonians to automate specific answers without having to talk to workers, process returned mail and use rules reducing tasks that require worker intervention. We need analyst support for this implementation. Finally, Oregon invested in an integrated solution for workflow related to emails, allowing processing of verification and items that are emailed to a central box and will allow people in Oregon to work and use this information. The funding was provided for the implementation but not for the ongoing support of this work and an analyst is needed for this work.

Oregon has implemented ONE, yet staff and managers are still learning the new system. Their ability to drive work statewide, coordinate across offices, and use new technology is part of the change process, but so is understanding how to work together across agencies and prioritize historic volumes of work. ONE has a systematic process for prioritization of work but requires management and staff to coordinate and a review of demand centrally to ensure

Oregon Department of Human Services: 2023-25 Policy Package

we are meeting expected outcomes and timeliness. These statewide workflow positions will support local offices and managers learning how to read the data and support the processes of scheduling and determining demand. Additionally, training efforts continue to be updated based on feedback and investments in training is critical for this work. These positions will support the review of training processes and applying new procedures based on feedback to better meet the needs of a changing workforce and systems. ONE also provides more data in new ways, which has brought the attention of several audits. Agency support for audits and responses requires staff to track across systems and state and federal audits and respond and coordinate efforts. Finally, ONE is a new system that individuals and community are still learning about. Engagement with community is critical to our success as we move from a siloed to an equality approach and then shift to an equity framework and person-centered, outcome-based system. Dedicated staffing is critical to connect with community and partners.

The CAM system has been essential to protecting the public from abuse during the pandemic. Further, the system is a pathway to an equitable abuse screening and an investigation system which allows us to understand and analyze demographic abuse information, ultimately better serving Oregon communities. Through the use of this system, screeners, investigators, licenser, background check personnel and decision makers access real-time information and perform work anytime and anywhere throughout Oregon. Allegations of abuse are projected to increase nearly 60 percent over the 10 next years. In 2021 the CAM system documented, 56,514 intakes and investigations, 13,631 serious incidents and 1,341 death reviews.

The CAM system has been implemented, is in operations and maintenance (O&M) phase and provides on-going Service Desk assistance to 1,351 end-users. The Service Desk team received 9,397 inquiries from users in 2021. In addition, the O&M team provides services to programs and systems users such as: analysis of system issues, incident management, system testing, data analysis, system refinement, vendor management and general system maintenance to reduce security risk, ensures functionality, optimizes performance and system integrity.

Two, OPA3 Senior Business Analyst Positions: to provide Help Desk services, research system issues for prompt resolution, incident management, on-going testing, data analysis, release management, and general system

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maintenance to ensure overall functionality and integrity of the system. Act as liaison between programs and vendor management service. Responsible for document of program business requirements, leadership decisions, actions, and outcomes for CAM system activities.

In addition to rightsizing OEP ONE BIS staff, additional budget is needed to ensure these staff have the resources to complete the necessary development and operational stabilization work noted below.

\$12 million – 2023-25 IT contract costs (Note: this cost is still being finalized).

\$2.1 million – One-time payment to IT vendor for final contract cost (payment held to make sure the vendor made certain upgrades within a multi-year warranty and the State agreed to authorize that payment upon the end of that period)

\$6.2 million - New/additional secondary software required related to the ONE system that were not included in the IT portfolio when the 2021-2023 budget was set: (such as Puppet Configuration Manager, State Google Cloud Environment for Chatbot, Google reCAPTCHA, Robotic Process Automation (RPA)

\$4.5 million – One-time expense to transition the ONE server/infrastructure from EIS to Azure Cloud Services

\$600,000 – SOC audit costs

\$5 million – One-time costs to develop training material and actions necessary to improve actions and quality of learning across learning styles for adult learners, focusing on change management, equity, and providing continual education avenues to build out comfort in performing the duties in an integrated eligibility program.

CAM IT Software Licensing and Services (\$1 million):

Software License allow access to CAM System. All users must be assigned a license to view, write, edit, and retrieve data from the CAM system.

Software Services include Government Cloud Service and Support, Event monitoring, Data Encryption, Disaster Recovery & Business Continuity plan.

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3. How does this policy package help or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

Improved and sustainable ONE system operational support helps ensure constituents will see accurate and timely eligibility determinations, which will result in better access to basic food, health, cash, and childcare benefits in some of the most critical individual and family situations.

This allows ongoing benefits, while also increasing equity and community engagement. The ability to capture REALD (Racial, Ethnicity, Language and Disability), veteran information, implement new programs, provide emergency benefits, and have data that can be used in emergency management and other systems are all available due to the implementation of ONE. The ongoing support is critical to building on this and stabilizing the system. Because of the Public Health Emergency, Oregon hasn't had the opportunity to use the system as intended, as such, we expect to continue to need to stabilize the system as we move back to normal operating procedures.

This also supports the safety and well-being of individuals allowing for coordination across children and senior systems for abuse investigations.

Training resources and having staff comfortable to be able to provide answers allows individuals greater choice. People go to specific offices based on our designation of their expertise to populations or programs. However, the opportunity to do work online, over the phone, talk to someone in their native language or be served in an equitable fashion has not always been possible in these program-focused approaches. By shifting from program to people focused, we bring teams together based on shared outcomes around allowing choice and honoring Oregonians, so that people don't have to go to multiple offices, stand in different lines, and provide verification over and over again and bring the expertise across programs to meet people where they are.

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Quantifying results

4. What are the long-term desired outcomes?

Our request would allow us to move off hardware-based servers to a cloud server-based system; continue to maintain the multi-pronged disaster recovery process; build on actions to have change management, staff supports, and a designated staffing system for eligibility to do this work; acknowledge inequities in our systems and builds infrastructure to engage with community and continue change across our systems; and allow staff to process benefits for individuals in our state, keep phone and IT systems available, drive equity-based changes in our processes, engage with community and have the structure to support community partners, providers, and staff.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

An appropriately supported benefit / service delivery system's impact would likely best be measured by the effectiveness of the program benefits themselves. Interested parties can see the effect of a system where benefits are not delivered timely or accurately in the health and safety outcome for the client and client families.

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How achieved

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

ODHS approached the Legislature with a 2021-23 POP asking for additional eligibility workers and staff support positions. The POP was not funded but began a conversation on right-sizing eligibility for the new ONE system with a promise of our returning with a rightsizing POP in this session. During the interim, additional investments and adjustments have been made to the ONE system and the business processes. Further, LEAN principles are being applied and efficiency and effectiveness is being evaluated as we do our work. However, caseload has risen to a high of 880,000 and is expected to remain high anticipating 800,000 post pandemic. This is one-fourth higher than pre-pandemic caseload levels.

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

ODHS continues to work on system efficiencies, worker efficiencies, turnover, and absenteeism. These measures, though meaningful, will not close the gap.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

We have been talking with community about this change for almost 20 years. These items and concerns are felt across communities and across Oregon and this will allow us to better serve our communities and ensure benefits and services can be provided with equity in the forefront, in more ways, timelier and with increased accuracy.

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- 9. 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

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

This will allow us to better serve them and ensure benefits and services can be provided with equity in the forefront, in more ways, timelier and with increased accuracy.

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

No

Staffing and fiscal impact

Implementation date(s): 9/1/2023

End date (if applicable): _____

- 12. What assumptions affect the pricing of this policy package?**

None

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13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

None identified

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

No

15. 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.

Funding and Permanent Position Authority to <i>Establish the Following New Positions</i>			
	OEP/ONE Oregonian Support (AP Tech Team)	PSR4	6
	OEP/ONE Oregonian Support (AP Tech Team) and Office Simulation Training, Testing & Support, OEP/ONE UAT Test Writers/Testers	OPA1	2
	OEP/ONE Oregonian Support (AP Tech Team) Operations Support Analyst, OEP/ONE Helpdesk Business Analysts, OEP/ONE UAT Testing Coordinators, OEP/ONE Business Analyst, OEP/ONE Quality Control Analysts	OPA2	1
	OEP/ONE Call Center, ECWS, Mobile App, Chat Bots, RPA, IVR	OPA3	4
	OEP/ONE Oregonian Support (AP Tech Team) Manager	PEMB	1

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OEP/ONE Statewide Model Support	OPA1	5
OEP/ONE Operational Engagement Analysts	OPA3	3
OEP/ONE Audit Coordinator	OPA2	1
OEP/ONE Training Analysts	OPA3	2
OEP/ONE Equity Analyst	OPA3	1
OEP/ONE Community Engagement Analyst	OPA3	1
OEP/ONE Training Development and Delivery Specialists	TDS2	3
OEP/ONE Administrative Support	AS1	2
OEP/CAM Business Analysts	OPA3	2

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

- \$2.1 million – One-time payment to IT vendor for final contract cost (payment held to make sure the vendor made certain upgrades within a multi-year warranty and the state agreed to authorize that payment upon the end of that period)
- \$4.5 – One-time expense to transition of ONE server/infrastructure from EIS to Azure Cloud Services
- \$600,000 – SOC (System and Organization Controls) audit costs

17. What are the ongoing costs?

- \$12 million – 2023-25 additional IT contract costs
- \$6.1 million - New/additional secondary software required related to the ONE system that were not included in the IT portfolio when the 2021-2023 budget was set: (such as Puppet Configuration Manager, State Google Cloud Environment for Chatbot, Google reCAPTCHA, Robotic Process Automation (RPA))
- \$1 million – CAM licenses

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- \$5 million – Training Contractor

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

State General Funds and matched Federal Funds (Medicaid and other matchable funds) with a small amount of Other Funds, which are bond carryover from the 2021-23 biennium.

19. What are the potential savings?

Savings resulting from improved health and safety outcomes of our clients and client families.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$2,611,349	\$0	\$2,576,286	\$5,187,635	34	26.00
Services & Supplies	\$13,588,825	\$840,000	\$19,124,119	\$34,001,019		
Total	\$16,200,175	\$840,000	\$22,148,479	\$39,188,654	34	26.00

Fiscal impact by program

	OEP				Total
General Fund	\$16,200,175				\$16,200,175
Other Funds	\$840,000				\$840,000
Federal Funds	\$22,148,479				\$22,148,479
Total Funds	\$39,188,654				\$39,188,654
Positions	34				34
FTE	26.00				26.00

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Vocational Rehabilitation POP Memorandum

Date: July 11th, 2022
To: ODHS Director's Office
From: Keith Ozols, VR Director
Subject: POPs 2022 Assignment for 23-25 ARB

Policy Option Package to address changes to Vocational Rehabilitation's Technical Assistance Contract with the University of Oregon

Oregon's Youth Transition Program (YTP) is a Vocational Rehabilitation (VR) administrated program throughout the state. This program establishes contracts between local school districts and the VR program to deliver transition and employment related services to students with disabilities. Currently there are more than 200 schools participating in YTP. The goal of YTP is to assist students with disabilities successfully transition from secondary school into postsecondary education or into competitive integrated employment.

For many years VR has contracted with the University of Oregon (UO) to provide training, evaluation, and technical assistance to the YTP school districts under contract with VR. Early in 2022 the Rehabilitation Services Administration (RSA), VR's federal funders, came to Oregon to conduct a monitoring visit of the program. This was the first time in 12 years that RSA had been to Oregon for a federal review. Oregon VR was informed at that time that the contract with UO did not meet some of the contractual standards and expectations set forth by RSA. The contract with the UO, as it exists today, is what is considered a sub-delegation of authority. In other words, Oregon VR has given too much oversight and supervision of YTP to a third party. RSA informed the program that VR must retain authority over our contractors and cannot contract out for those services. Technical assistance and evaluation of our contracts with YTP school districts must be conducted and administered under VR's authority and by VR staff.

Therefore, after June 30, 2023, VR will no longer be contracting with the UO for Technical Assistance, evaluation and monitoring of our YTP school contractors. This shift is specific to our working relationship with the UO and does not impact our contractual relationships with YTP schools, which are in place through June 30, 2023. Any needed adjustments to the YTP working relationship or contract will be addressed through the next biennium's contracting cycle.

VR is working with ODHS leadership on a Policy Option Package to address the programmatic changes needed to respond to RSA's guidance. Currently there is roughly \$1.5M dedicated to the contract with UO in the 2021-23 biennium. Moving into the next biennium VR will be requesting legislatively approved position authority to hire VR staff to complete the work of the UO contract. This will be a cost neutral request with no request for addition GF over the current CSL. This request will be for approximately 6 FTE that will provide the training, technical assistance, and evaluation of the YTP school districts under contract with VR. This will bring VR into compliance with RSA.

Oregon Department of Human Services: 2023-25 Policy Package

Division:	Central Services
Program:	Various
Policy package title:	Medicaid Waiver Placeholder
Policy package number:	POP 201
Related legislation:	N/A

Summary statement:

We all want a state in which everyone has access to good health and well-being. This policy option package will allow the state to meaningfully improve health outcomes in communities who face historic and contemporary injustices, in alignment with Oregon Health Authority’s goal of eliminating health inequities by 2030. ODHS is responsible for determining eligibility for state medical services, for the operation and maintenance of the ONE eligibility system, and for the delivery of long-term services and supports related to Medicaid.

This policy package would fund ODHS for related costs if OHA-HPA-05 is approved, which will enable the Oregon Health Authority (OHA) to execute and implement the policy and program changes outlined in 1115 Medicaid demonstration waiver and approved by the Centers for Medicare and Medicaid Services (CMS). These demonstrations occur within a specific time horizon and can be extended if necessary. This package would allow ODHS to fulfill the implementation obligation necessary to review eligibility as required by the waiver. OHA is currently negotiating the next five-year 1115 waiver with the Centers for Medicare and Medicaid Services (CMS) and expects that negotiations will likely not conclude until September 30, 2022. Therefore, precise outcomes of

Oregon Department of Human Services: 2023-25 Policy Package

the negotiation are uncertain and placeholder language regarding this waiver POP is needed for now.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$4,479,037	\$0	\$6,810,361	\$11,289,398	55	34.65

Purpose

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

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot or demonstration projects that promote the objectives of Medicaid. Under this authority, the Secretary may waive certain provisions of the Medicaid law to give states additional flexibility to design and improve their programs.

Generally, section 1115 demonstrations are approved for an initial five-year period and can be extended for up to an additional three to five years, depending on the populations served. OHA has successfully used the 1115(a) demonstration since 1994 to innovate in health care system, improve care and lower costs, with the last waiver being renewed in 2017. The 1115 waiver is a unique chance for large-scale health system transformation in the Oregon Health Plan (OHP). Oregon's most recent waiver application was submitted to CMS February 18, 2022, for the 2022-2027 demonstration period. The current waiver was set to expire June 30, 2022 but has been extended by CMS to September 30, 2022. Negotiation with CMS is a blend of legal, financial, policy and

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political dynamics. Approval of proposed waiver policy concepts are at the discretion of the federal government. Once agreed to, the Governor must sign the approved application in the 120 days after waiver approval. Implementation planning must be complete within six months of approval.

OHA's waiver application is structured to align with OHA's priorities on eliminating health inequities, as well as clearly aligning with other health policy initiatives in the state. OHA's updated goals and improvements for the state's Medicaid program build on past successes and reflect lessons learned from COVID-19. The proposed 1115 waiver demonstration and associated Policy Option Package will allow the state to meaningfully improve health outcomes in communities who face historic and contemporary injustices.

ODHS is responsible for the eligibility related to these services, the operationalization of the ONE system for eligibility, and delivery of long-term services and supports related to Medicaid. This POP reflects those items related to the implementation of the 1115 that ODHS is aware of at this time and would be responsible for.

ODHS is responsible for making sure the ONE system can implement and provide benefits in compliance with whatever is approved and agreed upon in Oregon within the timeframes listed above. ODHS is also responsible to make sure training and materials are provided to the several thousand staff doing this work in a way that supports them understanding the impact on their work and those they serve. ODHS is responsible for the actual delivery of medical eligibility, performing this over the phone, in-person, and through electronic and paper applications for the current 1.3 million Oregonians receiving Medical, along with the additional individuals receiving food, cash, and childcare assistance. This initiative along with others will continue to maintain and potentially increase the historically high caseload, and so staffing will be needed. Additional staffing for hearings and quality assurance of the new services will be needed as well. Finally, the IT investments in the ONE system, with this Policy Option Package and other items need to be sequenced and within available resourcing. ODHS and OHA will be unwinding the Public Health Emergency during the period that multiple updates will be required, and so staff resources and subject matter experts from both areas need to be available

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and considered when approving items to ensure we have contract hours and budget as well as staff available to make the necessary changes.

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

As currently planned, the demonstration renewal will continue operating statewide covering 1.3 million people in Oregon currently receiving benefits through the OHP. This proposed demonstration more directly responds to the community feedback collected through strategic planning processes and waiver engagement and continues building on the existing foundation of OHP to address health equity more intentionally.

Focusing this waiver renewal application on meaningful progress toward health equity, along with clear alignment with other health policy initiatives in Oregon, allows OHA to improve health outcomes in communities most harmed by social injustices. To carry out this vision OHA is seeking to:

- Maximize continuous and equitable access to coverage.
- Streamline transitions between systems through defined benefit packages of social determinants of health services.
- Move to a value-based global budget.
- Improve health through focused equity investments led by communities.
- Ensure quality and access through equity-driven performance metrics.
- Align with Tribal partners' priorities.

Upon approval by the Centers for Medicare and Medicaid Services (CMS), the new waiver will require a significant legislative concept (LC) and policy option package (POP) in alignment with the policy and program changes outlined in the waiver. OHA is currently negotiating the next five-year 1115 waiver with the Centers for Medicare and Medicaid Services (CMS) and expects that negotiations will likely not conclude until September 30, 2022. Therefore, precise outcomes of the negotiation are uncertain and placeholder language

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regarding this waiver POP is needed for now. ODHS has estimates of costs associated with training, system changes to ONE, additional program costs for LTSS, and operational impact; but will need to wait until final language is back from CMS.

3. How does this policy package help or potentially hinder populations that are disproportionately underserved? How does this policy package further ODHS's three strategic goals for both the program and ODHS missions?

While a 2018 independent evaluation of CCOs under Oregon's 1115(a) demonstration found that under CCOs, patient-reported health status improved, quality had improved when CCOs were paid for performance, cost growth was slowed, and access and patient satisfaction were maintained; the data shows there is more work to do. Specifically, Oregon must better address the health inequities disproportionately impacting communities of color. The facts and need are stark. In Oregon:

- American Indians and Alaska Natives and non-Latina/o African Americans are more than twice as likely to die from diabetes as non-Latina/Latino whites.
- Latino/a/x Oregonians comprise only 12 percent of the population but represent more than 18 percent of COVID-19 cases, and Black Oregonians are 3.1 times more likely to have a COVID-19 associated hospitalization than their white counterparts.
- Non-Latina(o) African Americans have nearly twice the rate of avoidable deaths from heart disease, stroke, and high blood pressure as non-Latina(o) whites.
- American Indians and Alaska Natives have a much higher death rate from chronic liver disease than any other group.

Oregon Health Plan members and community partners have regularly voiced the need for OHA to address health inequities both in the health system and in the communities where members live and work. The COVID-19 pandemic brought this need into sharp focus as communities most harmed by social injustices were, and still

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are, disproportionately harmed by this virus. These communities consistently report that lack of access to care and health resources was and is at the center of their struggle to stay safe and healthy.

Oregon Health Authority has established a strategic goal to eliminate health inequities by 2030. Given the facts cited above, along with myriad other examples of health inequities permeating the health care system, Oregon's 1115 demonstration waiver renewal is focused on pushing Oregon's Medicaid system to address health equity directly and systematically.

Oregon Health Authority's policy concepts that are incorporated into the 1115 waiver renewal propose to:

- **Maximize continuous and equitable access to coverage**

It is only with continuous and equitable access to coverage that people can access the care they need to stay healthy. OHA knows that people of color and communities most harmed by social injustices have lower coverage rates. OHA's approach seeks to eliminate inequitable access with strategies to extend and stabilize coverage to every eligible child and adult in Oregon. This goal aligns with the State of Oregon's Diversity, Equity and Inclusion Action Plan in part due to eliminating inequitable access throughout Oregon.

- **Streamline transitions between systems through defined benefit packages of the social determinants of health services**

Data show members of high-risk populations often lose coverage and access to care during life transitions and in transitions between systems such as incarceration or state hospital admittance. These disruptions come at great cost to the individual and to the system. By providing defined benefit packages to members in transition, OHA can ensure these Oregonians stay covered, have important social determinants of health needs met and maintain access to care and medicine, which ultimately improves health outcomes.

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- **Move to a value-based global budget**

Compared to other states, Oregon has generated large savings from its approach to Medicaid. The CCO model is both innovative and cost-effective. To maintain and build on these successes, OHA must continue building a rate-setting methodology that rewards spending on health equity and improving the health of communities rather than spending on medical procedures and services alone. This focus on value within a global budget will further drive the health care system to spend on health, rather than health care (for example, in the more traditional medical model).

- **Improve health through focused equity investments led by communities**

The health care system can do more to invest in community-based approaches to address social determinants of health that drive health inequity. With focused equity investments, OHA will redistribute both funds and decision-making power to local communities. Focusing on community-driven solutions enables OHA to use funding mechanisms to better address larger scale barriers to health and health equity.

- **Ensure quality and access through equity-driven performance metrics**

The CCO coordinated care model is built on incentivizing quality and access. OHP members and community stakeholders have continued to report that equity must be the focus across the system. By revising metrics to focus on traditional quality and access for downstream health while also creating a new set of equity-driven performance metrics for upstream health factors, OHA can make significant progress in driving the system toward more equitable health outcomes.

These policy changes will deliver changes to OHP that address the same goals as the original 1994 waiver and subsequent renewals. Oregon is responding to and addressing the lessons learned during the past 10 years – particularly those raised directly by community partners, OHP members and Tribal partners – and those highlighted by the disparate impacts of COVID-19.

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Quantifying results

4. What are the long-term desired outcomes?

The long-term desired outcome is to improve health outcomes in communities most harmed by social injustices in alignment with achieving OHA's stated goal of eliminating health inequities by 2030. The key goals to address drivers of health inequities include:

1. Creating an equity-centered system of health.
2. Ensuring access to coverage for all people in Oregon.
3. Encouraging smart, flexible spending that supports health equity.
4. Reinvesting government savings across systems to achieve health equity.

OHA heard from community that if those goals are achieved the system will look like:

Create an equity-centered system of health	No language, cultural or economic barriers to care
	Enrollment is preserved in OHP as patients transition between systems
	People experience streamlined, coordinated, and integrated care across health and social systems
	Easier to access and have Medicaid cover housing supports, social supports and pre-treatment services
	Enrolling a higher percentage of people who are eligible
	Reducing churn and providing better continuity of coverage

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Ensure access to coverage for all people in Oregon	Reducing/eliminating the inequity in the uninsured rate
Encourage smart, flexible spending that supports health equity	Seeing a shift in investments on the ground that focus on prevention and equity
	Provide a predictable rate of growth
	Financial power and decision-making on community investments is held by the community
	Patients would get the care and supports they need, regardless of whether it's a covered benefit
Reinvest government savings across systems to achieve health equity	Oregon enters into a shared savings agreement with the federal government
	Savings are reinvested into targeted areas to address health inequities
	Resources are invested to improve cross-system coordination

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

As required by CMS once the waiver renewal is in place, OHA will conduct a formal evaluation of the 1115 waiver's impacts. The evaluation will focus on three of the main components of the demonstration waiver:

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1. Community Investment Collaboratives (CICs), which are community-driven initiatives focused on eliminating health inequities. Oregon proposes to evaluate CICs using a collection impact framework (CIF). This evaluation will focus on both process and outcomes and will use a mixed method design.
2. Continuous enrollment, which is a proposal to reduce the unnecessary cycling of members on and off Medicaid by extending continuous enrollment (CE) to any child on Medicaid up to age 6, and CE for two years to any person aged six and older. This evaluation will focus on the costs and outcomes of this policy change, and will use existing qualitative data, as well as collect quantitative data among members affected by the change.
3. Social Determinants of Health (SDOH) transition services, which are packages of services that will be available to people transitioning out of certain populations or settings (justice-involved, Youth with Special Health Care Needs, psychiatric residential mental health facilities), and to people who are homeless or at-risk, who are dually eligible, who are vulnerable to extreme climate events, or who are child welfare involved. Oregon proposes to evaluate the impact of SDOH transition services on two to three of these populations.

This formal evaluation focuses on *outcome* measures, for example impact to Medicaid members, more so than *process* measures, for example improvements in system efficiency.

How achieved

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

Many of the policy proposals in the 1115 waiver have been of interest to OHA, Tribal partners and community members for years. However, due to the unique nature of an 1115 waiver to allow for the waiver of certain federal regulations, OHA and partners analyzed the options proposed and determined that action could not be

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taken without an 1115 waiver. The 1115 waiver is only renewed and negotiated every five years and amendments are difficult. As such, action through the 1115 waiver was determined necessary to pursue these changes.

In addition to pursuing a policy option package, OHA has explored every way to maximize federal investment to cover the proposed costs of the 1115 waiver policies. This includes a request to the federal government for significant financial investment in the form of Designated State Health Program (DSHP) funds. OHA's original ask to the federal government was for \$1.51 billion over the course of the five-year waiver demonstration. OHA and CMS are currently actively negotiating this number. Regardless of the exact final number, DSHP federal funds would represent a significant investment of funds focused on promoting health and health equity and eliminating health inequities in the state.

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

Doing nothing would assure that Oregon will not advance towards achieving OHA's 2030 goal eliminating health inequities and current inequities will continue. Furthermore, not moving forward with the policy option package could cause compliance issues that could result in:

- CMS either withholding funding or requiring payback of previously provided funding.
- Legal challenges from various populations not being served as federally required.
- Political issues and loss of community trust if OHA receives federal DSHP funds to support specific new policies and programs and does not make corresponding system changes to operationalize those programs.

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8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

The new application responds to the community feedback OHA has received during the past five years and builds on the existing foundation of OHP to address health equity more intentionally, while aligning with the priorities of Oregon's Nine Federally Recognized Tribes and the Urban Indian Health Program.

In addition to extensive public and community input, staff reviewed the following existing strategic plans during the waiver development process:

- 2020 OHA Ombuds Program Report
- CCO 2.0 Community Engagement Report
- Oregon Health Policy Board (OHPB) 2021 Health Equity Recommendations
- OHA 2019 Strategic Plan for Community Engagement
- OHA 2019 Tribal Strategic Plan for Community Engagement
- State Health Improvement Plan
- COVID-19 Listening Sessions materials

Community Partnerships

OHA held multiple information sessions in English and Spanish through the Community Partner Outreach Program (CPOP), Oregon Health Policy Board (OHPB), the Medicaid Advisory Committee (MAC) and the Health Equity Committee (HEC). All these forums welcomed public comments on the waiver. Further, the state held its official public comment period December 7, 2021-January 7, 2022. This included seven public meetings with public comment and people could also submit comment via survey, mail, or email. During state public comment, OHA heard from about 200 unique commenters on a variety of policy topics and the following policy changes were made to the waiver application because of these comments:

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- The waiver of the Early and Periodic Diagnostic and Treatment (EPSDT) benefit for children was removed from the application.
- The waiver of retroactive eligibility was removed from the application.
- OHA clarified the request for HB 3353 expenditures to count as medical for purposes of rate setting (previously combined with other HRS requests for rates).
- OHA added broadband services to transitions related to extreme climate events.
- OHA changed the number of upstream metrics proposed for its Quality Incentive Program from three to five to up to six.

Partnership with the Nine Federally Recognized Tribes and UIHP

In accordance with CMS requirements and OHA's Tribal Consultation and Urban Indian Health Program (UIHP) Confer Policy, OHA distributed a Tribal Leader letter, which included an invitation for consultation, on November 29, 2021, to all of Oregon's Nine Federally Recognized Tribes and the UIHP. The 1115 Medicaid Waiver Tribal Consultation occurred via videoconference on December 14, 2021, from 1-3 p.m., which was no fewer than sixty days before submission of the final Waiver language to CMS on February 15, 2022.

In addition to meeting the requirements for Tribal Consultation, OHA partnered with the Tribes so that they were involved in and informed of the ongoing development of the state's 2022-2027 1115 Waiver Application. This included regular updates at Tribal Monthly Meetings and SB 770 HHS Cluster Meetings, drafting a Tribal Concept Paper based on concerns raised previously by Tribal governments and working with the Tribes to develop this concept paper before inclusion in the application. Further, OHA met with the Tribes in a series of meetings to further develop the policies proposed in the Tribal Concept Paper after waiver submission in preparation for a Q&A with CMS, to ensure all materials and responses reflected the intent of the Nine Federally Recognized Tribes. OHA continues to update the Tribes and UIHP about the 1115 waiver at Tribal

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Monthly Meetings, SB 770 HHS Cluster Meetings, and through email as appropriate. OHA staff are working to ensure that appropriate consultation happens with the Tribes and UIHP as policies move toward implementation.

Coordinated Care Organizations (CCOs)

In addition to receiving public comment from CCOs at public meetings and through state and federal comment, OHA has provided regular waiver updates to CCOs at the OHA CCO Leadership Policy and Strategy CCO Operations meetings. Additionally, OHA has regularly met with a subset of CCO CEOs to provide waiver updates and receive feedback. OHA has had additional meetings at the request of CCOs or those who represent them, including Coalition for a Healthy Oregon (COHO) and CCO Oregon. OHA also has met with Health Share of Oregon, whose pilot program on housing has informed the state's Social Determinants of Health (SDOH) Transitions Support work.

Regional Health Equity Coalitions (RHECs)

The proposal for Community Investment Collaboratives (CICs) was co-created with Oregon Regional Health Equity Coalitions (RHECs) through a unique community-driven process. In 2021, RHECs came to OHA with a proposal for the 1115(a)-demonstration waiver renewal and worked closely with the Oregon Legislature to inform the design of HB 3353. Subsequently, OHA and RHEC leadership worked closely to build out the intent of HB 3353 and increase accountability to community by emphasizing community role in identifying inequities and making investment decisions to address inequities. The OHA/RHEC workgroup met 12 times between May and July 2021 to develop strategies to develop a model for shifting power and resources to community. Recognizing that the process can be as important as the outcome, the work involved relationship and trust building, particularly to build increased trust between community organizations and government,

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naming some of the values we hold in conducting work together through developing group agreements, sharing needs to successfully accomplish the work together, clarifying roles and scope of work, and agreeing on guiding principles to ensure the model was designed to achieve health equity goals, including investment in racial, cultural, and underserved communities. The OHA/RHEC workgroup has continued to meet through 2021 and 2022 to continue development of this proposal through negotiations with CMS.

Partnerships with other state agencies

OHA has worked with several state agencies to ensure success of the 1115 waiver demonstration, including ODHS, Oregon Department of Corrections (ODOC), and Oregon Housing and Community Services (OHCS). ODHS has been involved in informing the work for Youth with Special Health Care Needs and the SDOH Transition Supports, as well as informing any needed changes to the ONE system. OHCS has been consulted on housing policy. ODOC has been consulted on providing eligibility and benefits for those in state prisons.

9. 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.

OHA submitted a legislative concept placeholder (LC 44300-010), because the precise outcomes of the negotiations with CMS are uncertain. Items included in the placeholder currently include:

- Consistent with OHA's health equity goal and the policy concept outlined in the waiver application, language is needed to revamp the CCO Quality Incentive Program to equitably redistribute power. A new Health Equity Quality Metrics Committee (HEQMC) – composed of Oregon Health Plan (OHP) members, community members from diverse communities, individuals with lived experience of health inequities, health equity professionals and researchers, and a representative of the Behavioral Health Committee – will lead the CCO Quality Incentive Program.
 - ORS 413.017

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- Under its 1115 demonstration, Oregon is proposing to use funds freed up through designated state health programs (DSHPs) to fund bundles of services addressing social determinants of health (SDOH) for populations undergoing a transition (e.g., a transition between systems or a life transition). Funds for SDOH service packages would flow through CCOs through a non-risk contract in the first three years of implementation and will be incorporated into CCO capitation in later years. OHA requires statutory authority/allowances for OHA to issue non-risk payments.
 - ORS 414.570 and potentially 414.025 (Definitions for ORS chapters 411, 413 and 414).

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

The SDOH transition services package mentioned above would impact counties and their jails, because as part of the 1115 demonstration renewal request, Oregon is seeking to cover adults and youth transitioning out of the criminal justice system. This will include adults in custody (pre- and post- adjudication) of county jails or local correction facilities.

The Nine Federally Recognized Tribes

Formal consultation and ongoing engagement with the Nine Federally Recognized Tribes and UIHP is explained above. The proposed policies in the Tribal Concept Paper are based on request of the Tribes and would have significant impact in reducing health inequities for Tribal members.

See question 8 for more details on the impacts to state agencies.

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

No

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Staffing and fiscal impact

Implementation date(s): TBD

End date (if applicable): TBD

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

OHA is assuming that CMS will approve at least some portion of the 1115 waiver application.

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

None identified but would have major IT impacts and prioritization of this work will take a large number of available hours and time. There may be new coding that needs to be established to track funding and participation.

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

Yes, that will be determined based on CMS approvals.

15. 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.

Yes, the size, amount, and type are depending on CMS approval.

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

These will be determined based on what CMS approves.

17. What are the ongoing costs?

These will be determined based on what CMS approves.

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

State General and Medicaid Match Federal Funds.

19. What are the potential savings?

N/A

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$3,257,130	\$0	\$3,980,910	\$7,238,040	55	34.65
Services & Supplies	\$1,221,907	\$0	\$2,829,451	\$4,051,358		
Total	\$4,479,037	\$0	\$6,810,361	\$11,289,398	55	34.65

Fiscal impact by program

	OEP				Total
General Fund	\$4,479,037				\$4,479,037
Other Funds	\$0				\$0
Federal Funds	\$6,810,361				\$6,810,361
Total Funds	\$11,289,398				\$11,289,398
Positions	55				55
FTE	34.65				34.65

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Division:	ODHS, OHA Health Systems Division
Program:	ODHS Self-Sufficiency Programs, OHA HSD Business Information Systems
Policy package title:	Mainframe Migration Provider & Client Payment Systems
Policy package number:	POP 203
Related legislation:	N/A

Summary statement:

Everyone in Oregon deserves uninterrupted access to needed supports and to the income they earn at work. More than one million Oregonians count on the state’s current mainframe platform to receive their benefit and provider payments. The COBOL programming code on the mainframe system dates to the 1970s and is increasingly unsupported. Mainframe-proficient staff are shrinking in number and hard to replace, resulting in a variety of service and payment bottlenecks. If these problems are not resolved, there is increasing risk that the agency will be unable to make timely payments to Oregonians, potentially for an extended period. Oregon Department of Human Services and the Oregon Health Authority are therefore jointly requesting the resources necessary to upgrade our mainframe platform and ensure continuity of payments and benefits for the people we serve. It is critical that we migrate all current mainframe functions to more modern, ideally cloud-based solutions. Doing so will help avoid the risk of service breakdowns caused by old software, bring ODHS and OHA technology into alignment with peer agencies, improve flow across interfacing information systems, and allow Oregon to achieve full benefit from its investments in the ONE eligibility system. This investment proposes a strategy to plan for and

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implement a new payment system, move all remaining benefits currently determined on the mainframe to the ONE system, and develop a plan to decommission or archive remaining mainframe programs and data.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
ODHS	\$2,958,688	\$880,474	\$1,991,333	\$5,830,495	10	7.14
OHA	\$1,985,589	\$4,229,090	\$1,088,537	\$7,303,216	21	14.50
Policy package pricing:	\$4,944,277	\$5,109,564	\$3,079,870	\$13,133,711	31	21.64

Purpose

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

The agency's mainframe system dates from the 1960s. It has become a critical risk to delivering services to Oregonians and is limiting the agency's ability to respond quickly to changing needs. Over one million Oregonians receive benefits or provider payments via the mainframe. Mainframe systems are also used for provider authorization for over 40,000 care providers, and to determine eligibility for benefits to more than 11,000 Oregonians. The current payment system was designed by a single agency employee decades ago and is highly customized and unique to the state of Oregon. This staff member is the only individual with comprehensive knowledge of the functions within that system. If they retire or otherwise become unavailable, there is significant risk that payment processing for benefits recipients and providers could be impacted.

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More widely, the mainframe represents an anachronism at a time when the IT industry has shifted almost entirely to modern cloud platforms. It has become extremely difficult to replace staff as they retire from the mainframe team, and expanding the team is effectively impossible. 30 percent of the mainframe team's 42 total positions are unfilled, and 50 percent of the current staff are already eligible for retirement or will be within five years. Almost no technology vendors still offer mainframe consulting, software, or services.

The lack of staff to work on payments and other services that the mainframe supports has resulted in an increasingly visible bottleneck. The OregonSaves retirement plan was delayed for some homecare and personal care workers, in large part because of limited mainframe team capacity and a lack of modern development tools and practices. A lack of training environments on the mainframe have made it more difficult to train new and existing staff to support Oregonians.

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

This project supports the planning and execution of steps necessary to migrate Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) off the mainframe computing platform maintained and supported by their shared Office of Information Services (OIS). An investment in this work will constitute a multi-biennia effort. Limited mainframe team capacity has been a long-running concern for the agency and has impacted numerous key initiatives including ONE, Provider Time Capture (PTC), the transfer of the Employee Related Daycare (ERDC) program to the Department of Learning and Care (DELC), and OregonSaves. This solution offers a new take on that challenge by focusing on addressing the fundamental, long-term issues rather than attempting to simply add more resources.

The project approach has three strategic goals and phases:

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1. Conduct requirements analysis and market analysis for a new payments system, identification, and acquisition of new payment systems
 - High-level requirements and business processes are defined
 - Market analysis of leading solutions is conducted
 - Pilot program/process/area is identified
2. Move all remaining benefits processing and eligibility off the mainframe to ONE
 - All benefits currently determined on the mainframe are determined in ONE
3. A decommissioning/archiving plan is defined for migrated mainframe programs and data. Migrate to the cloud, replace or decommission all remaining ‘miscellaneous’ mainframe programs. Evaluation and establishment of “Tolerate, Invest, Migrate, Eliminate” (TIME) posture toward remaining mainframe programs and data. This includes identifying data that has strategic value and determining a suitable archiving or warehousing location for it.
 1. All ‘miscellaneous programs and data’ that still have business value are identified
 2. A future direction is defined for each item (e.g., Gartner TIME model)

This project proposes to mitigate the risks identified above, and leverage the opportunities presented by conducting business on modern, well-supported platforms through investment in planning and execution efforts necessary to migrate off the mainframe.

	6 months	12 months	18 months	24 months
Payment system	Establish governance; assemble team	Define scope; identify vendors	Procure solution	Deploy solution

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Move benefits determination to ONE	Establish governance; assemble team	Define scope	Define requirements	Define implementation plan
Decommissioning	Establish governance; assemble team	Identify disposition for each remaining mainframe systems	Complete disposition analysis, design cloud environment	Build cloud environment, initiate other disposition actions

Funds for this solution would be used:

- To procure specialized financial consulting support needed to identify a suitable public sector payments system
- To hire financial analysts with experience in modern payment-processing standards, systems, and practices
- To procure and install the new payments system
- To pay the ONE system vendor to implement additional benefits programs in ONE
- To hire additional technology staff to create and operate a cloud environment capable of hosting a new payments system, service authorization system, and many other components that will move off the mainframe
- To pay for technical consulting and implementation work, to move mainframe services to the cloud
- To procure training and modern software tools for our current mainframe team, to help them transition to current technologies and archive or migrate valuable data from the mainframe

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3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity¹ or equitable health outcomes? How does this policy package further OHA's and/or ODHS's mission and align with its strategic plan?

Migration and modernization of the mainframe environment will support an increase in benefit visibility to clients, and likely increase uptake of benefits, due to their integration into the ONE platform alongside other benefits. Additionally, clients will require less time to apply for all benefits, because the ONE platform facilitates a 'one stop shop' experience for an increased number of benefits. This proposal also reduces the risk of interrupting payments to members of all Oregonian communities and of delaying provider services to communities facing inequities. It also improves the agency's ability to respond to the changing needs of those communities. It will also make it easier to collect, store, analyze and use data to provide visibility of equity issues and improve service delivery to these communities. Finally, by increasing capacity it will help to avoid situations where the agency must prioritize one community's needs over another because it isn't possible to advance multiple efforts in parallel.

Quantifying results

4. What are the long-term desired outcomes?

This solution will make the agency more flexible and responsive to changing circumstances including federal regulations and policies, which increases trust, compliance, and public confidence. When completed, this project reduces the risk of interrupting payments to members of all Oregonian communities. It reduces the risk

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.

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of delaying provider services to communities facing inequities and improves the agency's ability to respond to those communities who are in the most need.

Moving the remaining mainframe-based benefits determination processes to a modern, well-supported system will make it easier and faster to implement changes whether mandated at the agency, state, or federal level. For the last several decades, payment systems have been commercially developed for large customer bases that are configured to meet the customer's needs. Furthermore, commercial payment systems are serviced by a multitude of third-party partners who can assist us with a wide variety of changes to help meet the demands of our communities, programs, legislators, providers, and partners. Locating these benefits programs in the ONE system would align with the systems 'one stop shop' ethos.

Adopting modern systems to replace the current mainframe environment will produce significant secondary benefits which align with Strategy 8 of the Diversity, Equity, and Inclusion Action Plan: Diversifying the Workforce and Creating an Inclusive Workplace. This impact is expected because modern systems rely on programming languages, and technological concepts for which there are broader and more diverse hiring pools. This is expected to open doors to applicants with skillsets in those areas.

5. How will OHA/ODHS measure the impacts on health inequities of this policy package? How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Anticipated outcomes from this solution include:

- The agency can more easily find resources to work on payments, and find them from multiple sources (vendors, consultants, open recruitment)

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- Benefits are more visible to the community, and there is increased uptake of them, due to their integration into the ONE platform alongside other benefits
- Clients require less time to apply for all their benefits, because the ONE platform facilitates a ‘one stop shop’ experience for an increased number of benefits

Quantifiable outputs from this solution include:

- A new, vendor-provided payments system has been procured and installed
- The ONE platform determines eligibility for the 6+ benefits programs and 11,000+ Oregonians that are currently determined on the mainframe
- A solution has been identified for future provider authorization for 40,000+ providers

Data on the success of this solution will be gathered from multiple sources:

- Internal recruitment and project staffing metrics
- ONE participation and client satisfaction metrics
- Metrics on the new payment system once implemented
- Moving to a modern, well-supported payment system will make it easier and faster to implement changes to payments, funding, federal reporting

Table –Benefit and Measurement

Benefit	Measurement
Reduce the risk of not being able to make payments to benefits recipients and care providers	A new, vendor payments solution is in place with contractually defined service levels and support availability.

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Fill open positions more easily, bringing more resources to bear on agency needs	Recruitment time is decreased for positions that are currently in the mainframe space
Improve flexibility and responsiveness to changing business needs	The volume of work pending in the payments area, and for related programs and divisions, is reduced. New requests are implemented more quickly
Align technology with statewide modernization and cloud forward initiatives	Mainframe solutions are replaced with cloud-based solutions, whether from vendors or internally developed

How achieved

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

Previous efforts to address the problem focused on adding more mainframe staff, procuring contractors, and utilizing system integrators rather than shifting to newer technologies. Those efforts have not been fully successful, as the IT industry has moved almost entirely away from the mainframe: there are simply not enough resources available in the market to meet the agency's needs. Experienced mainframe staff command very high wages, and the state's compensation is not competitive with other public and private sector IT employers.

Given the lack of overall capacity, the agency has had to prioritize the limited capacity that is available, resulting in suboptimal outcomes. As noted above, OregonSaves was delayed for many care workers. And the agency is currently out of compliance with several federal reporting requirements. The mainframe staff's work is prioritized through IT governance groups comprised of business and IT executives.

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Two policy option packages (POP 203-Critical Systems and POP 204-Modernization: Financial Payment Systems) were included in the 2021-23 Agency Recommended Budget to start the work of planning in this critical area. Neither package was funded.

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

Status Quo

Previous efforts to address the staffing problems focused on short-term, less costly solutions such as adding more mainframe staff, rather than shifting to newer technologies. Those efforts have not been successful, as the IT industry has moved almost entirely away from the mainframe. There are simply not enough resources available in the market to meet the agency's needs, address federal regulations, and new policies. Experienced mainframe staff command very high wages, and the state's compensation is not competitive with other public and private sector IT employers. There were two POPs (POP 203-Critical Systems and POP 204-Modernization: Financial Payment Systems) in the 2021-23 Agency Recommended Budget to start the work of planning in this critical area and both were denied.

Continuing the status quo operation of mainframe systems will retain the risks identified above and over time will increase the risks accumulated with an aging and understaffed workforce. The risks of relying on antiquated, COBOL-based systems became highly visible nationally and in Oregon during the first year of the COVID pandemic; states were not able to rapidly make emergency payments, change benefits rules, and make other adjustments in payments processing. Another large Oregon agency struggled to issue pandemic-related assistance and was unable to scale up its systems to handle a large increase in claimants. The impacts of those issues caused by aging IT systems fell disproportionately on disadvantaged populations.

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Failure to fund this investment will cause OHA, ODHS and OIS to pay increased costs for hardware maintenance. In 2022, Enterprise Information Services State Data Center informed its customers that it would no longer be able to operate mainframe hardware due to staffing issues. Instead, EIS is preparing to outsource hardware operation and maintenance to a managed service provider.

If the project was not funded, the largest risk to Oregonians is around benefit and provider payments. With a reduced budget, we would prioritize the payments system replacement first, the ONE benefits migration second, and the provider authorization and other components third. We would defer the lower priority items to a later POP, while continuously seeking opportunities to find funding from other sources for the overall solution

The risk profile for maintaining a status quo disposition toward mainframe programs was identified as ‘not viable.’

- This alternative would not alleviate or mitigate risks identified in staffing, program specialization, system stability and agility and will most certainly result in increasingly disproportionate burden on Oregonian’s that have been economically and socially marginalized.
- The high risk of failure to make payments will continue to grow, due to personnel/resource issues
- As mainframe skills, resources and partners become less and less available, we will have more and more risks, delays, and constraints with mainframe-based solutions

Do the Minimum Amount Possible

There are a few identified approaches that incrementally address a better future than the “do nothing” or current state, but minimally:

- A. Reduce personnel risks by adding more positions to the team

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- Currently the mainframe team has 42 positions, of which 13 (30%) are unfilled. Recruitments routinely fail multiple times, and candidates do not possess the level of skills we need. The State Data Center is preparing to outsource its mainframe operations to an external partner because they cannot fill internal positions.
- B. Lift and shift (translate) mainframe code to another platform
- OIS engaged a partner to evaluate the feasibility of migrating the mainframe code to another platform (Microsoft's Azure cloud platform)
 - Technically, a migration is feasible however it would have significant risks and limitations:
- C. The largest risk to Oregonians is around benefit and provider payments. With a reduced budget, the agency would prioritize the payments system replacement first, the ONE benefits migration second, and the provider authorization and other components third. We would defer the lower priority items to a later funding request and future biennium, while continuously seeking opportunities to find funding from other sources for the overall solution.

This alternative is not viable. "Lift and shift" just moves the problem and doesn't fix the core issues:

- A direct migration to Azure doesn't address the issue that the payments system has been developed in-house and there is no wider expertise or other source of skills available.
- A direct migration doesn't provide any new or improved capabilities; the functionality remains the same.
- The cloud environment is new to the state; we haven't attempted anything close to the scale and complexity of running the current mainframe workloads on Azure. There would be a very high risk of technical and process failures due to our lack of cloud maturity.
- Adding positions does not address the current inability to competitively pay, attract and hire mainframe skilled staff.

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Migrate Mainframe Programs [desired solution]

This solution will require investment for the following:

- To procure and install the new payments system
- To pay the ONE system vendor to implement additional benefits programs in ONE
- To hire additional technology staff to create and operate a cloud environment capable of hosting the new payments system, and other components that will move off the mainframe
- To pay for technical consulting and implementation work, to move mainframe services to the cloud
- To procure training and modern software tools for our current mainframe team, to help them transition to current technologies

This project promotes shared, reusable solutions that can be adopted by multiple service areas. Although not in the scope of this effort, a new payments solution could become the default for other new initiatives that have a payments component. Having a robust, well supported, industry-standard solution available means the agency can avoid developing individual solutions for different service areas.

Similarly, moving benefits determination from the mainframe to ONE increases its value to Oregonians as a single place to identify the benefits they're eligible for. That in turn encourages current and future benefits programs to use ONE rather than develop their own eligibility processes and tools.

From the IT perspective, adopting more modern and standard solutions expands the range of resources that can be applied to projects and other initiatives. Work that can only be done by the mainframe team today will be easier to assign to other technical specialists in the future.

This solution is the most viable and sustainable of those considered.

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8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

OIS, ODHS, OFS. We have also engaged with the State CIO's office, including the State Chief Technology Officer and Data Center Services (DCS). DCS operates the mainframe hardware in the State Data Center for those agencies that still use it.

The ODHS CIO along with the state CTO is forming a workgroup with other agencies still on the mainframe to coordinate and ensure we provide the state an overall approach to moving off the mainframe.

9. 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.

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

The mainframe is not directly visible to Tribes or other community members, and as such we have not solicited Tribal or community input on what they believe would be suitable technologies to replace it.

The Service Employees International Union (SEIU) has expressed concerns in the past about initiatives like OregonSaves that have been delayed and had an impact on their members. The union has sought assurances from the agency that we will take steps to ensure we can meet commitments to its members within agreed timeframes. This solution recognizes those concerns and aims to address them by shifting to more modern technical platforms where we can add resources more easily and respond more quickly to changing needs.

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

No.

Staffing and fiscal impact

Implementation date(s): 7/1/2023

End date (if applicable): _____

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

- Limited mainframe team capacity has been a long-running concern for the agency and has impacted numerous key initiatives including ONE, PTC and OregonSaves. This solution offers a new take on that challenge by focusing on addressing the fundamental, long-term issues rather than attempting to simply add more resources.
- The three elements of the POP are somewhat independent of each other, and work can proceed on them independently. However, resources are a constraint in all areas and may limit flexibility.
- ONE system governance approves and prioritizes migration of benefits determination from the mainframe to ONE.
- The Mainframe governance process approves and prioritizes the migration of mainframe benefits determinations.
- Both agencies stop all new development and enhancement work on the mainframe and allow only essential incident responses and bugfixes when necessary for new project timeline and resource success. The agencies allow new functionality to be developed only in the cloud, accepting that this will increase time to delivery and costs during the migration period.

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- Microsoft's Azure cloud is the target platform for migrating mainframe programs and data.
- The current mainframe team does not have the capacity and modern technology skills to execute a migration to more modern platforms, therefore additional resources will be required.
- Cost of professional services is assumed to be in alignment with other comparable efforts.
- Costs of staffing is assumed to be relatively consistent.
- Resources (both internal to the agency and externally/vendors) with the necessary skills will be available
- Only Deloitte can implement new functionality in the ONE system.
- The start of the new ONE O&M contract in July 2023 does not adversely impact work in progress.
- This solution challenges the assumption that the mainframe issue is not yet critical, and that the agency can defer addressing it in favor of other priorities.
- This solution applies lessons from numerous other state agencies, states, and private entities that have moved off their mainframes because of high costs and limited resources.
- This solution anticipates demographic and retirement trends in the aging mainframe team.

13. Will there be new responsibilities for OHA, ODHS, and/or Shared Services? Specify which programs and describe their new responsibilities.

ODHS will lead the migration project, including overseeing of contractors, procurement, and implementation of new software solutions with support from OIS. OHA staff will participate in business requirements gathering and supporting the migration to ensure ongoing services are not disrupted.

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

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It is not anticipated that this project will affect client caseloads, however it will ensure payments are not interrupted, and benefits determination will be more easily accessible by Oregonians.

15. 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 Office of Information Services is requesting a total of 19 new positions to support implementation of a new payment system and migration of the mainframe. These positions include Information System Specialists, Operations & Policy Analyst, a Project Manager, a Fiscal Analyst, and a Principal Executive Manager and Administration Specialist.

ODHS is requesting a total of 10 new positions. These positions include Operations & Policy Analysts to support testing requirements of the APD and SSP legacy systems related to the migration efforts, including the mainframe-based payment system, as well as an Accountant, Project Managers, and a Training & Development Specialist to support migration.

Two OPA3 staff will support OHA's Health Systems Division in the migration to a new solution as it relates to integrating with MMIS and other existing OHA systems.

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

Contractor services to plan for and support migration of services off the mainframe. Additionally, staff to design and build a cloud environment that will host the migrated services.

17. What are the ongoing costs?

Staff to support new technology environments, and software and service costs for selected solutions to replace the mainframe.

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18. What are the potential savings?

Once the mainframe has been completely migrated to new environments, we expect to save on staff costs for operating the mainframe as well as the current total cost of operating the mainframe. This is an expected savings of approximately \$6.15 million per year.

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

The main funding sources will be Medicaid matched with state funds.

OHA, OIS, SAEC total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$181,316	\$3,621,912	\$285,981	\$4,089,209	21	14.50
Services & Supplies	\$1,804,273	\$607,178	\$802,556	\$3,214,007		
Special Payments	\$0	\$0	\$0	\$0		
Total	\$1,985,589	\$4,229,090	\$1,088,537	\$7,303,216	21	14.50

ODHS (OFS, SAEC, ONE,) total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	\$334,398	\$705,961	\$501,588	\$1,541,947	10	7.14
Services & Supplies	\$60,828	\$42,309	\$71,414	\$174,551		
Special Payments	\$2,563,462	\$132,204	\$1,418,331	\$4,113,997		
Total	\$2,958,688	\$880,474	\$1,991,333	\$5,830,495	10	7.14

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Fiscal impact by program

	ODHS	OHA	Program 3	Program 4	Total
General Fund	\$2,958,688	\$1,985,589			\$4,944,277
Other Funds	\$880,474	\$4,229,090			\$5,109,564
Federal Funds	\$1,991,333	\$1,088,537			\$3,079,870
Total Funds	\$5,830,495	\$7,303,216			\$13,133,711
Positions	10	21			31
FTE	7.14	14.50			21.64

Oregon Department of Human Services: 2023-25 Policy Package

Division:	Oregon Eligibility Partnerships
Program:	OEP
Policy package title:	ERDC Expansion - DELC companion
Policy package number:	POP 301
Related legislation:	N/A

Summary statement:

All children deserve supportive and nurturing places to learn and play while their parents are at work. [Research](#) indicates that quality childcare has a significant and positive impact on children's brain development, setting the stage for success later in life. But disparities persist when it comes to accessing quality childcare, with low-income families and families of color bearing most of the burden. We have a shared obligation to make sure that every child has the supports they need to reach their potential, and that means directly addressing this kind of disparity and promoting equitable access to childcare for all families. Employment Related Day Care (ERDC) is a federal program, partially funded by the Child Care Development Block Grant (CCDG), that helps mitigate these disparities by providing low-income working families with childcare subsidies. In Oregon, ERDC represents the largest childcare subsidy program and was enhanced through House Bill 3073 (2021) which expanded program eligibility to include families with student parents and children who are documented. The ERDC program has also capped co-pays at no more than 7 percent of a family's income, as well as waived the co-pays of families at 100 percent of the federal poverty level to \$0. To continue our progress toward addressing longstanding inequities,

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the Early Learning Division (ELD) is introducing legislation in the 2023 Legislative Session to ensure that children at risk of involvement or involved in Oregon’s foster care and child welfare systems, children from families experiencing domestic violence, and houseless families have access to quality, affordable care. This expanded eligibility will allow more families to access critical childcare supports, promoting both healthy development for children and uninterrupted employment for parents.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	\$0	\$4,892,534	\$0	\$4,892,534	0	0.00

Purpose

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

Since the onset of the COVID-19 pandemic, access to quality, affordable childcare continues to be cited as a significant barrier to economic recovery and the ability for adults – women, in particular – to return to the workforce. HB 3073 (2021) expanded eligibility requirements to include more families and better align with federal requirements. Prior to the legislation, Oregon served 19 percent of state-eligible families and 12 percent

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of federally eligible families. However, some of our most vulnerable families – those involved with our child welfare and foster care systems, those at risk of interacting with other state systems, and those experiencing domestic violence and homelessness, and– do not qualify for ERDC.

ERDC is Oregon’s largest childcare subsidy program, with a larger pool of eligible families than other early learning programs. As more and more parents return to work, it is critical that families have access to quality, affordable childcare in their communities. This requires that providers receive a fair reimbursement rate from the state, that the program operates with minimal barriers, and that families can navigate an easy referral system. Oregon is already on track to hit the caseload cap for this program, with will result in eligible families being placed on a reservation list without access to childcare or the ability to return to employment.

The Oregon Department of Human Services and the Early Learning Division are developing Interagency Agreements (IAAs) to minimize a disruption to services as the ERDC program is transferred to the Department of Early Learning and Care (DELDC) and as the new agency builds intra-departmental capacity for full program administration. These IAAs would incur a fiscal impact to ELD’s legislatively approved budget, so the Legislature needs to ensure that DELDC is appropriately resourced to implement this aspect of the transition plan.

As ODHS implements the policy within this Policy Option Package, it will require additional interfaces between the Oregon Eligibility (ONE) system and ORKids system used by Child Welfare. There are IT costs associated with these updates that need to be sequenced along other legislative, federal, and operational items required to serve the approximately 1.5 million Oregonians receiving some sort of medical, food, cash, or childcare assistance. Beyond those needs, this change will require staffing to oversee the training of this change and communication and coordination of this workload. The critical nature of ensuring individuals receiving accurate and timely benefits requires a focused effort and ongoing support of staff who are required to process

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the applications and make sure Oregonians are served timely and equitably. This POP requests Other Fund limitation to allow for spending of funds received from DELC through IAAs for required work on the IT systems in support of ERDC.

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

This policy package increases the number of childcare subsidy slots available to families. ODHS will utilize the current staffing structure in the OIS program to support categorical eligibility process between ODHS and ELD/DELC

3. How does this policy package help, or potentially hinder, populations that disproportionately are underserved? How does this policy package further ODHS's 3 strategic goals, and both the program and ODHS missions.?

The package will provide categorical eligibility for those at risk of experiencing the child welfare system or those experiencing the child welfare system. Childcare for resource parents what do not currently qualify for ERDC receive a low monthly reimbursement rate of \$375 per month per child. Changing eligibility to include children experiencing foster care who meet the age and needs criteria will increase the support for childcare and not rest the burden on a resource (foster) family to cover additional costs. Children with active Child Welfare cases would be eligible thus increasing the support needed to allow a child to remain in the home or reunify with their family within shorter time frames.

Importantly, this will require an IT investment in the ONE system, as ODHS and OHA will be unwinding the Public Health Emergency during a period that multiple updates will be required. Changes will also be needed around childcare, and coordination and approval within ELD/DELC is essential to that work, and so staff

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resources and subject matter experts from all areas need to be available and considered when approving items to ensure we have contract hours and budget as well as staff available to make the necessary changes.

Quantifying results

4. What are the long-term desired outcomes?

DELDC will be administering a program that was not established within its predecessor agency, the Early Learning Division. POP 301 enhances the ERDC program by increasing the number of families who can receive childcare subsidy—expanding the ERDC caseload and supporting expanded eligibility in Legislative Concept 489.

5. How will ODHS measure the impact on system and access inequities and/or impact disproportionality in accessibility and services in ODHS programs through this policy package?

Data tracking from ELD/DELDC and ODHS on families eligible and receiving childcare support through the categorical eligibility process.

How achieved

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

A POP is required to resolve this issue.

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

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ODHS has a childcare reimbursement for resource parents that is currently at a low rate of \$375 per month per child. This does not cover the current costs of childcare.

8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?

ELD and DELC

9. 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.

POP 301 is not contingent on a statutory amendment. However, if eligibility is expanded within ORS 329A.500 (ERDC's governing statutes), to include children at risk of involvement or involved in Oregon's foster care and child welfare systems, children from families experiencing domestic violence, and houseless families, DELC will be statutorily required to expand eligibility, which follows the precedent set in HB 3071 (2021).

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

Those children and families eligible within ODHS Child Welfare can include Tribal certified homes, and tribal families working with child welfare.

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

No

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Staffing and fiscal impact

Implementation date(s): N/A

End date (if applicable): N/A

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

Staff to perform the work will be available starting January 2024

13. Will there be new responsibilities for another agency (OHA etc.) and/or ODHS/OHA Shared Services? Specify which programs and describe their new responsibilities.

ODHS OIS program will have updates required for system eligibility builds

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

This will allow additional individuals to be prioritized within the caseload, but because of the funding and caseload limitations, we don't expect additional caseloads, just additional complexities to who is eligible and hopefully a more streamlined approach to the populations listed in this Policy Option Package.

15. 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 OIS program will utilize existing positions to implement much of the new structure. However, there is a request for an operational analyst to communicate and work across programs and with DELC on the ongoing implementation and reporting, and training positions to ensure we can create and update training materials and

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provide training to all staff delivering these services and ongoing staffing around childcare benefits and this increase in well-being and coordination.

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

There are one-time costs associated with updating and creating an interface between the ONE system and OR-Kids.

17. What are the ongoing costs?

There are ongoing costs associated with staffing needed for ongoing training, specific to 1 OPA3 operations analyst, 1 TDS2 to create and maintain training material, and 2 TDS1 to do initial and ongoing training.

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

Utilize cost allocated mix of federal funding for staffing.

19. What are the potential savings?

N/A

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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	\$4,892,534	\$0	\$4,892,534		
Total	\$0	\$4,892,534	\$0	\$4,892,534	0	0.00

Fiscal impact by program

	OEP				Total
General Fund	\$0				\$0
Other Funds	\$4,892,534				\$4,892,534
Federal Funds	\$0				\$0
Total Funds	\$4,892,534				\$4,892,534
Positions	0				0
FTE	0.00				0.00

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 2021-2023 biennium and identifies ODHS' goals and strategies for 2023-2025.

July 1, 2021 to June 30, 2023

Accomplishments toward Affirmative Action Goals

ODHS continues to work to create an inclusive and anti-racist organization, utilizing our [Equity North Star](#) as a focal point. The agency will continue to build upon our successes to achieve a more culturally competent workforce, create culturally appropriate and effective programs and service delivery systems, develop quality improvement strategies with a focus on inclusion and create welcoming environments for our diverse client base and staff.

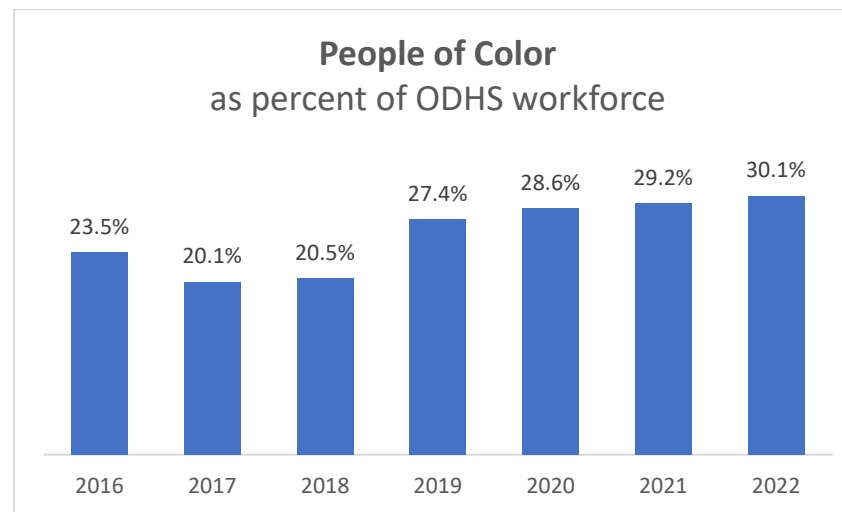
The ODHS Affirmative Action Plan is a key component of the Department's ongoing diversity development efforts. These serve to enhance the diversity of our workforce, provide equal employment opportunities, provide guidelines for organizational change, increase participation by diverse constituencies in agency operations and guide leadership management by eliminating institutionalized and individual illegal discrimination in the workplace. Our diverse, culturally competent workforce assists the Department to better understand and respond to clients' and customers' needs. ODHS programs like [RiSE](#) and [Trauma-Aware](#) help build a culture where safety and well-being, supportive relationships, high expectations and accountability, equitable treatment, meaningful participation and community engagement are key. The following charts reflect the ODHS actual FTE as of June 30, 2016 through 2022 as a comparison. These numbers show the percentages of people of color, people with disabilities, veterans and women within the ODHS workforce.

People of Color

Between June 2016 and June 2022, the ODHS workforce representation of people of color was between 23.5 and 30.1 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 representative 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 26 and above.

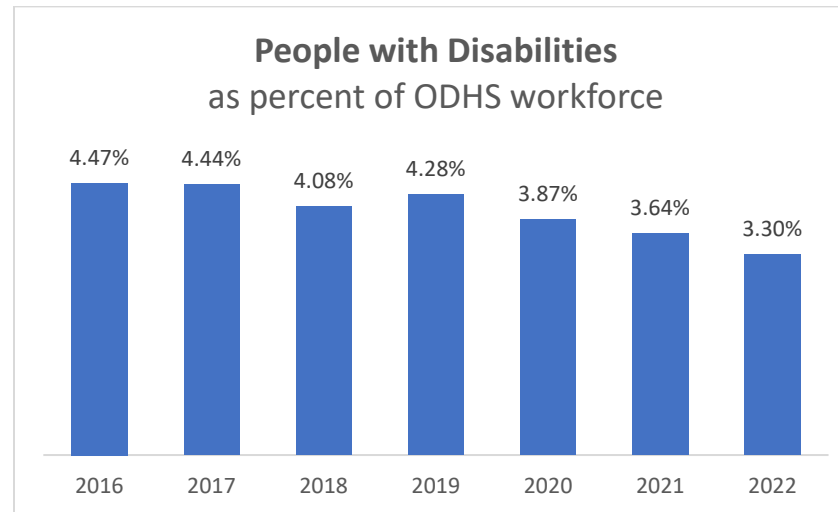
Tables below reflect data captured on June 30 of each year.



*2019 thru present data based on information available in Workday (8/10/2022)

People with Disabilities

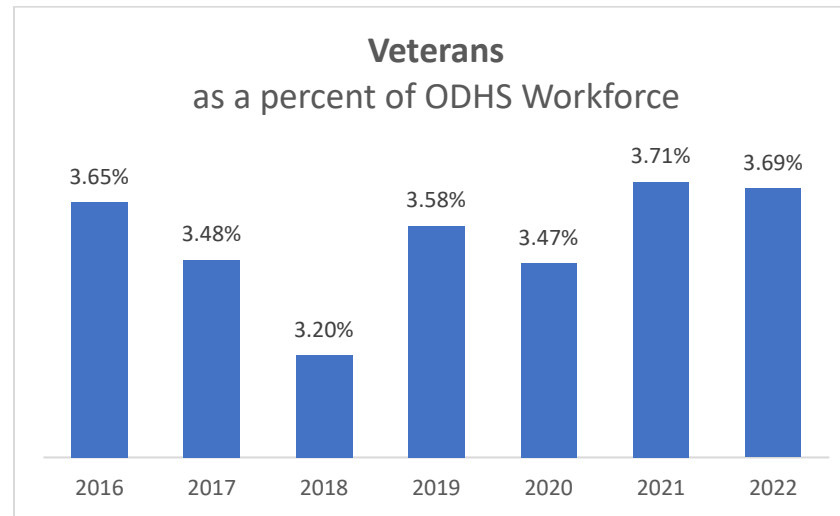
Disclosure of disabilities is voluntary for employees and we suspect the data is historically underreported. The reported percentage is 3.30 percent as of June 30, 2022, and the agency will continue to strengthen its outreach efforts and asking employees to disclose disability to report this population more accurately at ODHS.



*2019 thru present data based on information available in Workday (8/10/2022)

Veterans

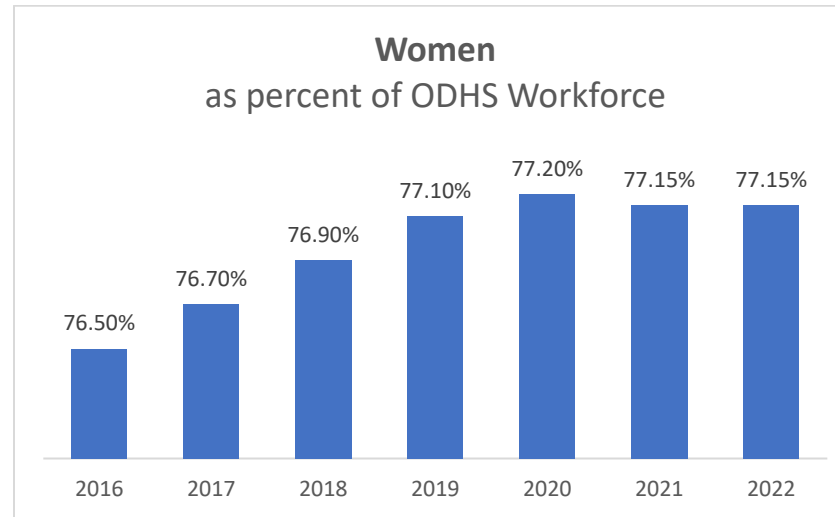
With the implementation of Workday in mid-2019, more accurate numbers may be reported for veterans' data. Disclosure of veteran status is voluntary and some in our workforce have chosen not to identify as a veteran; thus, we believe this number may be under reported.



*2019 thru present data based on information available in Workday (8/10/2022)

Women

Women have historically been represented in most ODHS job categories at well above 50 percent. For June 30, 2022 it is 77.15 percent.



*2019 thru present data based on information available in Workday (8/10/2022)

2021-23 Goals and Strategies

The primary goal for ODHS during the 2021-2023 biennium was the following:

“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, LGBTQIA+, women and veterans in positions in salary range 24 and above.”

Strategies that will be used to continue these efforts and build on our successes include:

- Focus on retaining employees and creating an environment that is inclusive, accepting and respectful of differences including ethnic, cultural, generational and life experience.
- Work with managers to encourage all employees report racial designation, disability and veteran status to reflect these populations more accurately at ODHS.
- Strengthen onboarding procedures and resources at ODHS and include diversity, equity and inclusion information and information about Employee Resource Groups (ERGs) that are available to employees.
- Continue training managers on strong recruiting and interviewing practices to ensure equity and inclusion in the full life cycle of a recruitment, including hiring and onboarding.
- Continue to intentionally engage 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.

July 1, 2023, to June 30, 2025

Goals and strategies for ODHS Affirmative Action Plan

New goals and strategies are being developed for the 2023-2025 Affirmative Action Plan. Below are some of the ways ODHS will continue our efforts to achieve a culturally competent workforce and welcoming environment and increase our retention of employees of color, veterans, people with disabilities and women:

- Developing and updating training for management and non-management staff focused on supporting career development, organizational growth and providing equitable client services.
- Continuing active and targeted recruitment efforts to increase the number of qualified women, people of color and people with disabilities on our applicant lists for job openings by working with the Office of Human Resources Recruitment Unit to maximize the Workday system.
- Expand partnerships with local, state and regional community-based organizations and Tribal Nations to increase recruitment and retention efforts, resulting in a diverse and qualified workforce.
- Continue to encourage and support the development of employee resource groups (ERGs) throughout the agency.

Overall, the emphasis for the Oregon Department of Human Services will be to achieve an increase in the retention of employees with disabilities in all job categories and retain employees of color, veterans and women in underutilized job categories.

**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, 2019, audit #2020-14 (dated March 2020)

- Recommend management ensure year-end accrual methodologies are complete and include consideration of all relevant expenditures.

During FY21, the SFR unit has reviewed/updated every year-end procedure, including accruals, by going through them as a team so everyone understands the process and what to review.

The Office of Financial Services has also put together a group from multiple financial units to document the financial processes of each program within the sub-systems, so everyone understands the impacts and needs for accruals. This document includes the financial transactions throughout each step of the process and the year-end financial process. We expect to continue this until all programs are completed. Lastly, we have created an accrual template for the program areas that provide the accrual estimates to use in order to clarify our needs.

- 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.

As of April 28, 2022, the business change request was approved and additional coding elements added to the expenditure data for the 2021 audit. The department will continue working with Deloitte on federal reports to ensure data reports accurately reflect case status and activity of reporting period.

- 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.

Targeted reviews began in August 2020 and continue to be conducted monthly. TANF Policy created materials and conducted training for field staff on November 17, 2020, to review errors identified during the JOBS targeted reviews.

In addition to the statewide trainings, analysts attended local staff meetings to answer additional questions and discuss area specific trends with Family Coaches, Engagement Specialists and managers. Communication regarding the requirement to retain documents in the electronic or hard file has been communicated with various groups within ODHS, including contractors. The department will continue to train staff on attendance reporting requirements.

- Recommend department management strengthen controls to ensure clients' benefit payments are appropriately determined.

The JOBS disqualifications and child support sanction protocols were created and uploaded onto the TANF staff tools page for staff to access. TANF Policy created materials and conducted training for field staff on September 15, 2020, regarding JOBS disqualifications and child support sanctions.

- Recommend department management coordinate resources to better maintain and more readily provide sufficient eligibility documentation.

The Self Sufficiency Program (SSP) Training unit in partnership with TANF Policy created and posted an Employability Screening (415A) training on the state iLearn website. The training is accessible for all staff.

Quality Assurance has completed the targeted reviews, communication with field staff regarding the requirements of the employability screening (415A) and child support cooperation (428A) forms has continued in various formats. Communication regarding the requirement to complete the 415A form and retain in the electronic file has been communicated with various groups within ODHS.

- 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 DHS 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 ONE system was implemented statewide on February 1, 2021. The ONE system requires that fields and screens be completed before an eligibility worker can advance in the system. Verifications are automated via interfaces when possible and must be reviewed. In addition, the ONE system contains a robust rule engine, and checks for correct program enrollment prior to the authorization of benefits. These systematic actions will support accurate and timely eligibility determinations now and into the future.

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.

All questioned costs have been adjusted as of December 31, 2020.

- 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.

Office of Financial Services (OFS) has developed and reviewed a process that allows us to report appropriately federal expenditures and identify the adjustments that are needed to release our federal partners from participating in expenditures that have since been reversed for various reasons. The process has been implemented as of March 2021. OFS has performed correcting entries that appropriately reflect federal funding for Appropriation Year 2021 through March 2021, as well as individual month of April 2021. This process will continue to be used on a go-forward basis.

The IV-E questioned costs of \$50,810 were corrected with document BT189872 (effective date August 11, 2020) and reported on the September 30, 2020, IV-E report. The Medicaid adjustment of \$10,577 was

made with document number BT190147 (effective date August 30, 2020) and reported on line 10a in Q1 for FFY21, Audit Tracking number CIN A-10-20-60714.

- 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.

The three Adoption Assistance determinations with the wrong answer selection were corrected on February 14, 2020, to reflect the appropriate answer. FPR provided 'Applicable Child Only' guidance to IV-E specialists via email in March of 2020 to ensure that they understand how to complete an Adoption Agency determination accurately. The Adoption Assistance 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 Adoption Assistance determinations were corrected and refinanced on JIRA 32926, 32934, and 33412. These all went into production on April 1, 2020. 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. During Secretary of State follow-up in 2020, there was a display error identified that was caused by a field transferring incorrectly from case 2 to case 3. This error did not affect financing. A data fix was completed on January 27, 2021.

- Recommend department management review adequate support for administrative charges and revise the monitoring checklist to demonstrate that on-site monitoring of invoices is done.

The Emergency Food Assistance Program (TEFAP) – The Department is currently working with Food and Nutrition Services (FNS) partners to update three required monitoring tools for TEFAP and Commodity Supplemental Food Program (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 Food and Nutrition Services (FNS) and Secretary of State 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.

Commodity Supplemental Food Program (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 Food and Nutrition Services (FNS) to update and correct the biennial monitoring tool to reflect FNS and Secretary of State guidance to meet the recommendation for documenting specific records reviewed during on site monitoring. The Department will receive FNS approval on the finalized monitoring tools.

Due to the Coronavirus pandemic, original timelines and reviews were adjusted.

TEFAP – The monitoring tools have been completed and approved by FNS as of March 25, 2021. The Department plans to conduct an onsite or virtual storage facility review by the end of FFY2021 or September 30, 2021.

CSFP – The monitoring tools have been completed and approved by FNS as of March 25, 2021. The Department plans to conduct an onsite or virtual facility review by the end of FFY2021 or September 30, 2021.

Corrective action was taken February 14, 2022. ODHS completed monitoring for TEFAP and CSFP using monitoring forms approved by FNS. ODHS submitted completed monitoring reports to SOS and received confirmation that the corrective action is considered complete.

2. 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.

Senate Bill 49 was introduced for legislative approval during the 2021 Legislative Session. If passed, ODHS will transfer all childcare provider background checks to Oregon Department of Education's Office of Child Care (OCC) by 2022.

The bill was not passed through committee. The legislation was updated and reintroduced in the 2022 session as HB4005 and SB1547. Both were enrolled with emergency clauses and sent to the Governor on March 8, 2022. The implementation due date is extended to July 1, 2022, as this request is in Senate Bill 49 awaiting legislative approval.

- 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 DHS Background Check Unit (BCU), DHS 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. ODHS is waiting on pending legislation to move the background checks over to OCC.

Legislation was passed in the 2021 and 2022 sessions that will transfer all of these background checks to the Office of Child Care. That transfer will satisfy this recommendation. ODHS and OCC are partnering to execute a smooth transfer.

- 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, 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.

Legislation was passed in the 2021 and 2022 sessions that will transfer all of these background checks to the Office of Child Care. That transfer will satisfy this recommendation. ODHS and OCC are partnering to execute a smooth transfer.

- 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.

A workgroup between OCC/DELC and BCU was established and has been meeting since early 2021. Now that enabling legislation was passed in the 2022 Session, the workgroup will be determining the operational procedures necessary to enact the legislation, including implementation of these recommendations as remains appropriate post-Session.

- 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.

A workgroup between OCC/DELC and BCU was established and has been meeting since early 2021. Now that enabling legislation was passed in the 2022 Session, the workgroup will be determining the operational procedures necessary to enact the legislation, including implementation of these recommendations as remains appropriate post-Session.

- 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.

ODHS Child Care Policy along with Shared Services Background Check Unit (BCU), Oregon State Police (OSP) and Office of Child Care (OCC) is currently solidifying a business process to cross match childcare provider addresses to OSP's Sex Offender Registry (SOR) on a monthly basis.

A business process is being developed by the Office of Information Services (OIS) to create an electronic transfer file that will be sent to OSP monthly listing current approved ODHS license-exempt provider addresses to compare with OSP's SOR database system. OSP will return via electronic file any "hits" matching SOR addresses to license-exempt approved childcare providers. BCU will receive the

information and gather necessary information to report any matches to Oregon Reporting Child Abuse Hotline (ORCAH) to screen and assign an investigation if appropriate.

- Recommend DHS work with OCC to regularly provide OCC with adult protective services reports.

It is important to note that APD (in coordination with other DHS/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.

DHS (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.

APD has agreed to provide the OCC with APS abuse history and are doing so upon request, per the process described in the previous update. APD has pointed the OCC to the Data-Warehouse (DW) for direct access to data to help streamline the process. There is also a process set up with the Office of Safety, Oversight and Quality (SOQ).

- Recommend DHS 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. DHS 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.

DHS Aging and People with Disabilities (APD), in coordination with other DHS/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 DHS 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.

OTIS: The OR-Kids Provider number satisfies the recommendation. When OTIS submits a cross-report to OCC, they provide an OR-KIDS Provider number. OCC has access to OR-Kids to be able to reference details about the provider. OCC issues each provider a separate identifier (License Number) for their own system. The OR-Kids provider number would be the go-to since OTIS assigns provider numbers to illegal

daycares and people that are only receiving subsidies from DHS Self-Sufficiency. Giving OCC access to OR-Kids and referencing the OR-Kids provider number rectifies this recommendation, agree to move to implementation status.

APD: APD has agreed to provide the OCC with APS abuse history and are doing so upon request. APD has pointed the OCC to the Data-Warehouse (DW) for direct access to data to help streamline the process.

There is also a process set up with the Office of Safety, Oversight and Quality (SOQ). We believe this process rectifies this recommendation, agree to move to implementation status.

The intent of having enough information for OCC to do a complete background check based on work we do and work they do is being met.

- Recommend DHS regularly check department employees for criminal convictions and involvement in founded abuse and neglect allegations.

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 a ODHS employee is arrested or charged upon which time the employee is required to complete a criminal background check.

3. 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.

DHS 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.

DHS 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 to 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.

DHS 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.

An abstract for the 2020 Annual Meeting of the Society of Risk Analysis has been submitted. Assuming abstract acceptance, a peer-reviewed manuscript would then be published in the Conference Proceedings. Additionally, the manuscript will be posted on the open-source journal repository, facilitating broad review and criticism of the developed procedures. Given the potentially slow pace of the peer-review process, it is anticipated to take up to two years to complete this process.

- 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 DHS 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.

4. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2020, audit #2021-13 (dated April 2021)

- Recommend management ensure transaction review is adequate and includes examination of proper and complete coding, accounting periods, and supporting documentation.

The Office of Financial Services has reviewed and updated all year-end procedures and is engaged with staff for more accurate accrual data.

- Recommend management strengthen year-end review procedures to ensure necessary system processing has occurred, and account balances are reasonable and properly classified.

Year-end methodologies have been reviewed and we continue to engage closely with the staff providing year-end transaction details to educate on the importance of accurate estimates. The MMIS contractor has made the FMAP rate updates from 2020 at this time.

- Recommend the department's office of information services ensure systems used for preparing the ACF-199 and ACF-209 reports provide the coding elements necessary for accurate and complete reporting in compliance with requirements. We recommend program management ensure performance data reports submitted are complete and accurate.

Policy and business analysts in partnership with system experts have continued to work through the ACF-199 and ACF-209 federal instructions and system business requirements in ONE to ensure the data

reporting is complete and accurate. Through this process, work items have been logged, prioritized, and implemented to make corrections in the system. This group will continue to review business requirements and submit work item requests as errors are identified.

ODHS continues to review error reports from ACF on federal reports 199 and 209 quarterly submissions. ODHS logs system and /or report defects and continues to work with Deloitte on resolution to ensure accurate federal reporting.

- Recommend TANF program management ensure the work participation rate is calculated appropriately using verified and accurate participation data in adherence with the department's Work Verification Plan. We recommend program management review their system of controls and identify where improvements are needed to ensure compliance with the work verification plan.

Policy has updated the JOBS Activity Guide (JAG) to align with the Work Verification Plan (WVP) and eliminate discrepancies. An updated WVP has been submitted to ACF, Oregon is awaiting approval. Changes made to the WVP allow for greater flexibility in attendance reporting while adhering to the federal requirements. It is anticipated this will help increase accuracy.

Policy in partnership with Design and Implementation will utilize a focus group of Engagement Specialists to identify the training necessary in the field to ensure adherence. Focus groups will be completed by July of 2021. Focus group findings will guide policy, training, design and implementation around the specific training(s) to Engagement Specialists to serve as the subject matter experts at the local level. In addition, Engagement Specialists will provide support to Family Coaches and Case Aids to ensure documentation and hours entered are accurate. In addition to this the Self-Sufficiency Training Unit will launch new virtual training options specific to entering attendance, documentation, and plan building.

Policy in partnership with district JOBS contract administrators will create a checklist for contractors who are responsible for obtaining and entering JOBS attendance into the system. The checklist will provide

instructions on documentation requirements to ensure the documentation and hours entered are accurate. Policy will provide technical assistance to JOBS contractors along with district JOBS contract administrators to review and provide the checklist.

The Engagement Specialist (ES) focus group began in May 2021. Work began by creating a charter and identifying scope of work. Focus group was strategically paused through October 2021. The scope of the focus group shifted priorities to include the following: review information for ES positions, the skills, knowledge, and attributes for the position, ensuring alignment of the engagement model and completing a workload study. Work was not completed to identify the specific trainings needed to allow ES' to serve as subject matter experts and provide support to Family Coaches and Case Aides. Policy will conduct follow up by completing focus groups with Engagement Specialist and provide resources so they can serve as subject matter experts at the local level for both Family Coaches and Case Aides.

A checklist for contractors who are responsible for obtaining and entering JOBS attendance was created, and technical assistance was provided in December 2021.

- Recommend program management ensure client benefit payments are correctly calculated, paid on behalf of eligible individuals, and documentation is maintained to support eligibility decisions and benefit calculations. We also recommend program management correct the identified cases and reimburse the federal agency for any amounts claimed for ineligible cases.

Oregon's new ONE system retains a record of applicants' agreement to cooperate with child support. It is a mandatory question in data collection, requiring that staff review the requirement with applicants and check yes, they agree or no, with the reason. ONE then determines appropriate eligibility.

Currently, ONE screens have a mandatory field indicating the employability screening has been completed for those mandatory to meet the requirement. A change request has been submitted to add the employability screening questions directly into ONE as mandatory field. Until the change request is prioritized and

implemented, an operations process document has been created for staff which outlines the process to complete the form and upload into the ONE system.

The ONE system reads the TANF time limits for each recipient and removes individuals from the grant once they meet the 60-month time limit. ONE appropriately determines the funding stream for individuals who have exceeded 60 federal months, no longer requiring a manual funding adjustment by Office of Financial Services. Furthermore, when a hardship is granted in ONE, the system recognizes the hardship end date and removes the individual from the grant.

ONE requires basic information for all household members, benefits cannot be authorized until all required information is provided, the system then determines the benefit amount based on entire household composition for no-adult cases. Targeted communication has been sent to field staff who determine eligibility explaining the minimum required information and the importance of ensuring all household members are added to the case.

Policy will review the cases cited and make an appropriate referral to the Overpayment Recovery Unit, then the IE/JV subsystem will set up the overpayment and adjust the expenditures on the TANF federal grant based on the referral. Overpayments recouped can then be adjusted by Office of Financial Services and put back towards the TANF program rather than reimbursing, per instructions outlined in TANF-ACF-PI-2006-03.

Per SOS auditor on April 29, 2022, corrective action appears to be taken as there were no eligibility findings for the current year audit.

With the implementation of the new eligibility system, ONE, the system determines eligibility and benefit calculations. Along with the implementation, SSTU provided both eligibility and system training to staff to ensure accurate information was entered into the system resulting in accurate benefit determination. Funding adjustments have not been verified as completed for federal amounts claimed for ineligible cases.

- Recommend program management ensure eligibility re-determinations are completed timely.

Child Welfare reviewed and corrected the identified cases. This topic is covered in initial training for all Federal Revenue Specialists. It has also been addressed in annual ongoing training summits and in direct communications to all Federal Revenue Specialists. The Eligibility Program Specialist is providing ongoing training and support to all Federal Revenue Specialist staff. A reminder was sent out on April 26, 2021, to all Federal Revenue Specialists emphasizing the TANF anniversary determination requirements. As of March 2021, Child Welfare has implemented monthly eligibility reviews to help ensure that re-determinations are completed timely. Additionally, on May 12, 2021, an eligibility procedure manual update was sent to all federal revenue specialists which included more emphasis around the 30-day requirement.

- Recommend department management strengthen existing controls by implementing procedures that include review of financial records supporting expenditures submitted for reimbursement.

This recommendation has been completed. One quarter each biennium, each subrecipient will submit all invoices and receipts for detailed review by APD. This has been communicated to subrecipients by transmittal and new language has been added to all subrecipient contracts explaining this deliverable. Implementation of the process will continue through June 30, 2022, when all language will be in all contracts.

- Recommend department and authority management strengthen controls to perform timely eligibility redeterminations and provide periodic training to caseworkers to reduce the risk of administrative errors. We also recommend management implement corrections in the ONE system to address the weaknesses identified in verifying income. Management should also review the entire duration of the claim identified to determine if there are additional questioned costs from previous years. Additionally, management should 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 2016 to continuously improve and automate reporting capabilities for tracking and remediating untimely Medicaid redeterminations, including the successful implementation of the new Integrated Eligibility (IE) system, named “ONE” in February 2021. This new system provides improved client eligibility controls specifically related to timeliness of determinations, correct enrollment, automated notification of redeterminations and subsequently, actions to close eligibility if necessary, along with electronic retention of eligibility data elements such as signed applications. With implementation of ONE and as we move the rest of the cases into ONE over the next year of redeterminations., we expect the errors associated with these areas to be reduced.

The Department has collaborated across OHA and ODHS programs to develop a combined eligibility manual that incorporates all relevant policy and process for determining eligibility for the medical benefits contained in the IE system. This allows our eligibility workers and case managers in the local offices an upgraded tool and a singular resource that allows us to work collaboratively in our efforts to better serve and be good stewards to Oregonians. We anticipate releasing this in July 2021.

In addition, new program and system training has been developed and deployed collaboratively across OHA and ODHS programs to ensure new and existing eligibility staff are trained sufficiently in the ONE system and all programs contained therein.

The Department and authority are committed to providing training and guidance to staff to ensure information related to an eligibility determination, that is not captured by the ONE system, will be include in the individual’s case record. The Department will review and update any existing training material as needed and send a communication to staff highlighting the importance of recording any information related to the eligibility decision, that is not already captured by ONE.

The authority has submitted a change request to update the logic used by the ONE system to determine whether income information received by the Federal Data Services Hub is reasonably compatible with information contained within a case record. Additionally, the authority will review the identified individual's case and reimburse the federal agency for any questioned costs for the duration of the claim.

Corrective actions have been implemented and reported March 2, 2022:

Staff materials updated, communications sent and training and guidance provided:

- *The combined eligibility manual that was updated can be found on the DHS forms:
<https://sharesystems.dhsoha.state.or.us/DHSForms/Served/de2818.pdf>*
- *Information about verifying and documenting income sent May 3, 2021 in a staff Weekly Update*
- *Attached All staff transmittal sent in March 2021*
- *Income related trainings have been provided in July and December of 2021 and recordings of these are still available online for staff:*

- Recommend authority management strengthen controls to ensure documentation supporting a provider's eligibility determination and revalidation is retained. Additionally, we recommend management review the automated processes to ensure databases are checked timely.

As of June 30, 2021, the state had addressed all exception noted and obtained the missing managing employee information, new disclosure statements or new enrollment agreements for all providers in the sample with one provider being inactivated who failed to respond. New enrollment agreements and provider disclosure documents for revalidating providers are now required.

Since April 2019, the State has been running monthly missed validation reports for newly enrolled or revalidated providers to ensure missed validations are completed.

- 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.

Office of Financial Services (OFS) has developed and reviewed a process that allows us to report appropriately federal expenditures and identify the adjustments that are needed to release our federal partners from participating in expenditures that have since been reversed for various reasons. The process has been implemented as of March 2021. OFS has performed correcting entries that appropriately reflect federal funding for appropriation year 2021 through March 2021, as well as the individual month of April 2021. This process will continue to be used on a go-forward basis.

Questioned costs for Foster Care and TANF have been corrected with document BTCL9104 entered on April 12, 2021. The adjustments are being reported on Q3 of FFY2021.

- Recommend department management ensure a client's monthly copay and childcare hours are correctly calculated, and provider addresses are updated timely. In addition, in situations with multiple providers, the department should seek reimbursement from a client when the client copay is not met as the primary provider did not provide care. We also recommend department management reimburse the federal agency for unallowable costs.

ODHS agrees with this recommendation and plans on the following corrective actions.

- *Child Care Program will issue a policy transmittal to all staff determining ERDC eligibility providing information on the importance of calculating both childcare hours and copay correctly based on current Family Service Guide's instruction.*
- *Direct Pay Unit (DPU) manager and lead will provide a refresher training to DPU representatives to update provider address information correctly.*

- *DPU will review the uncollected copay report monthly to ensure processes are in place for copays to be collected each month. In addition, a refresher training for DPU representatives to issue billing forms with copays correctly.*
 - *Child Care Program will provide case findings information to the Office of Payment and Accuracy and Recovery (OPAR) for recoupment purposes.*
 - *Questioned costs of \$10,241 was corrected with document BT195015 on May 11, 2021. Since the correction was backfilled with other qualifying expenditures of the same amount, the agency's federal reports remain unchanged and ACF will not see an actual refund.*
- Recommend department management extend its retention policies for a sufficient length of time to ensure the department and auditors can verify federal awards are necessary and reasonable. In addition, the department should review all incentive payments made to providers to ensure duplicate payments have been identified and reimburse the federal agency for all improper costs.

ODHS agrees with this recommendation and plans on the following corrective actions.

- *Provider log retention guidelines are aligned with Early Learning Department/Office of Child Care (ELD/OCC) for twelve months. Program will consult with lead agency ELD/OCC for consideration of extending provider log retention periods.*
- *Direct Pay Unit (DPU) will identify all incentive duplicate payments sent to the Office of Payment Accuracy and Recovery (OPAR) for recoupment efforts. DPU manager will provide program a spread sheet of all over payment referrals sent from the incentive payment program.*
- *Questioned costs of \$12,250 was corrected with document BT195015 on May 11, 2021. Since the correction was backfilled with other qualifying expenditures of the same amount, the agency's federal reports remain unchanged and ACF will not see an actual refund.*
- *Incentive payments are no longer being done. All needed actions have been taken to resolve controls.*

- Recommend department management implement controls to ensure actions listed in Oregon’s CCDF State Plan are accurate and occurring. We also recommend department management timely investigate its fraud referral cases in order to recover improper payments.

Child Care Program is requesting a quarterly report from the Fraud Investigations Unit (FIU) with status updates on fraud investigation involving childcare providers receiving subsidy payments on behalf of families eligible for ERDC (Employment Related Day Care) benefits and ensure appropriate referrals are sent to OPAR for recoupment of improper payments. Program is in conversations with FIU manager to plan meeting to further discuss the request and set a process.

- Recommend department management review policies and procedures surrounding documentation and approval of transactions, and provide additional staff training on processes involved, including verification of signature authority during the invoice review process.

Vocational Rehabilitation (VR) Management agrees with the finding and will take the following corrective actions:

- a. Reviewing Delegated Signature Authority forms and delegation for all VR staff.*
- b. Restructuring sub-delegations and updating form MSC 0286 for all VR staff.*
- c. Train VR employees on policy and procedure related to Delegated Signature Authority.*

As of April 15, 2022, Vocational Rehabilitation has reviewed the Delegated Signature Authority forms and delegation for all staff. They have restructured sub-delegations and updated all MSC 0286 that needed a change. They have developed a draft training. They are working to finalize the training and expect to begin training in late June 2022. They expect training to be complete by October 2022.

5. ODHS: Developmental Disabilities Leadership is Proactively Addressing Program Challenges to Ensure Optimal Service Delivery, audit #2021-24 (dated August 2021)

- Assign staff, either through staff re-assignment or a request from the Legislature, that would be dedicated to complaint handling.

The Office of Developmental Disabilities Services (ODDS) will request a position to oversee this work during the 2023-2025 legislative session. If approved, ODDS will move forward with hiring a staff to oversee the complaint process. ODDS will be mindful of the need for a dedicated position and will continue to assess opportunities to reassign staff in the meantime. The target date to complete implementation activities is Fall of 2023.

- Create written policies and procedures to address:
 - a. Formal complaints as defined by administrative rules.
 - b. All other inquiries that do not fall under the administrative rules definitions but are received by complaint staff.

The Office of Developmental Disabilities Services (ODDS) has initiated discussions regarding formal and informal complaints. ODDS will hold stakeholder calls and gather input and feedback prior to the summer of 2022 in order to file rule amendments. ODDS is also working with Office of Information and Security to adjust the database that holds complaint details. The adjustments will align with the recommendations such that formal complaints are clearly identified and non- complaints are filed and tracked separately. The target date to complete implementation activities is July of 2022.

- Train and make users aware of the complaint process and its purpose and value during the required case management contacts with individuals receiving services.

The Office of Developmental Disabilities Services (ODDS) provides training to case management offices that request the training or when it is identified that complaints are not being processed according to administrative rules. Following the rule amendments, ODDS will provide additional training related to the clarification of formal and informal complaints, expectations for case managers to discuss the option of filing complaints as well as how case management offices respond to complaints. The target date to complete implementation activities is September of 2022.

- Educate care providers about, and require case managers to discuss, ad hoc service hour increases with individuals during the annual review of rights and during the case management contacts with individuals to remind them of the opportunity to participate in meetings and advisory groups.

The Office of Developmental Disabilities Services (ODDS) will add language to the Case Management rule requiring case managers to remind individuals of the opportunity to engage in advocacy at least annually, with the annual review of rights. ODDS will also continue to train case managers to review the individual's ability to request an exception for additional service hours to meet their assessed needs, including service hours to receive support during advocacy activities. ODDS will incorporate this requirement to discuss advocacy opportunities and supports needed for individual to engage in advocacy to case managers training and will issue guidance to case managers and providers around this issue. The target date to complete implementation activities is January of 2023.

- Increase participation by individuals with I/DD and their families in advisory groups or agency meetings by providing consistent resources to improve accessibility for participating in process improvement such as:
 - Accessibility for individuals to attend meetings such as transportation,
 - Live streaming meetings with video recordings and captions,
 - Increasing notification requirements,
 - Varying times of day for meetings and providing support staff to help individuals ask questions and repeat information.

- Providing support staff to help individuals ask questions and repeat information.
- a. *Individuals receiving services already have ability to use Medicaid funded transportation services to access advocacy activities, exceptions to increase benefit limits can be granted if there is additional need. With implementation of the new rate model for transportation in July 2022, ODDS hopes to increase provider capacity to provide transportation. Additionally, ODDS has requested to use a portion of ARPA funding to explore creative ways to access transportation resources in the community. ODDS will be working with transportation experts to explore creative types of transportation by the end of 2022.*
- b. *ODDS is exploring ways to make meetings more accessible in how they are structured, paced, facilitated and what types of supports can be provided during meetings (also including, but not limited to interpretation, live captioning, graphic facilitation, etc.). ODDS will expand these practices to enhance individuals and family member participation in meetings, work groups and other advocacy opportunities.*
- c. *ODDS will work, with stakeholder input, to develop ways to increase notification requirements, including providing advance notices and making notifications available in at least five major languages (and other modes upon request).*
- d. *ODDS has conducted some meetings during various times or by offering scheduling options, including lunch hours, or after work hours to accommodate individual and family schedules. ODDS will continue to expand this practice to accommodate varying schedules when engaging self-advocates and family members.*
- e. *Individuals have ability to use their paid support staff to support them during advocacy activities.*

The target date to complete implementation activities is the end of 2022.

- Engage directly with organizations dedicated to a diverse group of people to invite members to participate in ODDS committees and workgroups or when gathering input for process improvements.

The Office of Developmental Disabilities Services (ODDS) is committed to community relationship development and included this as one of six priority areas in its Service Equity Plan. ODDS will continue and expand its community engagement efforts in collaboration with the Office of Equity and Multicultural Services (OEMS). ODDS is currently moving its Service Equity plan forward, and through this effort will identify and prioritize specific actions and projects related to community engagement. ODDS is working to hire an ODDS Equity and Inclusion Manager, who will assist ODDS Leadership in spearheading the work to build direct relationships with diverse groups and engage them in providing ongoing input in the policy making process. One example of the ongoing effort is ODDS' ongoing dialog with the Spanish Speaking Family leaders' group, Tribal outreach efforts and others. The target date to complete implementation activities is the end of 2022.

6. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2021, Audit #2022-18 (dated July 2022)

- Recommend department management obtain a SOC report over the service organization's internal controls for the ONE application. Management should also ensure post implementation testing and QC reviews take place and determine if the overrides indicate an error in the application's processing. Additionally, we recommend management update review procedures to ensure year-end account balances are supported.

The Oregon Department of Human Services will engage with our current open Request for Procurement for on-going Maintenance and Operations for the ONE system to ensure we have a SOC (System of Care) report provided regularly.

- Recommend department management ensure system requirements used to prepare the ACF-199 and ACF-209 are appropriate to ensure compliance and implement review procedures to ensure performance data

reports submitted are complete and accurate. We also recommend department management obtain an annual SOC report over the service organization's internal controls for the ONE application.

The Oregon Department of Human Services (ODHS) will develop a workgroup consisting of policy analysts, business analysts, OIS (Legacy) staff, and contracted Deloitte staff to complete a comprehensive analysis of the ONE system report requirements, code, and federal instructions. The comprehensive analysis will identify areas within both the 199 and 209 where requirement and/or code are not in sync with the federal instructions. The workgroup will then conduct work to bring all three areas into sync to ensure the ONE system is producing accurate and complete federal reports 199 and 209. Through this process the workgroup will test data and complete data analysis for validation. The Department is exploring ways to validate data at quarterly submissions. Once a solution is identified, a procedure will be implemented.

ODHS and the ONE Maintenance and Operations (M&O) program are in a Request for Proposal (RFP) process to identify our IT service vendor(s) related to ONE, beginning July 2023. Related to this effort, we are projecting annual SOC reports beginning in the 23-25 biennium and are including these projections in our 2023-2025 legislative Policy Option Package (POP) request.

- Recommend TANF program management ensure the work participation rate is calculated appropriately using verified and accurate participation data in adherence to the department's Work Verification Plan. We also recommend program management review the system of controls and identify where improvements are needed to ensure compliance with the work verification plan.

ODHS recently received approval from Administration for Children and Families for changes made to Oregon's Work Verification Plan. The Department is in the process of updating rules and guidance changing the way educational activity hours can be documented and verified by allowing greater flexibility. The Department will continue to explore other options to allow greater flexibility in documenting and verifying attendance for countable activities. The Department will continue to train staff

on attendance reporting requirements through biannual analyst hour sessions and individual sessions offered to districts specific to the trends in their area. The Department will also offer technical assistance to Case Aides who are responsible for entering participation hours in TRACS.

As stated in our response in a separate finding, titled 'Ensure performance data reports are complete and accurate,' ODHS will test data and complete data analysis for validation. This process will include the fields where work participation hours are reported.

- Recommend department management ensure verification of income with IEVS screens is clearly documented in client case files when determining client eligibility. It is also recommended management develop policies and procedures directing case workers to document their review of the IEVS screens in ONE, the new case management system.

The Department is reviewing and revising the previously submitted Change Request (CR) to implement a system change to capture when staff are using the IEVS screens at eligibility determination. The previous CR has not been prioritized due to the level of effort (LOE). By revising the CR, the LOE will reduce while still meeting the needs of the Department. Until the CR is prioritized, the Department will update the Quick Reference Guide directing staff to document their review of the IEVS screens in ONE. A quarterly ONE system announcement reminding staff to check IEVS at eligibility determination and add a case note will be requested. The ODHS will also conduct training with staff regarding the IEVS requirements.

- Recommend department management implement procedures to ensure the accuracy of behavior rehabilitation service split rates entered into the system and reimburse the federal agency for unallowable costs.

Treatment Services reviewed all contracts for the period under review to identify those with the incorrect AMSO (administration, maintenance, services, other expenses) split applied, and found that it was isolated to the BRS Proctor rate on 13 contracts. Corrections to the AMSO split in the OR-Kids database

were completed on or before March 9, 2022, for all 13 contracts. The Office of Financial Services is processing corrections to refinance the errors in SFMA (Statewide Financial Management Application). Refinance is estimated to be completed by mid-May.

Treatment Services implemented a new procedure effective April 25, 2022, requiring secondary review and approval of all new or updated AMSO entries by the Assistant Program Manager. Review and approval of new or updated entries are saved in a shared drive. This unit also implemented a more thorough review of all current contracts on April 25, 2022 and April 26, 2022, to ensure all AMSO split entry is accurate.

- Recommend department management ensure reviews of maintenance payment rates for continuing appropriateness are conducted timely and in compliance with department rules.

The Foster Care and Youth Transitions Program has been notified of the finding and is in the process of determining how to integrate a consistent two-year review with their current plan for managing foster care rates. We anticipate having a procedure to report in the next several weeks.

- Recommend department management strengthen controls to ensure the long-term care facility's administrator compensation does not exceed the prorated maximum compensation limit for administrators who average less than 40 hours a week. We also recommend authority management strengthen controls to ensure evidence of review is maintained and readily available.

ODHS - Aging and People with Disabilities (APD) Response:

For the long-term care facility financial statement review audit deficiency findings, the ongoing corrective action plan is being implemented. The department is adding administrator hourly audit to the long-term care facility desk audit procedure. Additionally, the department will ensure the requested documentation is placed in a designated folder.

OHA - Hospital Unit Response:

The action plan is to have cost reports and back up documentation stored on a common drive that selected OHA/HSD employees have access to on a regular basis.

- Recommend department management implement review processes and procedures to ensure manual calculations are complete and accurate.

A review process and procedure were implemented, June 2022, to ensure the manual calculations are accurate and are in alignment with the source system data. In addition, the Office of Financial Services (OFS) is updating the automated process. Once the automated process is updated and validated, OFS will decommission the manual process. Questioned costs were corrected May 23, 2022, under document BTCC6000 – BTCC6312.

- We recommend department and authority management strengthen review controls to ensure only allowable expenditures are charged to the Medicaid program. Additionally, we recommend the authority reimburse the federal agency for unallowable costs.

The Office of Financial Services will continue to consult with and advise program on the need for accurate coding and review of vendor payments to ensure proper funding is used for the services provided. Questioned costs were corrected with documents BTCL4471 and BTCL4473 and appropriate amount was refunded to the federal agency.

- We recommend department and authority management strengthen controls to ensure documentation supporting a provider's eligibility determination and revalidation is retained and is complete.

ODHS – Aging and People with Disabilities (APD) Response:

The Department's expectation to have a correctly completed and retained I-9 for homecare workers was reinforced by the department with APD and Area Agency on Aging (AAA) program managers, district managers, supervisors, and support staff responsible for completing I-9s in APD and AAA offices meetings held on April 13, 2022, May 10, 2022, May 11, 2022, and May 26, 2022. The local office staff were reminded of the legal requirement to correctly complete and retain the form and have it readily available for inspection. Local office staff were reminded of the resources available to assist with completing and retaining I-9s, particularly referencing the information memorandum issued in 2019 on how to correctly fill out an I-9 for homecare workers (APD-IM-19-062), the U.S. Citizenship and Immigration Services' Handbook for Employers (M-274) and referenced the information available on the case management tools webpage for APD/AAA staff. Additionally, in August 2021, we implemented the process of uploading HCW provider applications, supporting documentation and renewals into EDMS as noted in APD-AR-21-039, which were previously maintained in paper files at the local office. This will assist with the finding and retention of records.

ODHS - Intellectual/Developmental Disabilities Response:

For a short-term solution, we are implementing a random sampling Quality Assurance by the Provider Enrollment team. Currently, there is a QA staff who is monitoring agency enrollments, but we are having them also include Personal Support Worker items as well. Our current Fiscal Intermediary, Public Partnerships, are processing the I-9s currently and we will go into their system to check for any missing items.

- We recommend department management implement a consistent process to verify branch offices are conducting required inventory and accurately completing inventory control logs.

The Department agrees with the findings of the audit regarding non-compliance with EBT inventory control processes in 3 of the 17 field offices included in the review. The department will implement a statewide

management strategy to monitor and verify compliance with required EBT card security and inventory control log requirements.

The Department will use quarterly meetings for local offices to provide updates to executive leadership on district compliance or progress toward meeting reporting and verification requirements. The Department will require each district to provide verification of compliance at least annually. The Department will develop and use a tracking tool to monitor compliance by district and branch. The Department will request verification sufficient to prove compliance with EBT card security and controls.

The Department's executive leadership will support communicating policy and process guidance in leadership meetings where the following leaders are present: Program Manager, District Manager, Administrative Support Specialist and Business Expert meetings. The Department will confirm that each district has sufficient protocols and assist with developing contingency planning to ensure EBT inventory compliance during staff absences or shortages.

PLACE HOLDER

Due to the timing of the release of GB, details were not available

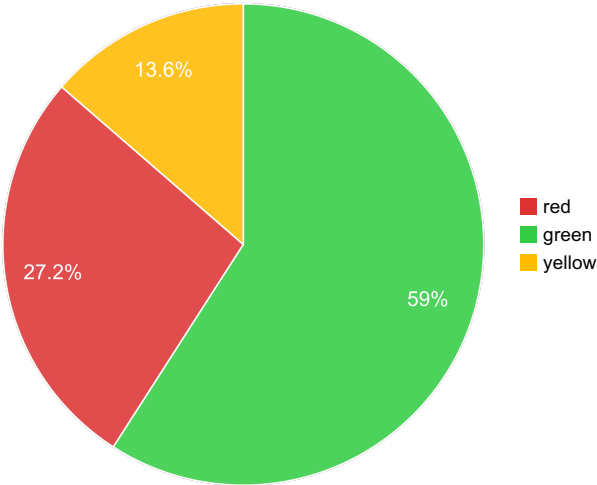
Human Services, Oregon Department of

Annual Performance Progress Report

Reporting Year 2022

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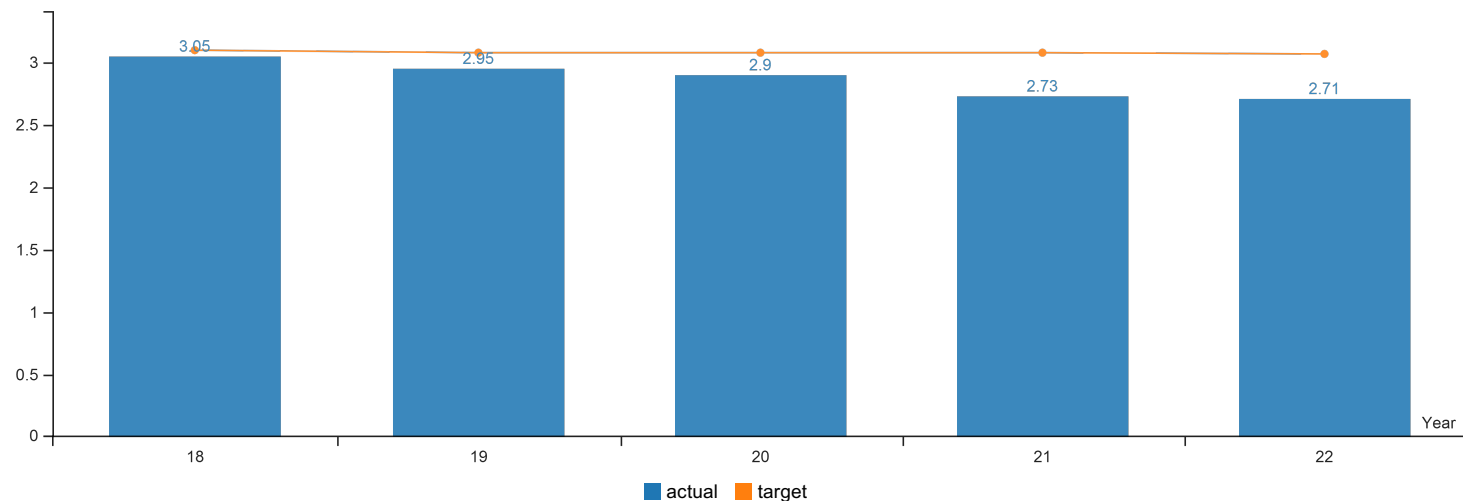
KPM #	Approved Key Performance Measures (KPMs)
1	OLDER ADULTS NEEDING LONG TERM CARE SERVICES (APD) - The percentage of older adults (65+) needing publicly-funded long term care services
2	LONG TERM CARE RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES (APD) - The percentage of Oregonians accessing publicly-funded 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	REDUCTION OF RACE/ETHNICITY DISPARITIES IN LENGTH OF STAY (CW) - Outcome disparity in length of stay (reported in months) for children in substitute care 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	DHS CUSTOMER SATISFACTION - The percentage of customers rating their satisfaction with DHS above average, or excellent
22	REDUCTION IN DISPROPORTIONALITY OF CHILDREN AT ENTRY INTO SUBSTITUTE CARE (CW) - Measure of the average disproportionality index across race/ethnicity for children at entry into substitute care



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	59.09%	13.64%	27.27%

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



Report Year	2018	2019	2020	2021	2022
LTC NEED PREVENTION					
Actual	3.05%	2.95%	2.90%	2.73%	2.71%
Target	3.10%	3.08%	3.08%	3.08%	3.07%

How Are We Doing

In 2022, only 2.71% of Oregonians 65 or older needed assistance with publicly funded long-term care. This is a noticeable downward trend that exceeds legislative targets.

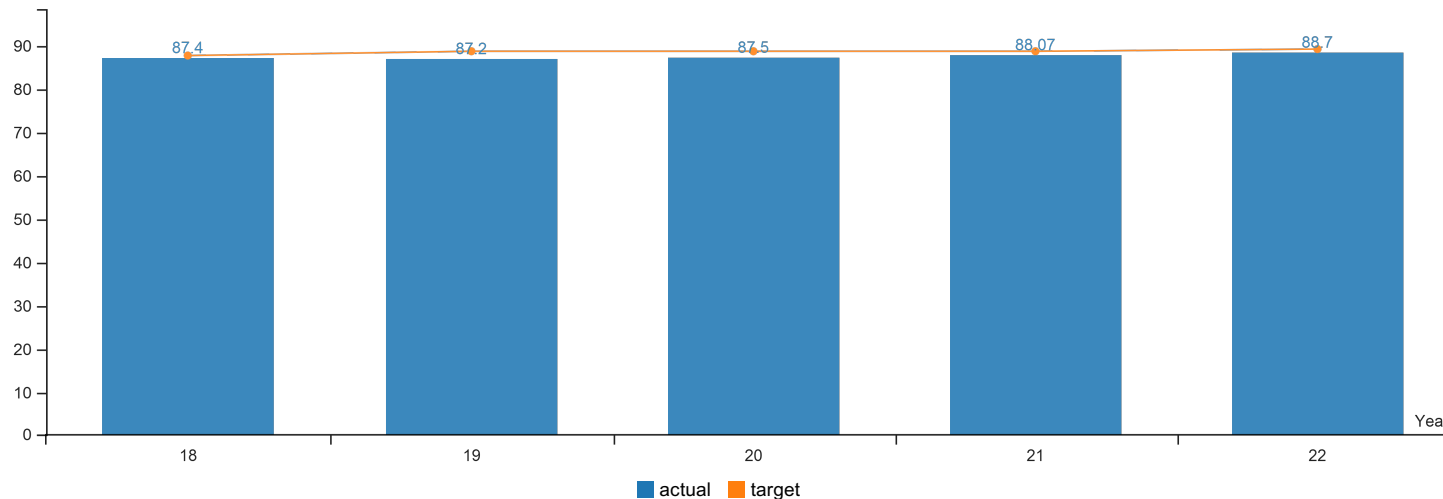
Factors Affecting Results

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. This should be achievable with recent Legislative direction to expand Oregon Project Independence and development of a new Family Caregiver Support program.

We are concerned that part of the decline displayed above is related to fears that older adults may have about receiving LTSS during COVID. Additionally, we are exploring the ONE system's impact on older adults. APD will continue to analyze the factors that are decreasing the utilization of publicly funded long term care.

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: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2018	2019	2020	2021	2022
LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES					
Actual	87.40%	87.20%	87.50%	88.07%	88.70%
Target	88%	89%	89%	89%	89.50%

How Are We Doing

APD's performance is slightly behind the goals established. Recent challenges of ensuring workforce across the home and community- based care continuum have led to many individuals staying for longer periods of time in nursing facilities. Additionally, statewide policies have focused on Medicaid services and programs. Affordability for private pay individuals in any setting is challenging. Discussions regarding adult foster home rates are promising as are continued rates in other community-based care settings. Medicaid rates, if too low, increase private pay rates and decrease the capacity in home and community-based-care options.

The Legislature authorized two innovative programs in the 2021 Legislative Session. The first is an expansion of Oregon Project Independence, which should result in more individuals with higher incomes and assets receiving services in their own home. The second is the development of a new family caregiver support program, designed to support family caregivers maintain their direct care role.

Factors Affecting Results

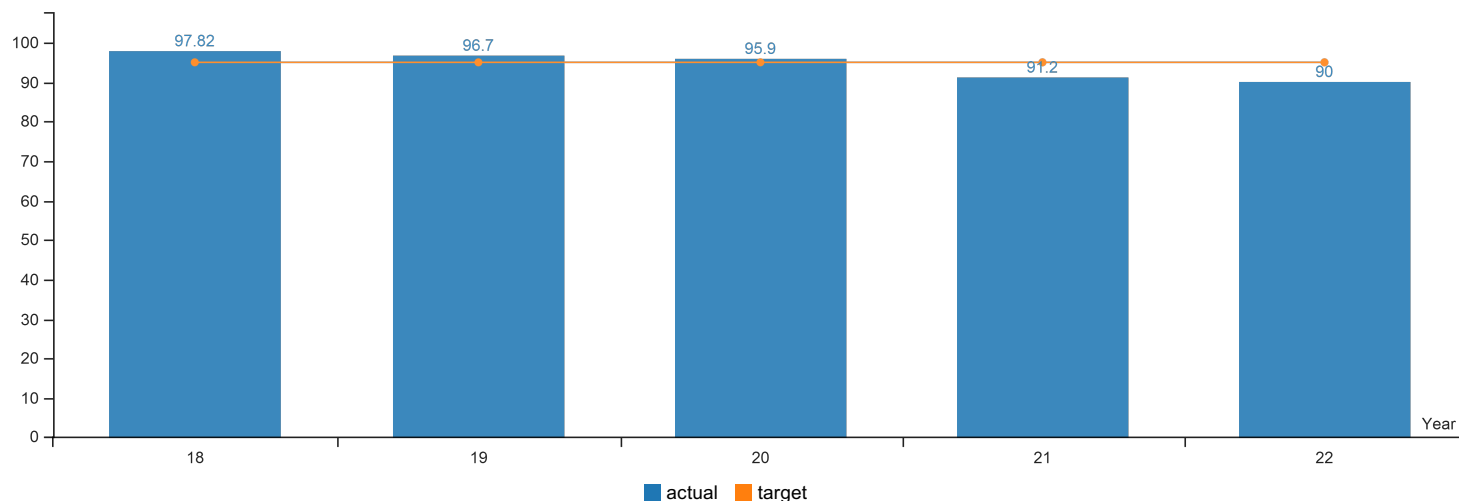
Throughout the pandemic, we have learned, that in most cases, hospitals prefer to discharge older adults and people with disabilities needing additional care to nursing facilities. Institutional care may be appropriate for certain individuals for short periods of time. However, alternatives such as reviewing insurance coverage for Home Health and establishing more intensive supports in other settings could help support the state reaching this KPM.

For Medicaid consumers, DHS must continue to proactively ensure that older adults and people with disabilities are appropriately transitioned from nursing facilities when their care can be supported

in less restrictive and costly settings. Doing this will allow DHS to continue meeting our targets. APD also needs to focus efforts on developing new adult foster homes, addressing the workforce shortage across the long-term care continuum 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: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2018	2019	2020	2021	2022
Actual	97.82%	96.70%	95.90%	91.20%	90%
Target	95%	95%	95%	95%	95%

How Are We Doing

As was the case last year, performance on this measure has dropped below the target goal of 95%. Of particular note is the increase in both APS and NF investigations from the last reporting period to the current one. This, combined with the impact of COVID during the reporting period, has resulted in the decline in response timeliness.

Factors Affecting Results

This measure includes a wide variety of assigned response times and two investigative entities.

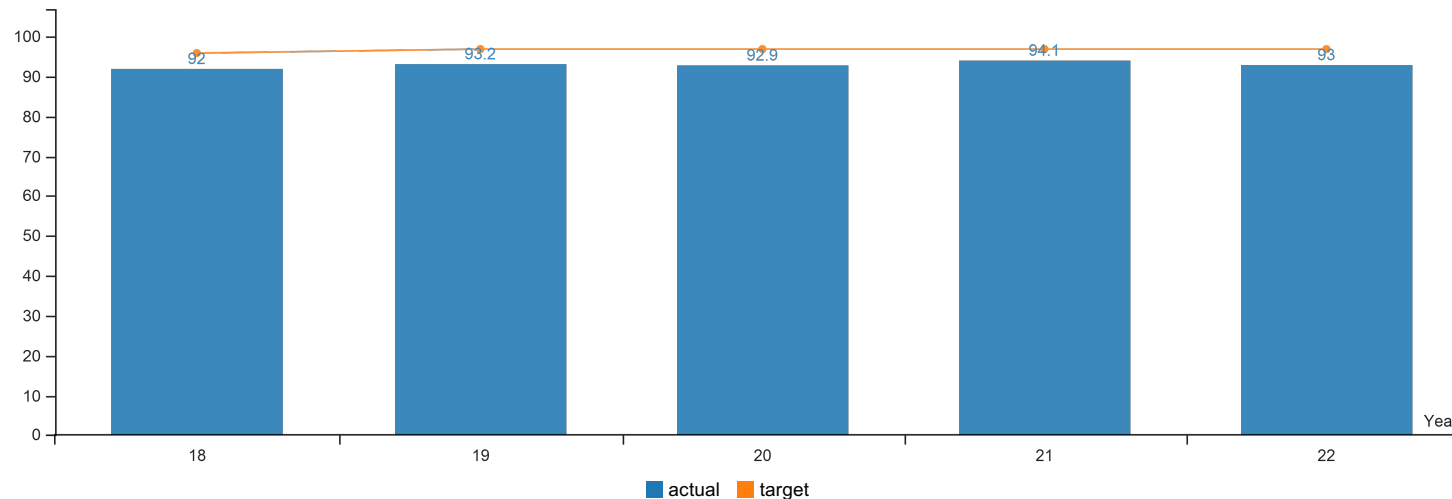
- Community Investigations completed by Adult Protective Services have response times of same day, end of next business day, or within 5 business days.
- Facility (Adult Foster Home, Assisted Living Facility, Residential Care Facility, Memory Care) Investigations completed by Adult Protective Services have response times of same day and end of next business day.
- Nursing Facility investigations completed by the Nursing Facility Licensing Unit within Safety, Oversight and Quality have assigned timelines of two days or ten days.

During this reporting period, there were 16366 investigations completed by APS (compared with 15486 from the past reporting period, an increase of 5.6%. This is a customary increase in investigation numbers and seems to indicate that numbers have stabilized from those seen during the COVID pandemic). Of those, 16129 (98.6%) received a timely response. This is a slight increase from 98.2% last reporting period.

During this reporting period there were 1713 Nursing Facility Investigations (compared with 1303 from the past reporting period, an increase of 31.4%). Of those, 151 (8.81%) 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	2018	2019	2020	2021	2022
Actual	92%	93.20%	92.90%	94.10%	93%
Target	96%	97%	97%	97%	97%

How Are We Doing

The outcome of 93.0% is Federal Fiscal Year 2021 data, for Report year 2022 (October 2020 to September 2021). This period under review indicates a slight decline in absence of repeat maltreatment statewide from the prior reporting year.

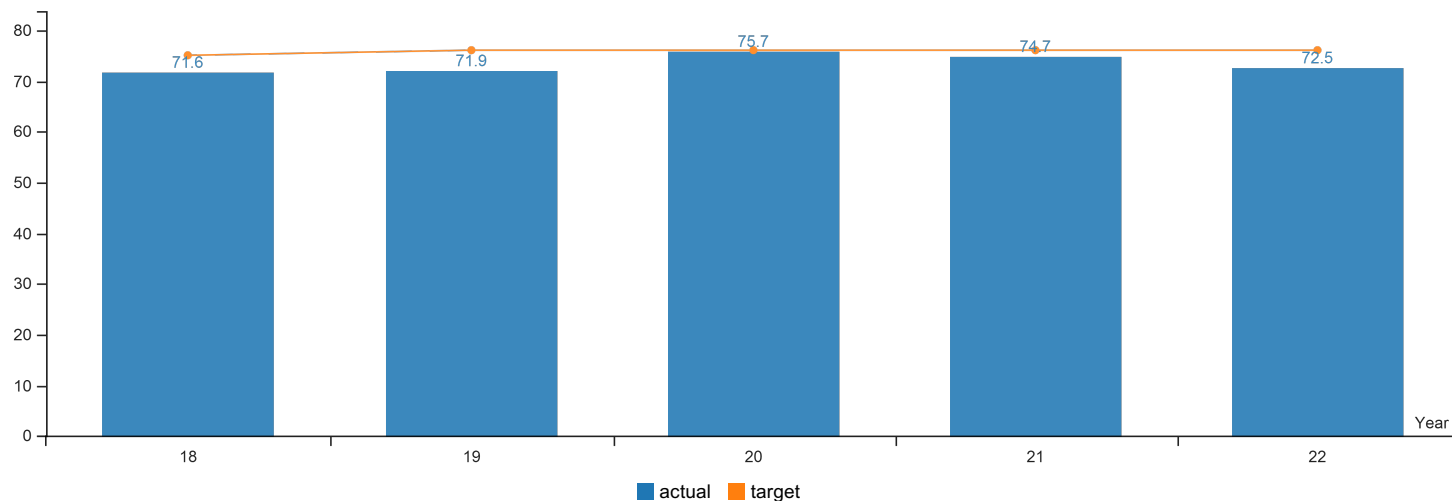
Factors Affecting Results

Cross program collaboration continues to address root cause issues that result in repeat maltreatment of children in Oregon. CQI processes have targeted and improved accuracy of incident date of maltreatment at screening. Oregon statute requires that ORCAH document and assign a new report of abuse for each incident of abuse reported. This at times results in multiple reports for a child victim that have occurred over a period of time, indicating a pattern of abuse that is known such as chronic neglect, exposure to harm through parental factors such as domestic violence and substance abuse, and physically abusive behaviors and parenting practices. Safety and Permanency programs continue to review and coach to improvements on in-home safety plans to improve the sufficiency of safety for children that a safety threat has been identified to ensure that this vulnerable population is not subject to repeat maltreatment.

The impacts of COVID-19 on the isolation of children and families, lack of in person school attendance, limited in-home supports and services has not fully been analyzed at a statewide or national level, however it does indicate that many of the risk factors that are known to impact child safety were experienced by a larger population and with less direct prevention service access during FFY 2021.

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



Report Year	2018	2019	2020	2021	2022
Actual	71.60%	71.90%	75.70%	74.70%	72.50%
Target	75%	76%	76%	76%	76%

How Are We Doing

The outcome of 72.5% is Federal Fiscal Year 2021 data, for Report year 2022 (October 2020 to September 2021).

Over the past year, Oregon declined by 2.2 percentage points in this measure. This is the 2nd year in a row there has been a decline in the percentage of foster children exiting to reunification within 12 months of foster care entry.

Factors Affecting Results

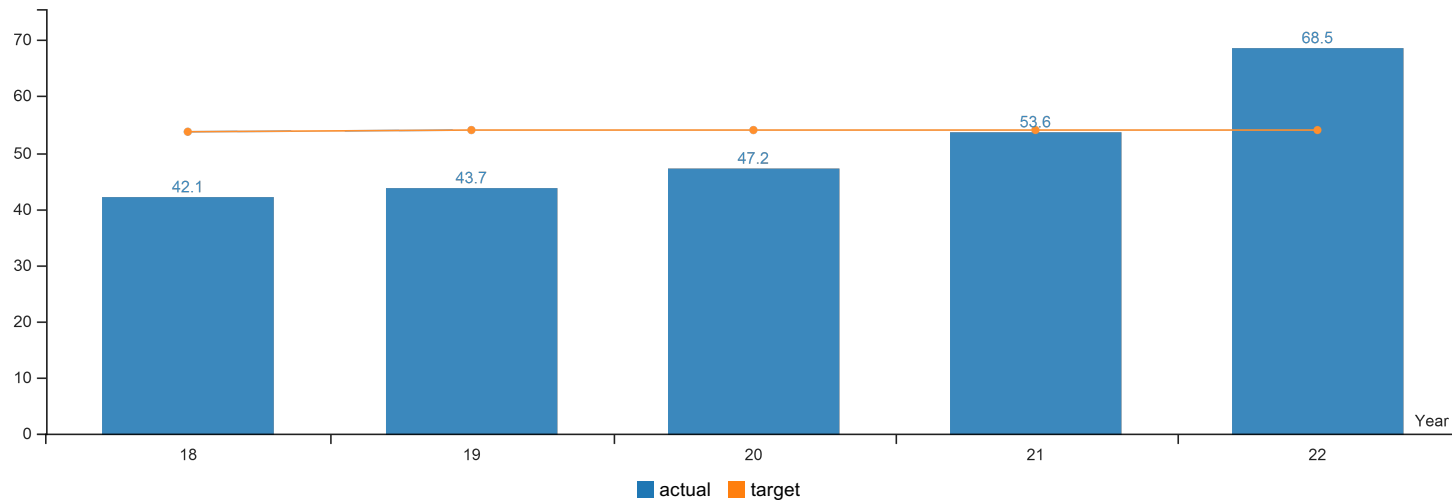
A couple of factors may be contributing to the decrease in timely reunification in Oregon. In the last few years, there has been a significant drop in the removal rate of children causing a 30% or so drop in the total foster care population since 2018. The reasons for this are not fully understood; however, because the number of assigned CPS assessments has not similarly decreased, the drop is likely due to practice changes related to child removal decisions. If true, then children of families with lower acuity and, therefore, more likely to return home sooner would decrease in proportion relative to children less likely to return home sooner.

A second contributing factor has been the increased workload of CPS workers across the state and its corresponding impact on permanency workloads. To address the shortfall of CPS workers and their increased workload, permanency workers have been assigned to complete CPS assessments in large numbers. This has reportedly interfered with their work in returning children home with their families sooner.

In addition to enhancing reunification efforts through the strategies of the Program Improvement Plan, Quality Assurance Reviews, consultation and ongoing training, the newly created CQI team in Child Welfare has recently launched a statewide initiative to improve CW measures. Through a more in-depth root cause analysis, their plan is to identify better lead measures that improve timeliness to reunification in 12 months. They recently had kick-off meetings in September 2022 with staff and community partners in District 6 and 12. With a greater focus on developing district specific strategies, it is hoped we will see improvements in the measure of timely reunification over the next year.

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



Report Year	2018	2019	2020	2021	2022
Actual	42.10%	43.70%	47.20%	53.60%	68.50%
Target	53.70%	54%	54%	54%	54%

How Are We Doing

The outcome of 68.5% is Federal Fiscal Year 2021 data, for Report year 2022 (October 2020 to September 2021).

Oregon improved performance in this measure by almost 15 percentage points over the prior year, marking the fourth straight year of improvements. This was the greatest improvement of those four years. The target performance for the past year was also more than 11 percentage points higher than when the department first exceeded the target goal in 2015. This is the highest percentage of children adopted in less than 12 months from legally free since documented tracking of KPM #6 began in 2014. It's also the second straight year when the actual percentage of target met exceeded 50% and the first year it exceeded 60%.

Factors Affecting Results

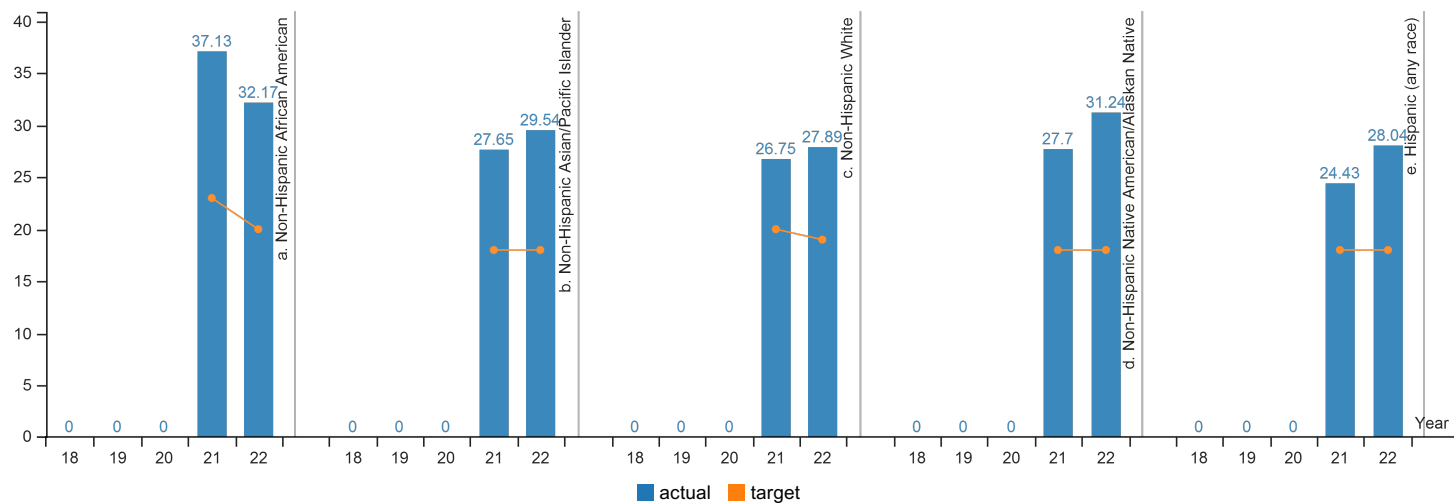
Oregon continues to coordinate efforts among ODHS Central Office Child Permanency Program staff, ODHS Local Branch Office staff, Courts, the Juvenile Court Improvement Program (JCIP), and other entities/partners to use CQI strategies and activities outlined in our Performance Improvement Plan (PIP). Adoption processes were streamlined and those continue to be assessed and improved when possible. Trainings and process/procedure guides were developed and implemented for ODHS staff and legal partners regarding methods to better track adoption progress and move adoption work forward timely for each child who has a plan of adoption.

ODHS Child Permanency Program staff meet regularly with Juvenile Court Improvement Program (JCIP) staff to assess progress and needed improvements, including assessment of permanency improvement activities through Model Court Teams (MCTs). KPM #6 is also a standing agenda item for the JCIP Advisory Committee quarterly meetings. Targeted tracking of adoption finalization status/progress is done through the ODHS Child Permanency Program staff and assistance is provided to ODHS Local Branch Office staff for efforts to move adoption placement and legally freeing

activities forward simultaneously and timely.

KPM #7 REDUCTION OF RACE/ETHNICITY DISPARITIES IN LENGTH OF STAY (CW) - Outcome disparity in length of stay (reported in months) for children in substitute care by race/ethnicity

Data Collection Period: Oct 01 - Sep 30



Report Year	2018	2019	2020	2021	2022
Actual				37.13	32.17
Target				23	20
Actual				27.65	29.54
Target				18	18
Actual				26.75	27.89
Target				20	19
Actual				27.70	31.24
Target				18	18
Actual				24.43	28.04
Target				18	18

How Are We Doing

For reporting year 2022 all races continue to be in red, with Non-Hispanic African American children/young adults continuing to have an average length of stay at exit significantly longer than all other races, however the average dropped by 5 months (down/less is good) from 2021 to 2022. Unfortunately all other races experienced at least a small increase (up/more is bad) in average length of stay, which Hispanic children/young adults experiencing the largest increase at nearly 4 months.

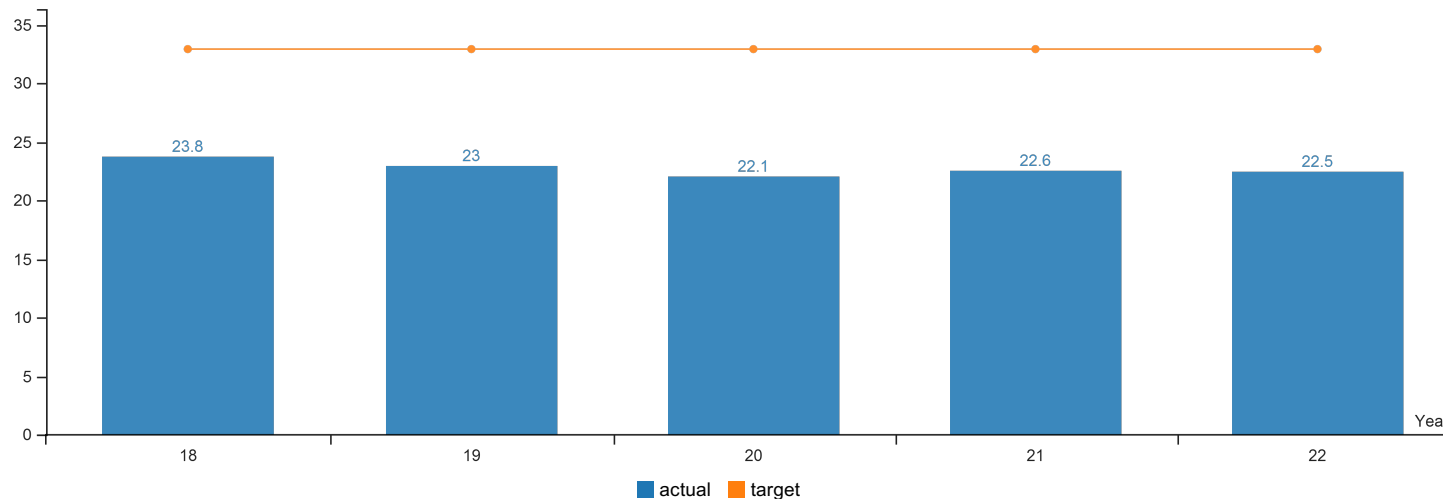
Factors Affecting Results

This KPM is designed to measure the disparity in length of stay by race for children in foster care. In addition to experiencing disparities in length of stay, Black/African American and Alaskan Native/American Indian children and young adults are disproportionately more likely to enter care as we see in our other equity KPM, but this is a statistic we see reflected nation-wide. Multiple studies show that being black and male are strong predictors for longer length of stay. In addition, older children are more likely to experience a longer length of stay.

As this is a brand new KPM it will require further vetting and refinement. Continuing disaggregation by age and location, and attempting to account for other factors that generally contribute to health and well-being, such as education, financial stability, and access to healthcare, will help us more accurately see the differences in performance of this measure by race.

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



Report Year	2018	2019	2020	2021	2022
Actual	23.80%	23%	22.10%	22.60%	22.50%
Target	33%	33%	33%	33%	33%

How Are We Doing

The outcome of 22.5% is Federal Fiscal Year 2021 data for report year 2022. This data point indicates Oregon is holding steady on the number of children served in the parental home for FFY 2021. The implementation of a Family Preservation approach with the support of the Family First Act continues to move forward in Oregon. The Family Preservation work began in March 2022 so will not have an impact on this current data. Oregon expects to see an increase in children served in home for FFY 2022 as the preservation work in combination with supportive evidence-based services through Family First are slowly implemented in a phased approach across the state.

As stated previously, intentional, and strategic efforts to bring community partners and communities together to develop and support a statewide prevention continuum continue. There also continues to be a focus on putting the Well-being Together Initiative and the Vision for Transformation into action on a local level by strengthening relationships across ODHS programs and within the community and individual families ODHS is serving.

Factors Affecting Results

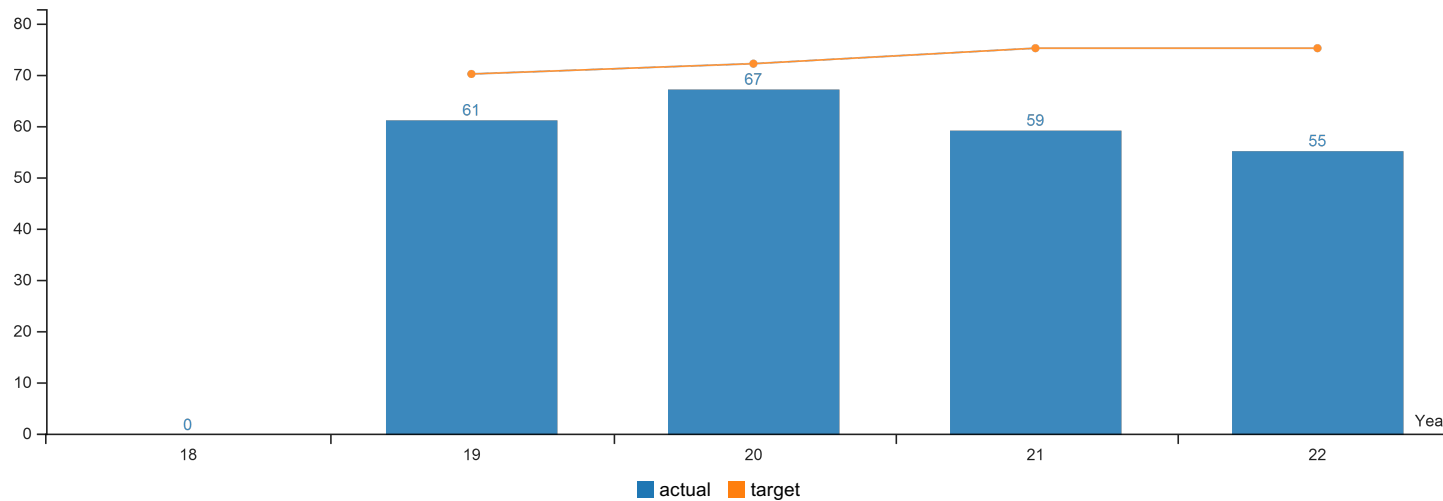
Oregon continues to evaluate and develop resources in communities throughout the state to support family stability, children remaining in their homes while working with ODHS or returning home quickly after being placed in substitute care. Oregon continues to focus on family engagement and engaging natural supports for families to manage safety threats while children are in-home. Development of an intentional family preservation program is in the very early design and implementation stages in three ODHS branches across the state that should result in short- and long-term outcomes supporting families being together. Case reviews continue to indicate in-home cases are often closed prior to the family conditions being fully addressed, staff seeing families in home on an infrequent basis or insufficient safety planning resulting in removal and placement in foster care. The family preservation program hopes to address each of these areas.

Placement of children in foster care is the most restrictive and least desirable outcome to manage child safety. Whenever possible, children who can be safely 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. The Department believes the implementation of Family Preservation and the services funded through the Family First Act will counter this decline and offer specific focus on children at imminent risk for removal and those reunified after placement in foster care.

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	2018	2019	2020	2021	2022
Actual		61%	67%	59%	55%
Target		70%	72%	75%	75%

How Are We Doing

The annual percentage of applicants who have a determination within 90 days from application has continued to decline since 2021.

Factors Affecting Results

In 2020, ODDS filed a temporary administrative rule that permitted presumptive determinations to be made in certain circumstances when the full rule could not be applied as a result of the COVID-19 pandemic or illness. In late 2021, ODDS received input from CDDPs that they rarely used the presumptive rule to find a person eligible for various reasons. ODDS began educating CDDPs and increased awareness regarding this rule and encouraging determinations to be completed while also arranging for additional testing if necessary.

In addition to education and guidance around the presumptive eligibility rule, ODDS began gathering data on reasons why determinations were not made within 90 days following receipt of an application. This data will continue to be gathered analyzed throughout the next fiscal year, but early trends include 34% delay in getting external medical and psychological records; 33% delay in getting psychological evaluations returned even when the appointment occurred well within 90 days and 11% delay at the individual/family choice to pause or delay application process.

ODDS continues to collaborate with OHA Admin Exam team on increasing rates of reimbursement which will hopefully invite additional evaluators to become admin exam evaluators and streamlining the prior authorization and payment process for evaluators to remove the administrative burdens that have been brought to the Department's and Authority's attention.

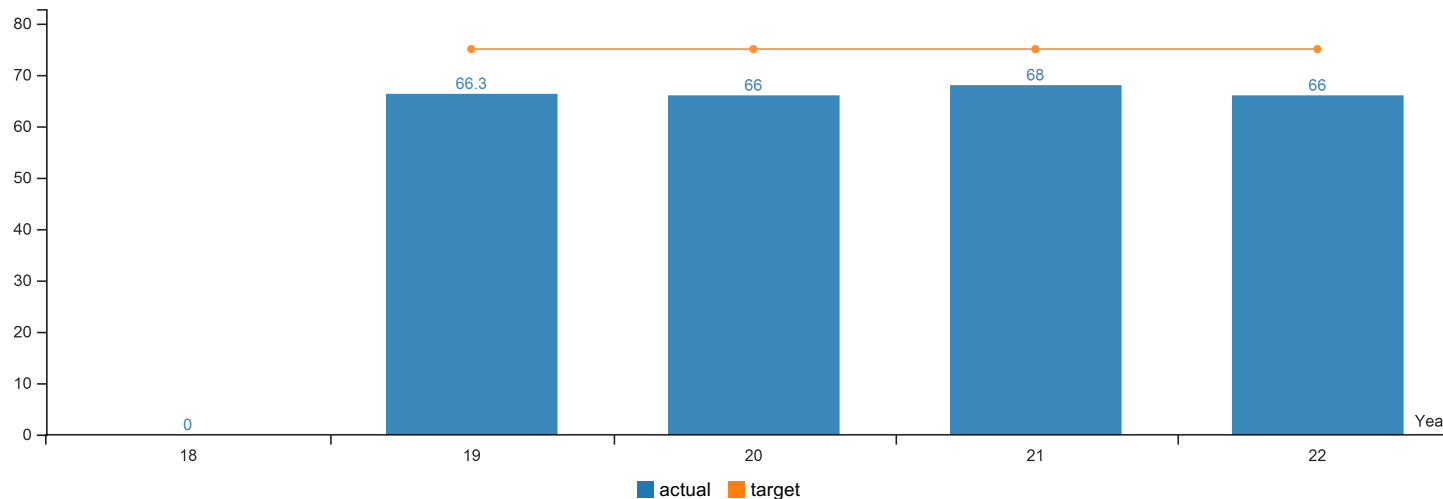
Additional factors impacting results include:

- Limited psychologists willing to accept Medicaid funding for administrative examinations

- Educational settings completing fewer intellectual evaluations due to shortage of evaluators resulting in an increase in CDDPs needing to arrange intellectual testing
- Increased delays in receiving existing medical or psychological evaluations due to fewer support staff at medical and educational offices.

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



Report Year	2018	2019	2020	2021	2022
Actual		66.30%	66%	68%	66%
Target		75%	75%	75%	75%

How Are We Doing

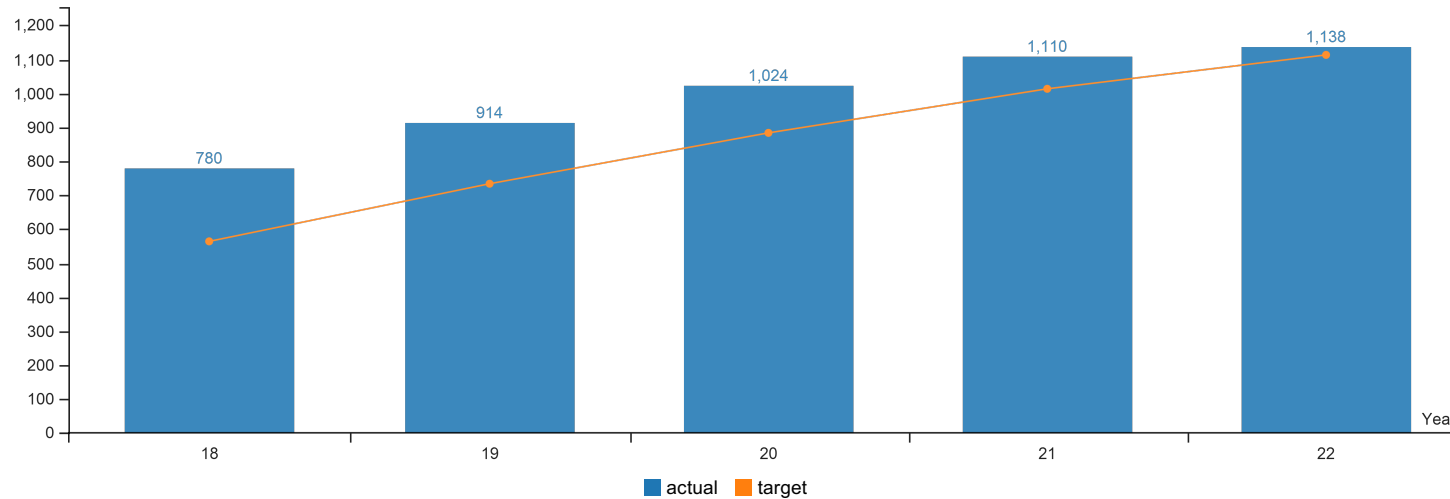
Oregon does not have any institutional care settings for people with intellectual/developmental disabilities. All services are provided in a community setting. A strategic goal of ODDS is to support a person's choice on where they live and how they receive their services. The data does not reflect choice in where a person lives. As discussed over the last fiscal year, the goal of ODDS includes opportunity for an individual to choose where they live. Therefore, this data is not useful in identifying whether 66% is reflective of where adults are *choosing* to live and therefore it is unclear where are target should be. ODDS has proposed to remove this KPM for the reasons identified above. This will be the last report on this KPM.

Factors Affecting Results

The data available is only reflective of where people are receiving their services, not about choice or availability. ODDS offers a realm of community choice options but in-home services are dependent upon an individual having access to their own home or a family home. Additionally, 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 be challenging for them and their families.

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	2018	2019	2020	2021	2022
Actual	780	914	1,024	1,110	1,138
Target	565	735	885	1,015	1,115

How Are We Doing

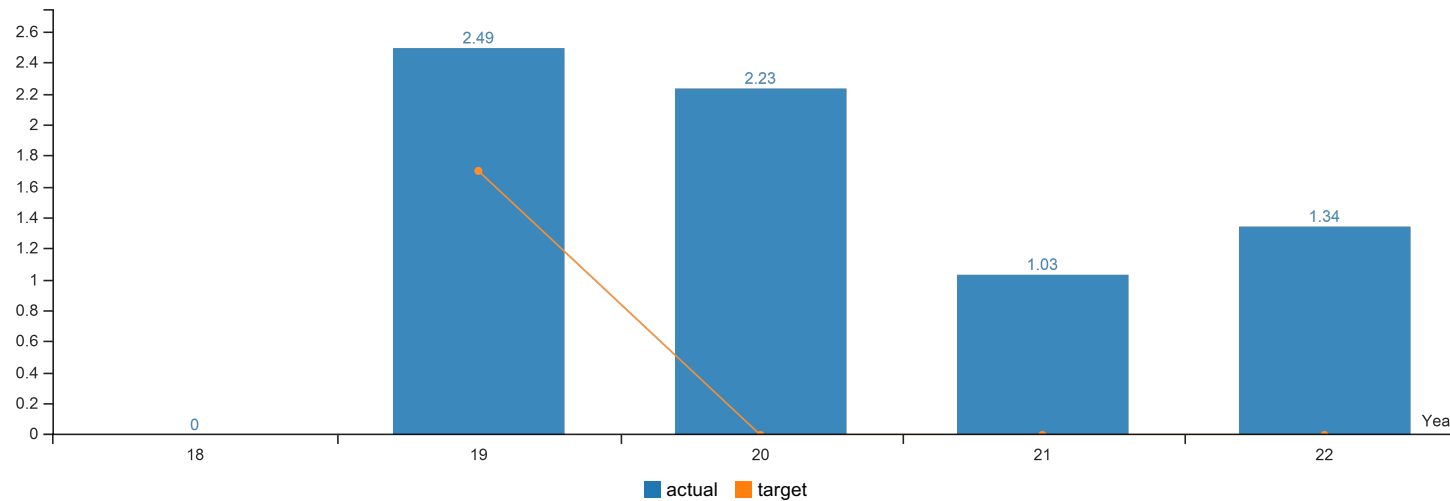
ODHS surpassed its requirement of ensuring at least 1,115 individuals who are eligible for ODDS services who had been in a Sheltered Workshop obtained and kept a job for at least 90 days. This means that ODHS was in substantial compliance with the Lane v Brown Settlement Agreement, and Judge Acosta dismissed this case on August 12, 2022.

Factors Affecting Results

ODHS (ODDS and VR) worked hard over the course of more than 7 years to ensure people who had been in a Sheltered Workshop could get and keep a competitive, integrated job. ODHS is updating this KPM to continue to focus on ensuring all people with I/DD can access Competitive Integrated Employment.

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



Report Year	2018	2019	2020	2021	2022
Actual		2.49%	2.23%	1.03%	1.34%
Target		1.70%	0%	0%	0%

How Are We Doing

This metric applies to substantiated abuse of adults in licensed and endorsed programs. 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 population increased by 0.31% over last year's figure. The adult population receiving these services increased 0.7% from 2020 to 2021 (8379 individuals to 8438) and the number of adults with a substantiated abuse allegation rose from 86 in 2020 to 113 in 2021, an increase of 31.4%.

Because of a lack of national abuse data, it is a challenge to establish a meaningful IDD abuse rate target. Targets are currently based on trends of historical data.

Oregon's recent transition to a Centralized Abuse Management (CAM) information system is providing enhanced tracking and monitoring of abuse referrals and investigations. The CAM system will enhance access and availability of information across the state and greatly improve the ability to make data informed decisions.

Factors Affecting Results

The COVID-19 pandemic has had an impact on every facet of life and undoubtedly has impacted the abuse of vulnerable populations for the past two years. While we do not have data that clearly informs how the pandemic influenced populations, there are some important possibilities to consider. Implementation of emergency infection control measures has meant that individuals with developmental disabilities were more isolated than normal. Such isolation could reduce abuse rates simply by reducing person-to-person interactions. However, the isolation increased stress on many

and therefore may have increased the potential for negative interactions between IDD clients and their service providers.

Decreased staffing may also have reduced the number of potential observers, resulting in reduced reporting of allegations. Viewing the past two years data together, and even with a small increase in the rate this past year, the COVID trend is down significantly from the pre-COVID levels. It appears the unknown COVID factors are having a significant effect on abuse findings and/or reporting for these populations.

Additionally, abuse rates for people with intellectual/developmental disabilities can be affected by other factors including:

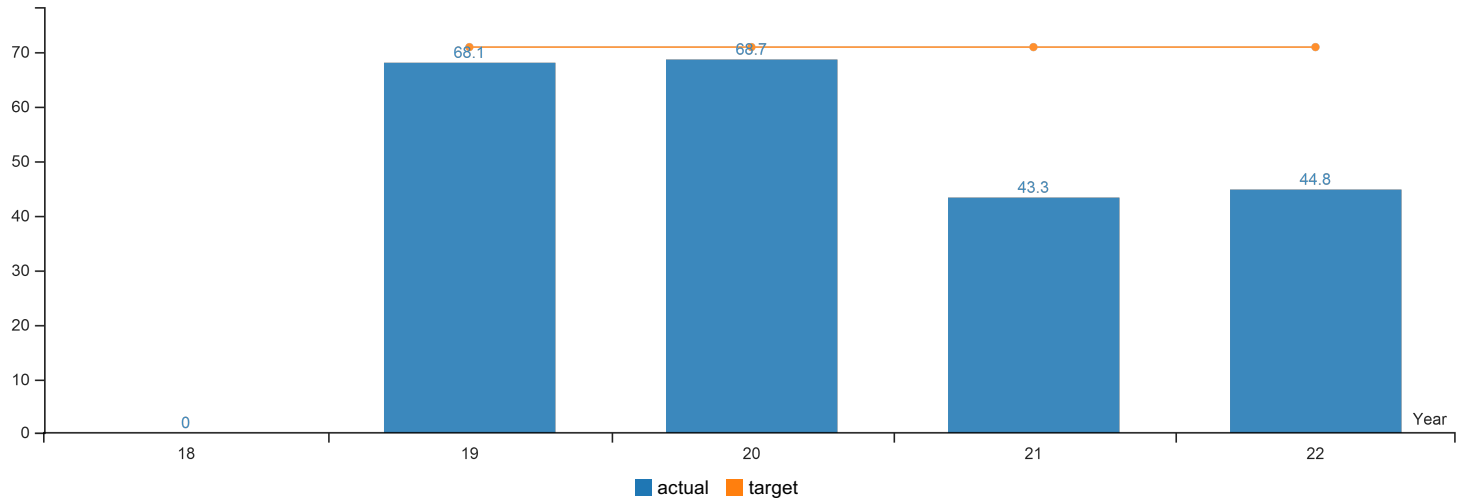
- The high acuity and service needs of residents being served in community-based care settings.
- High turnover rate of treatment and support staff in all settings.
- An adult's right to make decisions about their living situation, companions, etc.
- Barriers to the reporting of abuse by cognitively 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.).

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 multi-disciplinary teams and coordinated-care organizations.

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



Report Year	2018	2019	2020	2021	2022
Actual		68.10%	68.70%	43.30%	44.80%
Target		71%	71%	71%	71%

How Are We Doing

Office of Self-Sufficiency Programs (SSP) is guided by the Oregon Department of Human Services (ODHS) Equity North Star^[1] and by the agency's Building Well-being Initiative (BWBI) to advance a future where all who live in Oregon, regardless of race, identity, or place, have the resources and support they need to achieve whole well-being for themselves, their families, and their communities.

The Office of Self-Sufficiency Program (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. Economic mobility is a key social determinant of health. The ability to earn living wages helps maximize human potential. 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, child care, 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 44.8 median percent of those participants are earning living wages. This result is slightly higher compared to last year's result of 43.3 median percent.

^[1] <https://www.oregon.gov/dhs/DHSNEWS/Documents/ODHS-Equity-North-Star.pdf>

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. This year's data tracks SSP program participants who exited all programs in 2020 and tracks their wages one year later. The data reflects the median percent of their wages in 2021 compared to the Self-Sufficiency Standard. The result is most likely attributed to the continuing COVID-19 health pandemic. It is anticipated that next year's data on this measure will reflect the changes in the economy associated with the continuing health pandemic and potentially also the rise in inflation.

ODHS continues to enhance our role within the Oregon Workforce System through more aligned and 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.
- SNAP Training and Employment Program (STEP) has expanded contracts with local workforce boards.

DHS SSP continues to invest in expanded employment and training opportunities and supports:

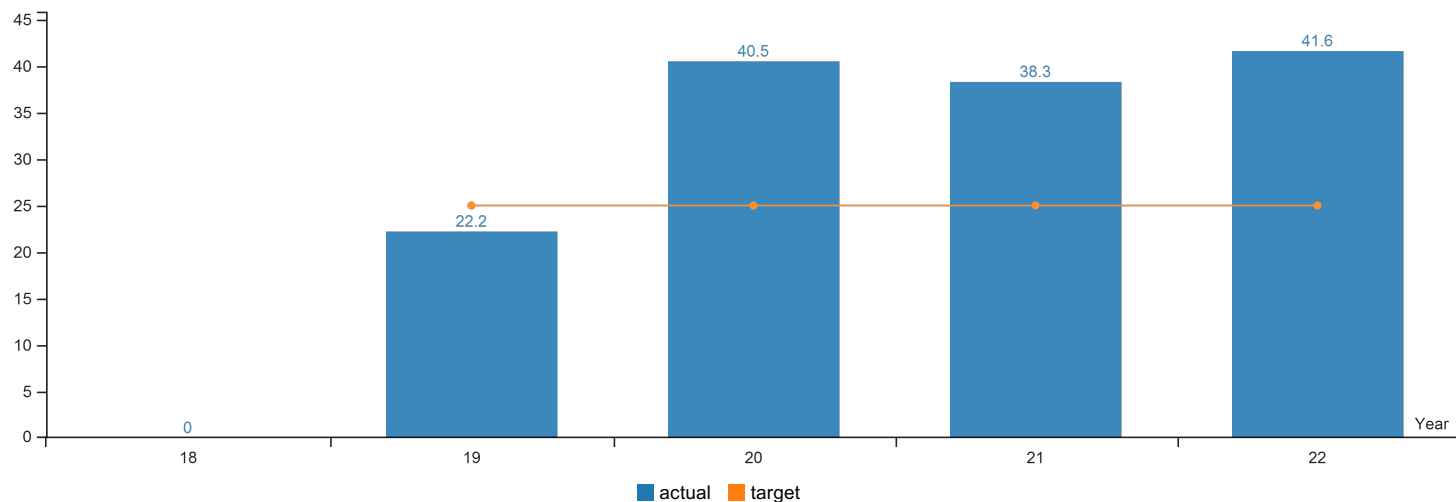
- SNAP Training and Employment Program (STEP) has expanded investments in partnership with OED, community colleges and local community organizations, drawing additional federal dollars to offer a more comprehensive set of training and employment opportunities for SNAP participants.
- Job Opportunity 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.

Additionally, ODHS Employment and Training services have benefitted from community focus groups, with an emphasis on prioritizing participant voice and identifying gaps between current services and community needs. Employment and Training services have been expanded upon based on the needs expressed in such forums and ODHS will continue to evaluate policies and program design based on community voice.

[1] Dr. Diana M. Pearce, The Self-Sufficiency Standard for Oregon 2021, 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	2018	2019	2020	2021	2022
Actual		22.20%	40.50%	38.30%	41.60%
Target		25%	25%	25%	25%

How Are We Doing

The Office of Self-Sufficiency Programs (SSP) is guided by the Oregon Department of Human Services (ODHS) Equity North Star^[1] and by the agency's Building Well-being Initiative (BWBI) to advance a future where all who live in Oregon, regardless of race, identity, or place, have the resources and support they need to achieve whole well-being for themselves, their families, and their communities. 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 key social determinant of health and 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^[2]. The goal of this measure is to track the percentage of households connecting to Self-Sufficiency programs who report housing stability.

In the Summer 2022, 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 2022. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 22,750 SNAP applicants in April 2022, there were 1,785 survey respondents which represents a 7.8 percent overall response rate.**

The survey found that 41.6 percent of respondents reported housing stability, slightly higher compared to 38.3 percent in 2021. Based on the survey, 53.2 percent of the respondents reported housing instability, meaning that their housing needs are not fully met.

The following is a breakdown by race, ethnicity and disability of participants who responded **"I and/or my family's housing needs are fully met (i.e., I can afford to pay rent/mortgage and utilities without difficulty)"** to the KPM question: **"Please select what you feel is most true for your family now"**

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	43.3%
Asian	36.8%
Black and African American	17.5%
Hispanic and Latino/a/x	48.6%
Middle Eastern and North African	16.7%*
Native Hawaiian and Pacific Islander	50%*
Two or more races	39.4%
Unknown	41.5%
White	39.3%
Grand Total	41.6%
Individuals with disability(ies) (Included in the counts above)	34%
<i>*small sample size for this population</i>	

The following are a few of the quotes from survey respondents who opted to provide more input:

"Rent is so high; I can't afford to continue pay [it] and I'm about to be homeless."

"I would like to have my own place, but I cannot afford rent in my area, so I am living with a family member."

"[I'm currently living in a car for almost [a] year."

"[My] housing is inadequate. [There are] leaks when it rains and holes on the wall. The staircase is a safety concern and the landlord is refusing to make repairs."

"[I] will be moving into rental housing at end of month."

The general observations based on the comments from survey respondents (offered on an optional basis) is:

- People need help applying for and/or getting on subsidized rent programs (ie Section 8)
- People are interested in purchasing homes but need help finding resources and understanding the process
- People may need education and advocacy on landlord/tenant issues (i.e., being evicted, unit is not habitable or needs repairs)
- People may need eviction prevention support dollars
- People need help with imminent housing transitions (living arrangements with family are about to end)

People are generally really struggling with the current cost of living and balancing housing costs with medical costs

[1] <https://www.oregon.gov/dhs/DHSNEWS/Documents/ODHS-Equity-North-Star.pdf>

[2] 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

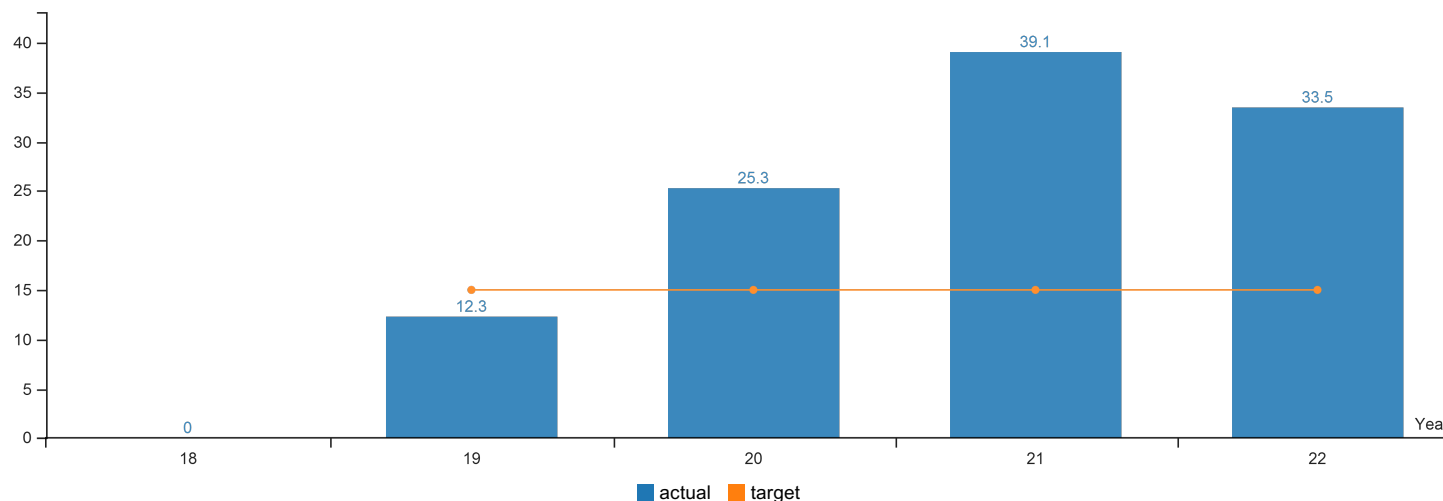
According to the Department of Housing and Community Services, housing had already emerged as a paramount concern across Oregon and **the lack of available housing, high rents and high home prices were driving rapid increases in housing instability and homelessness**[1]. These themes rang true and were reflected throughout the SSP well-being survey conducted this year. People repeatedly mentioned a lack of affordable housing: rents are too high, rents are increasing, inflation is making it more difficult to afford housing, people move in with family or friends, or are houseless. The survey also indicates that individuals and families continue doing everything they can to take care of themselves. Based on the survey comments, the phrase “...housing needs are fully met” and the word “stability” may be relative terms depending on the individual or family’s situation. It is also possible that the federal and state funding including child tax credits, other pandemic related benefits, as well as greater amount of rental assistance funds that Community Action Agencies have been deploying during the health pandemic, compared to pre-pandemic years, helped create more housing stability for individuals and families. The passage of protections as well as additional housing-related investments by the Oregon legislature may have also contributed to housing stability for some survey respondents. It is important to note that the statewide eviction moratorium was still in effect until June 30th and safe harbor protections are still in place for those who applied for rental assistance through September 30th.

Over the past five 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. SSP continues to partner with Oregon Housing and Community Services and other community-based organizations to ensure families have access to needed housing assistance.

[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	2018	2019	2020	2021	2022
Actual		12.30%	25.30%	39.10%	33.50%
Target		15%	15%	15%	15%

How Are We Doing

The Office of Self-Sufficiency Programs (SSP) is guided by the Oregon Department of Human Services (ODHS) Equity North Star^[1] and by the agency's Building Well-being Initiative (BWBI) to advance a future where all who live in Oregon, regardless of race, identity, or place, have the resources and support they need to achieve whole well-being for themselves, their families, and their communities. 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. Food security has a direct connection to economic mobility – a key social determinant of health. 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 2021" report found that 10.2 percent of Oregon households were food insecure, not significantly different from 10.5 percent in 2020^[1].

In the Summer 2022, 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 2022. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 22,750 SNAP applicants in April 2022, there were 1,785 survey respondents which represents a 7.8 percent overall response rate.**

Based on the survey, 33.5 percent of respondents reported experiencing food security^[2]. This year's result is almost six percentage points lower than the food security rate reported in 2021. This means that 63.6 percent of the respondents reported experiencing food insecurity, meaning that their access to adequate food is limited by a lack of money or other resources.

As a result of the COVID-19 health pandemic, there have been additional federally approved food benefits deployed by ODHS-SSP such as Pandemic Electronic Benefits and maximum SNAP allotments, as well as other USDA approved benefits like school lunches, state-level investments through the food banks, the child tax credit and COVID-19 relief. Survey respondents expressed gratitude for these resources, especially the additional SNAP benefits. A theme that emerged from the comments from survey respondents who opted to provide more input, is that inflation is creating additional pressure for individuals and families to meet their most basic needs.

The following is a breakdown by race, ethnicity and disability of participants who responded “Never true” to the KPM question: **“Within the past 12 months, we worried whether our food would run out before we got money to buy more”**

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	33.3%
Asian	26.3%
Black and African American	26.3%
Hispanic and Latino/a/x	40.8%
Middle Eastern and North African	33.3%*
Native Hawaiian and Pacific Islander	0.0%*
Two or more races	27.9%
Unknown	38.1%
White	28.1%
Grand Total	33.5%
Individuals with disability(ies) (Included in the counts above)	28.1%
<i>*small sample size for this population</i>	

The following is a breakdown by race, ethnicity and disability of participants who responded “Never true” to the KPM question: **“Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more”**:

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	40.0%
Asian	47.4%
Black and African American	21.8%
Hispanic and Latino/a/x	49.7%
Middle Eastern and North African	33.3%*
Native Hawaiian and Pacific Islander	0.0%*
Two or more races	27.3%
Unknown	43.3%

White	35.3%
Grand Total	40.0%
Individuals with disability(ies) (Included in the counts above)	32.2%
<i>*small sample size for this population</i>	

The following are a few of the quotes from survey respondents who opted to provide more input:

“Food prices are going up and the SNAP allotments stay the same.”

“I hope you don’t take away the [Emergency Assistance] (EA) Payments for SNAP. Cost of living increases are making it to where food expenses are crazy high and the thought of the EA going away is scary. The \$20 match at the farmers market is really helpful and I love it.”

“As soon as I got SNAP I stopped worrying.”

“I need help, I used to work and get paid and I can barely make it, and I cry all the time and can’t deal with this. I go to the store and cry. I never had to put thing back at the grocery store and now I have to. I can’t even afford a hamburger.”

[1] <https://www.oregon.gov/dhs/DHSNEWS/Documents/ODHS-Equity-North-Star.pdf>

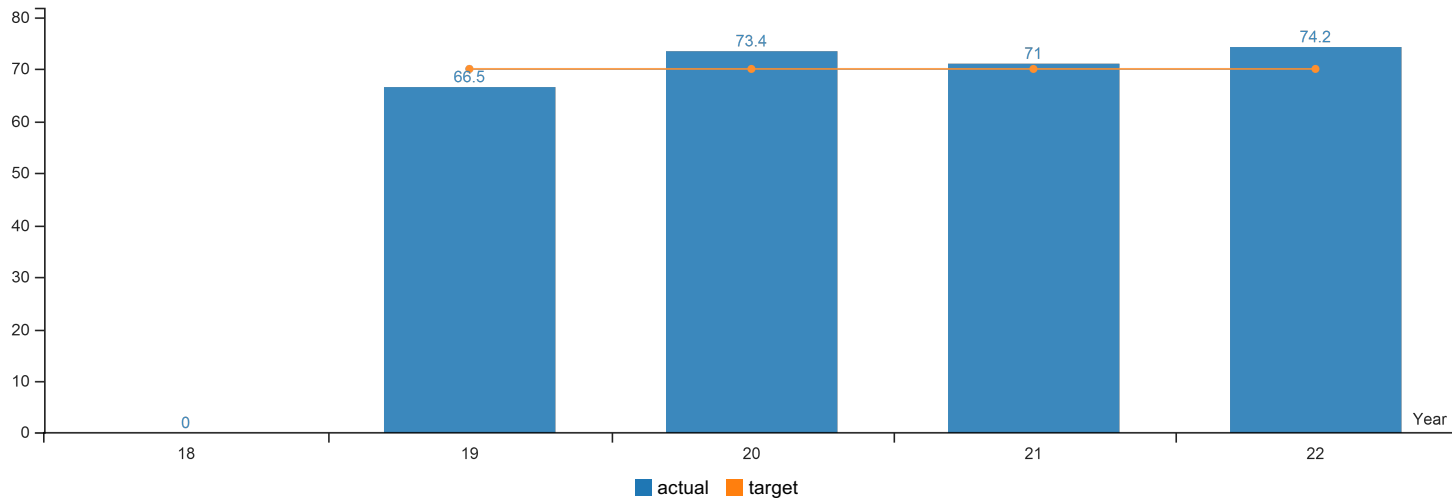
Factors Affecting Results

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 this year is composed of persons applying or reapplying for SNAP or other SSP benefits in April 2022. The continuing COVID-19 health pandemic and rising cost have caused people to experience economic hardship. Many people have turned to ODHS for benefits and services such as the SNAP program. Since the beginning of the COVID-19 health pandemic enrollment in the SNAP program has increased by about 10 percent. Additionally, fewer people are disconnecting from the SNAP program. The increased need is making it difficult for applications for SNAP to be processed timely. Federal waivers do help ease certain application requirements and survey respondents repeatedly expressed appreciation for additional SNAP benefits. 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	2018	2019	2020	2021	2022
Actual		66.50%	73.40%	71%	74.20%
Target		70%	70%	70%	70%

How Are We Doing

The Office of Self-Sufficiency Programs (SSP) is guided by the Oregon Department of Human Services (ODHS) Equity North Star^[1] and by the agency's Building Well-being Initiative (BWBI) to advance a future where all who live in Oregon, regardless of race, identity, or place, have the resources and support they need to achieve whole well-being for themselves, their families, and their communities.

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^[2]. 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^[3]. This 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 2022, 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 2022. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 22,750 SNAP applicants in April 2022, there were 1,785 survey respondents which represents a 7.8 percent overall response rate.**

Based on the survey, 74.2 percent of survey respondents reported feeling more confident about their ability to improve their current circumstances because of their involvement with SSP and the services SSP connected them to. This result is up from 71 percent in 2021. In addition, 75.7 percent of respondents (up from 74.1% in 2021) 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 by race, ethnicity and disability of participants who responded “**Agree**” or “Strongly agree” to the KPM question: “**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**”

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	55.2%
Asian	78.9%
Black and African American	66.7%
Hispanic and Latino/a/x	83%
Middle Eastern and North African	83.3%*
Native Hawaiian and Pacific Islander	75%*
Two or more races	64.9%
Unknown	63.9%
White	75.2%
Grand Total	74.2%
Individuals with disability(ies) (Included in the counts above)	68.6%
<i>*small sample size for this population</i>	

The following is a breakdown by race, ethnicity and disability of participants who responded “**Agree**” or “Strongly agree” to the KPM question: “My involvement with DHS Self-Sufficiency and the services DHS has connected me to have helped me feel more hopeful about my future”:

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	46.7%
Asian	68.4%
Black and African American	64.9%
Hispanic and Latino/a/x	82.7%
Middle Eastern and North African	83.3*
Native Hawaiian and Pacific Islander	100%*
Two or more races	66.7%
Unknown	67.78%
White	77.7%

Grand Total	75.7%
Individuals with disability(ies) (Included in the counts above)	73.7%
<i>*small sample size for this population</i>	

The following are a few of the quotes from survey participants who opted to provide more input:

"[I am] very thankful for medical and food stamps. Without them, I would not be alive."

"I'm incredibly lucky to qualify for the food program I wouldn't be as hopeful if it wasn't for the programs."

"Housing and security is a real thing, food and security is a real thing, even for people with two jobs. I have two [jobs] and my food stamps end next month and I'm not really sure how we are going to eat. It's really hard to figure out where the services are, it takes a lot of digging, and right now when it's the hottest all those programs are closed till mid Aug. or Sept."

[1] <https://www.oregon.gov/dhs/DHSNEWS/Documents/ODHS-Equity-North-Star.pdf>

[2] "Policy – A Multidimensional Approach", Oxford Poverty & Human Development Initiative, University of Oxford. Available online at: <https://ophi.org.uk/policy/multidimensional-poverty-index/>

[3] 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

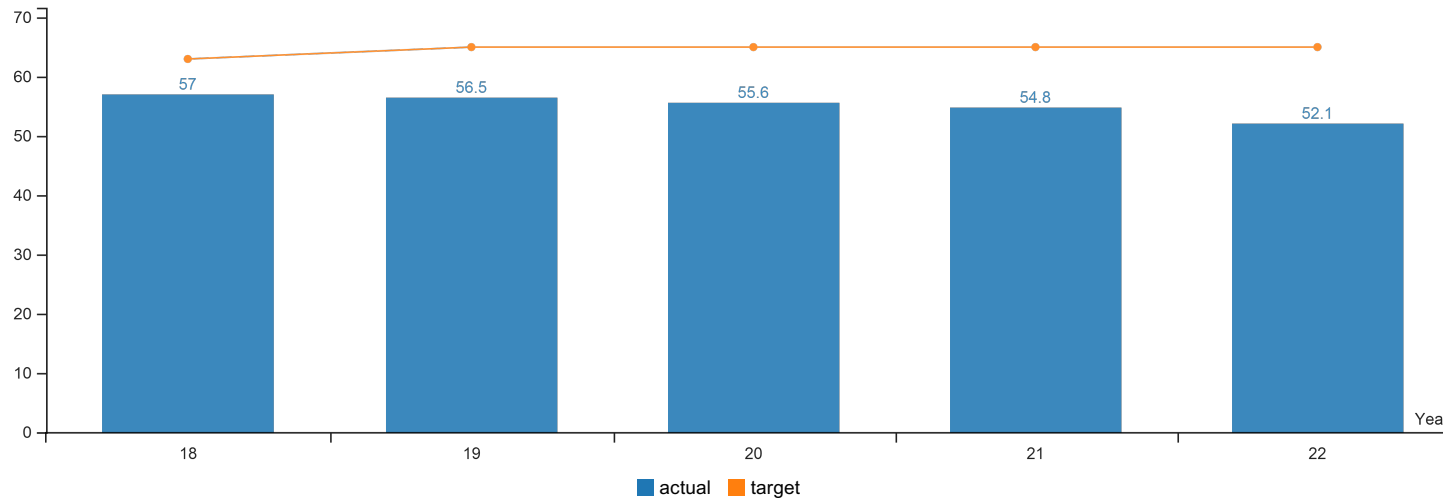
These results are derived entirely from participants' entries on the SSP well-being survey which will continue to be conducted by SSP each year. The surveys have demonstrated that program accessibility matters as does the way we show up for families in our interactions.

We define *Self-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	2018	2019	2020	2021	2022
Actual	57%	56.50%	55.60%	54.80%	52.10%
Target	63%	65%	65%	65%	65%

How Are We Doing

We saw a 2.7 % decrease in OVRs consumers successfully employed at program exit from in 2022 compared to 2021. Considering the continued impact of the pandemic and the disruption to the state's workforce, this is a more positive outcome than expected. Variance in KPM #17 has been less than 3% from 2013 to 2022. There was a steady percentage increase during 2012 to 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 from 2016 to 2022. A recent report from the Oregon Employment Department that found by April 2022, Oregon's nonfarm payroll employers had regained nine out of 10 jobs lost in spring 2020 it does appear that people with disabilities are recovering at a slower pace compared to job seekers without disabilities.

The Oregon target of 65% has historically been optimistic when compared to the national average. For example, in 2020, the last reported average for all VR programs, the national average was 43.8% compared to Oregon's outcome of 55.6%. Oregon VR will continue to work toward increasing this outcome we see value in this measure.

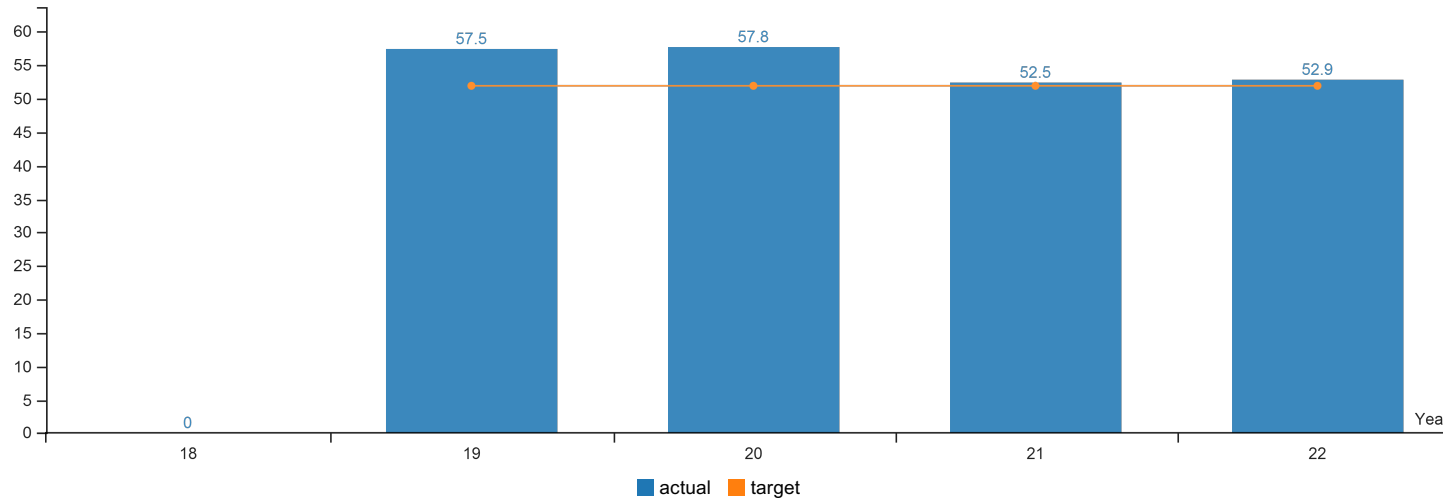
Factors Affecting Results

Throughout the pandemic, our VR counselors were working with clients to assist them in pursuing their employment goals. Many VR clients have underlying health issues and compromised immune systems in addition to their disabilities. Some individuals decided to exit the program without accomplishing their employment goal because of concerns about exposure to COVID-19. This also adversely impacted KPM #17. We are also serving more clients with intellectual and developmental disabilities as a result of the Lane v. Brown Settlement. More resources have been used to place the most significantly disabled individuals within our state and that has impacted the program.

We are working to improve placement opportunities by engaging in employers more than what is required by WIOA, including increased training for potential employers. VR meets with Office of Developmental Disabilities Services (ODDS) every month to plan and coordinate services to improve outcomes for this population. Together, we continue to develop resources 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	2018	2019	2020	2021	2022
Actual		57.50%	57.80%	52.50%	52.90%
Target		52%	52%	52%	52%

How Are We Doing

From Oct. 1, 2020 to Sept. 30, 2021, the most recent period for which all relevant data is available, 52.9% of individuals exited from OVRS services were employed during the second quarter following exit. This is roughly a half percentage point higher retention rate than the previous year. Staff are working toward more effective career counseling and guidance in this post-pandemic environment to ensure employment longevity for our clients.

The program is working to emphasize non-technical employment skills, such as soft skills, to improve client employment retention.

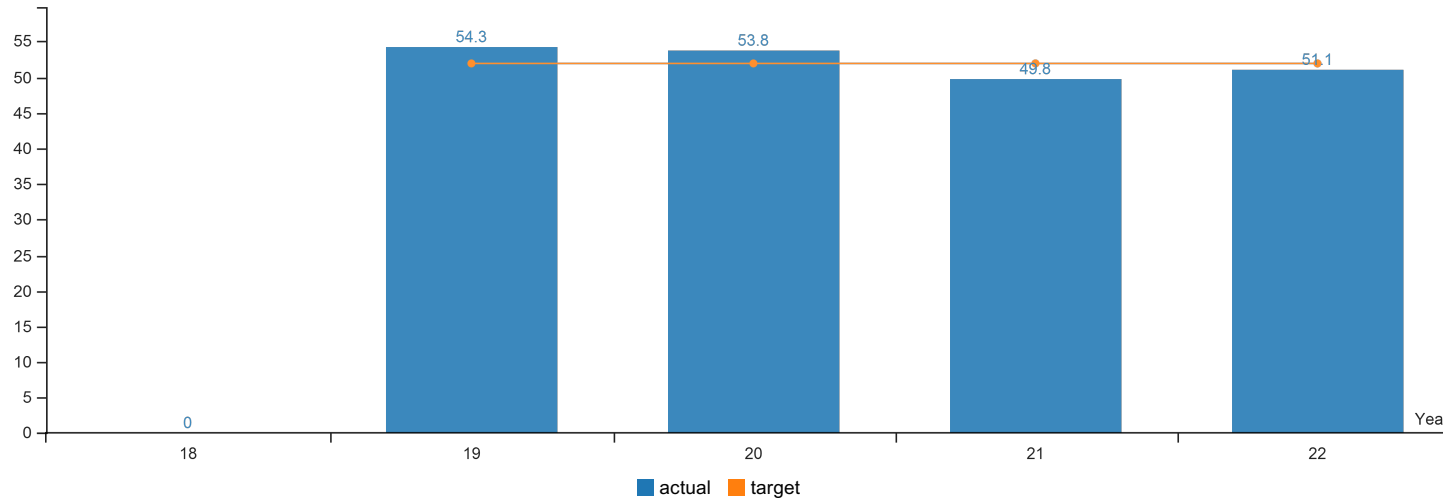
Factors Affecting Results

Considering the lingering impact from the COVID-19 pandemic and the disruption to the state's workforce, this is a more positive outcome than expected. At the height of the pandemic, the state lost 285,500 nonfarm payroll jobs, a 14.5% drop, as the unemployment rate skyrocketed by nearly 10 percentage points to a record-high 13.2%. As a result, many OVRS clients lost their employment or had greatly reduced hours impacting KPM #18.

Successful employment depends on the skills, character, and needs of each client and employer. This variability can impact KPM #18 outcomes since each person and organization is different. In addition, local, state, national and global economic factors such as work location and availability of workforce supports can affect how successful a client is able to retain employment.

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



Report Year	2018	2019	2020	2021	2022
Actual		54.30%	53.80%	49.80%	51.10%
Target		52%	52%	52%	52%

How Are We Doing

From Oct. 1, 2020 to Sept. 30, 2021, the most recent period for which all relevant data is available, 51.1% of individuals exited from OVRS services were employed during the second quarter following exit. This is an increase of over one percentage point higher retention rate than the previous year. Staff are working toward more effective career counseling and guidance in this post-pandemic environment to ensure employment longevity for our clients.

The program is working to emphasize non-technical employment skills, such as soft skills, to improve client employment retention.

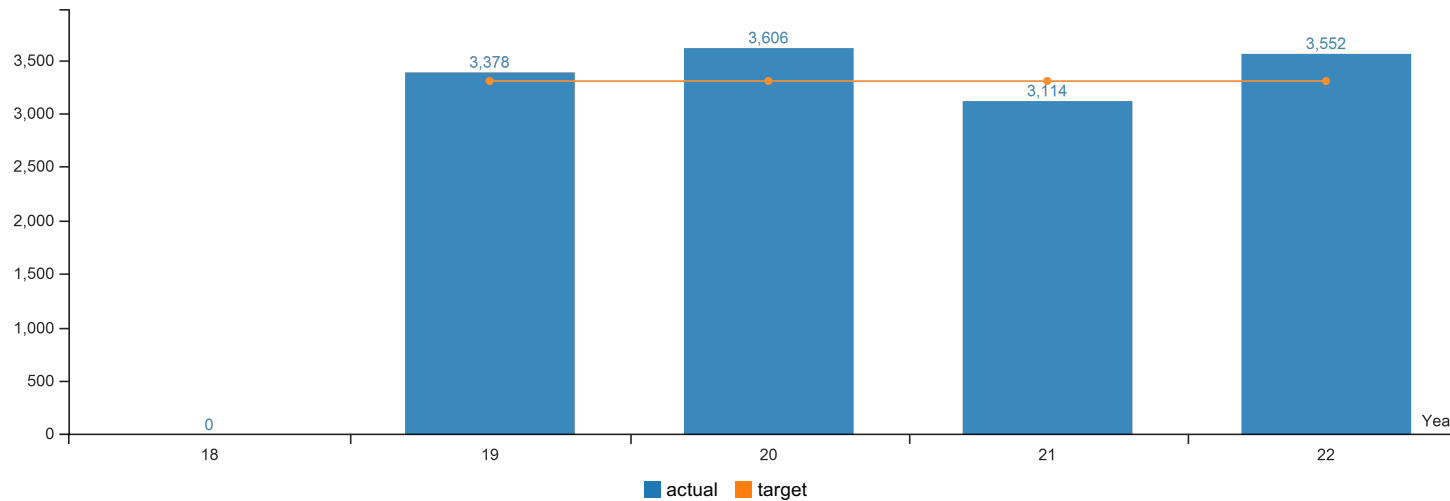
Factors Affecting Results

Considering the lingering impact from the COVID-19 pandemic and the disruption to the state's workforce, this is a more positive outcome than expected. At the height of the pandemic, the state lost 285,500 nonfarm payroll jobs, a 14.5% drop, as the unemployment rate skyrocketed by nearly 10 percentage points to a record-high 13.2%. As a result, many OVRS clients lost their employment or had greatly reduced hours impacting KPM #19.

Successful employment depends on the skills, character, and needs of each client and employer. This variability can impact KPM #19 outcomes since each person and organization is different. In addition, local, state, national and global economic factors such as work location and availability of workforce supports can affect how successful a client is able to retain employment.

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



Report Year	2018	2019	2020	2021	2022
Actual		\$3,378.00	\$3,606.00	\$3,114.00	\$3,552.00
Target		\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00

How Are We Doing

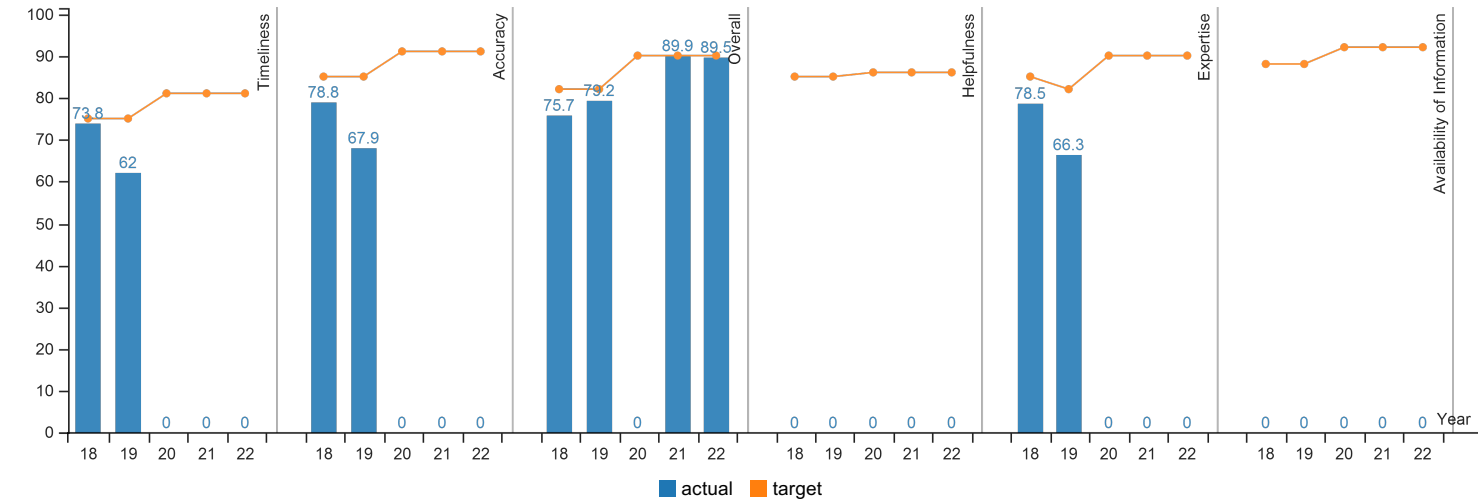
From Oct. 1, 2020 to Sept. 30, 2021, the most recent period for which all relevant data is available, the median quarterly wage at second quarter following OVRs program exit was \$3,552. This is \$438 increase compared to the same metric in 2021. We are continually working to increase both the hourly wage and the total hours worked per quarter for clients by teaching technical and soft skills for maintaining and advancing in employment. We are also incorporating labor market research to identify high and true wage employment opportunities that match our client's skills and interests. This research will be incorporated into the comprehensive career counseling we provide.

Factors Affecting Results

Considering the global COVID-19 pandemic and the disruption to the state's workforce, this is a more positive outcome than expected. At the height of the pandemic, the state lost 285,500 nonfarm payroll jobs, a 14.5% drop, as the unemployment rate skyrocketed by nearly 10 percentage points to a record-high 13.2%. As a result, many OVRs clients lost their employment or had greatly reduced hours impacting KPM #20.

A proactive approach OVRs is taking to improve wages is by providing career counseling to individual job seekers and increasing job their skills so they have access to more career choices with higher earning potential.

KPM #21	DHS CUSTOMER SATISFACTION - The percentage of customers rating their satisfaction with DHS above average, or excellent
	Data Collection Period: Jan 01 - Jan 31



Report Year	2018	2019	2020	2021	2022
Actual	73.80%	62%			
Target	75%	75%	81%	81%	81%
Actual	78.80%	67.90%			
Target	85%	85%	91%	91%	91%
Actual	75.70%	79.20%		89.90%	89.50%
Target	82%	82%	90%	90%	90%
Actual					
Target	85%	85%	86%	86%	86%
Actual	78.50%	66.30%			
Target	85%	82%	90%	90%	90%
Actual					
Target	88%	88%	92%	92%	92%

How Are We Doing

The Self-Sufficiency Program's (SSP) Wellness survey is being used as a proxy for the ODHS customer service KPM for 2022. The overall rating is being reported along with a breakdown by race, ethnicity and disability.

In the Summer 2022, 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 2022. The survey was voluntary and deployed in six languages: Arabic, Russian, Somali, Spanish, Vietnamese, and English. **Of 22,750 SNAP applicants in April 2022, there were 1,785 survey respondents which represents a 7.8 percent overall response rate.**

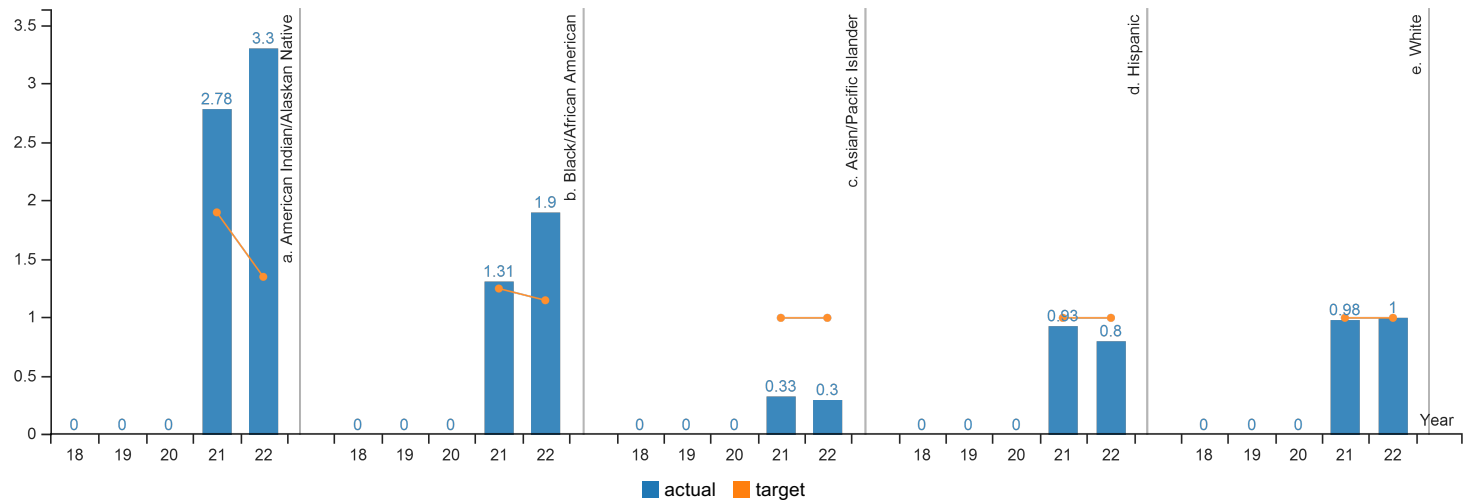
Respondents rated overall satisfaction with services at 89.5%. Below are the disaggregated results by demographic category.

Race/ethnicity/disability	Percentage
American Indian and Alaska Native	93.3%
Asian	94.7%
Black and African American	91.1%
Hispanic and Latino/a/x	91.5%
Middle Eastern and North African	66.7%*
Native Hawaiian and Pacific Islander	100%*
Two or more races	89.2%
Unknown	85.0%
White	89.7%
Grand Total	89.5%
Individuals with disability(ies) (Included in the counts above)	87.8%

**small sample size for this population*

Factors Affecting Results

KPM #22	REDUCTION IN DISPROPORTIONALITY OF CHILDREN AT ENTRY INTO SUBSTITUTE CARE (CW) - Measure of the average disproportionality index across race/ethnicity for children at entry into substitute care
	Data Collection Period: Oct 01 - Sep 30



Report Year	2018	2019	2020	2021	2022
Actual				2.78	3.30
Target				1.90	1.35
Actual				1.31	1.90
Target				1.25	1.15
Actual				0.33	0.30
Target				1	1
Actual				0.93	0.80
Target				1	1
Actual				0.98	1
Target				1	1

How Are We Doing

For reporting year 2022, Asian/Pacific Islanders, Hispanic, and White populations continue to meet or exceed their targets (down/less is good). Black/African American children/young adults have instead moved further away from the target (up/more is bad), and American Indian/Alaskan Native children/young adults increased their already significantly higher rate of disproportionality.

Factors Affecting Results

Beginning with reporting year 2021, this KPM was designed to measure the average disproportionality index across race/ethnicity for children at entry into foster care. American Indian/Alaskan Native children are experiencing the highest rates of disproportionality, meaning Child Welfare is more likely to remove Native children than any other racial or ethnic group. Black and African American children and young adults are nearly twice as likely to be removed as white children. Not only are they more likely to experience a foster care episode, but these children and young adults experience a much longer average length of stay than any other race.

Location and lack of access to important services and community organizations can be contributing factors to an increase in disproportionality, as well as the practice and decisions that occur during an investigation. As this is still a relatively new KPM it will require further vetting and refinement, with the continuing goals of disaggregating further by location, age, decision point, and other elements to ensure an equity-based approach to this measurement.



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 2023-2025 biennium.

Supervisor Ratio based on CHRO data:

The agency actual supervisory ratio as of is 1:10.12 as of the July 1, 2021, DAS Agency Span of Control 8th quarter report. As of the May 31, 2022, Workday report, the ODHS Actual Agency Span of Control showed at 1:10.76. *(Agency actual supervisory ratio excludes board & commission employees/positions, additional job records for job rotations and work out of class, and agency head as indicated in the chart below. Otherwise, it includes all Workday records for permanent, limited duration, temporary, contingent workers, volunteers, and employees with second jobs, that are both filled or vacant.)*

The Agency actual supervisory ratio is calculated using the following calculation;

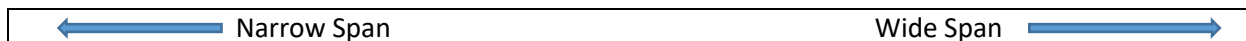
$$\frac{1,044}{\text{(Total supervisors)}} = \frac{904}{\text{(Employee in a supervisory role)}} + \frac{141}{\text{(Vacancies that if filled would perform a supervisory role)}} - \frac{1}{\text{(Agency head)}}$$

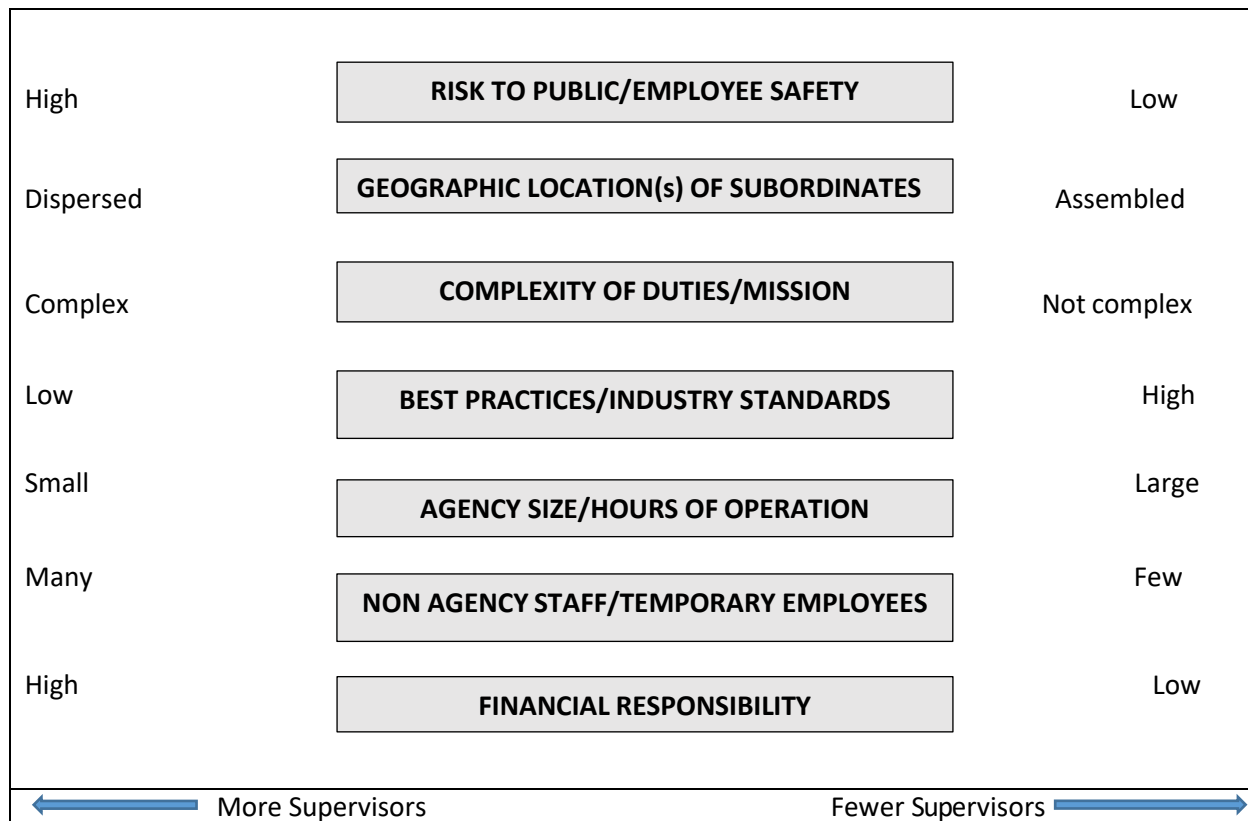
$$\frac{11,245}{\text{(Total non-supervisors)}} = \frac{9,159}{\text{(Employee in a non-supervisory role)}} + \frac{2,086}{\text{(Vacancies that if filled would perform a non-supervisory role)}}$$

The agency has a current actual supervisory ratio of-

$$1: \frac{10.76}{\text{(Actual span of control)}} = \frac{11,245}{\text{(Total non - Supervisors)}} / \frac{1,044}{\text{(Total Supervisors)}}$$

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 Intellectual 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. A ratio of 1:11 is not ideal for this unit, 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 154 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; and, it does not include the 21 houses staffed by the Intellectual & Developmental Disabilities (IDD) Stabilization and Crisis Unit (SACU) staff.) 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, 2,190 employees/positions (2,010 non-supervisors and 180 supervisors) in non-urban settings. Of these areas, the ratios range from 1:11.25 and 1:16.15. 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 1:10.77. (This does not include Child Welfare (CW) staffing mentioned in the child welfare section of the "industry standards" section, Aging & People with Disabilities (APD) or IDD SACU staff.)

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 \$148 million TF, the largest is over \$5 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 1:5-1:7 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. This report was concluded on September 30, 2019, and published as a Final Report to the Administration for Community Living (ACL). The recommended discussing the complexity and factors needing consideration when setting the APS supervisory ratios are also further outlined in the ACL Guidelines (National Voluntary Consensus Guidelines for State Adult Protective Services Systems, pages 18 and 19), which was updated in March 2020. Another point of consideration included a Rider Report from Texas, showing their span of control ratio for APS workers.

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-

ODHS Child Welfare fully staffs the 24-hour Oregon Child Abuse Hotline (ORCAH), which justifies 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 812 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-

ODHS has over 118 volunteers, and many contractors, that need 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 close to 2 million Oregonians per year (which is almost half of the state’s total population of 4.32 million individuals) encompassing over \$17 billion-dollar Total Funds in the 2021-23 Legislatively Adopted Budget. This comes with more than 163 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: 8.47.

Unions Requiring Notification: SEIU; AFSCME; ONA

Date unions notified: SEIU 7/6/22; AFSCME 7/6/22; ONA 7/6/22

Submitted by: Eric Moore, ODHS CFO

Date: _____

Signature Line 

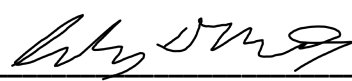
Date 7/26/2022

Print Name: Fariborz Pakseresht, ODHS Director

Signature Line 

Date 7/27/2022

Print Name: Audray Minnieweather-Crutch, ODHS HR Director

Signature Line 

Date 07/26/2022

Oregon Department of Human Services Racial Equity Impact Statement

Summary

Systemic racial inequity is one of the greatest drivers of poverty across the nation and in Oregon. People of color disproportionately experience low incomes, housing instability, homelessness and the downstream impacts of poverty – including involvement with the child welfare system, health disparities and lower life expectancy. Temporary Assistance for Needy Families (TANF), a federal program that provides services and cash assistance to families experiencing poverty, is deeply rooted in historical racism and much of its federal policy design is premised on racial stereotypes of Black and Brown families. The TANF Redesign partnership in Oregon seeks to dismantle these oppressive underpinnings and retool TANF program implementation to advance equity and economic justice for communities of color.

Background

Oregon Department of Human Services (ODHS) envisions a future where all who live in Oregon, regardless of race, identity, disability or place, have the resources and support they need to achieve whole well-being for themselves, their families and their communities. Guided by our [Equity North Star](#), we strive to center race and intersectionality throughout our efforts to support Oregonians' well-being. The TANF program is a critical focal point for this work due to the racism embedded in the program's history. Across the nation and here in Oregon, communities of color bear the brunt of past and current policy decisions that have resulted in disproportionate experiences of poverty based on race.

ODHS is committed to working with our partners to transform systems that are based in legacies of racism. Our Equity North Star highlights the need to redesign human services to rectify longstanding disparities and ensure that everyone can access the resources they need to achieve whole well-being. In late 2021, we launched TANF Redesign in partnership with community-based organizations, advocates, Oregon Tribal Nations and impacted families as an effort to rethink the ways we implement the TANF program in Oregon.

TANF Overview

Enacted in 1996, TANF is a federal block grant administered by states to provide cash, support services and job training to families in deep poverty.¹ Under TANF, the federal government provides a fixed block grant to states to design and operate programs that accomplish one of the four federally mandated purposes of the TANF program:

- Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives.
- End the dependency of needy parents by promoting job preparation, work, and marriage.
- Prevent and reduce the incidence of out-of-wedlock pregnancies; and
- Encourage the formation and maintenance of two-parent families.

TANF is rooted in harmful narratives that portrayed Black and Brown single mothers as irresponsible, unwilling to work and needing to be compelled to leave public assistance programs.² These narratives are themselves based in anti-Black racism that dates back to enslavement,³ and along with the myth that laziness or poor choices cause poverty,⁴ are clearly reflected in TANF's harsh work requirements, time limits and inadequate cash supports.

¹ The U.S. Census Bureau defines "deep poverty" as living in a household with a total cash income below 50 percent of its poverty threshold.

² [TANF Policies Reflect Racist Legacy of Cash Assistance](#), Center for Budget and Policy Priorities (2021).

³ [TANF Policies Reflect Racist Legacy of Cash Assistance](#), Center for Budget and Policy Priorities (2021).

⁴ [Poverty Results from Structural Barriers, Not Personal Choices. Safety Net Programs Should Reflect That Fact](#), Urban Institute (2021).

Poverty in Oregon

In line with national statistics, the burden of poverty in Oregon is not equally shared. In 2020, 25 percent of Oregon's Black and African American population experienced poverty.⁵ This is more than double the poverty rate for white people. Disproportionate rates of poverty also persist for Native American and Latino/a/x populations. As a result, communities of color facing poverty often experience worse health outcomes and lower life expectancy.⁶

Race/Ethnicity	Percent of State Population	Percent Experiencing Poverty	Percent of TANF Population
Black/African American	2.2%	25.2%	9.1%
Native American	1.8%	18.5%	3.8%
Hispanic/Latino/a/x	13.4%	14.8%	14.6%
White	86.2%	10.2%	73.2%

Oregon's communities of color are also disproportionately represented within the TANF program.

Looking at child poverty in Oregon reveals additional stark examples of persistent material inequity. The statewide child poverty rate is 13 percent, but among Latino/a/x Oregonians the rate is 20 percent.⁷ Children of color, particularly Black and Native American children, are also more likely to live in areas of concentrated poverty.⁸

Children of color are also disproportionately represented in Oregon's child welfare system, experiencing associated detrimental impacts that compound the effects of poverty and systemic racism. In 2020, 40.4 percent of substantiated abuse cases in Oregon were associated with neglect. Poverty is often mistaken for neglect, resulting

⁵ United State Census Bureau (n.d.). *State of Oregon Quick Facts*. <https://www.census.gov/quickfacts/OR>

⁶ Oregon's State Health Assessment, Oregon Health Authority, Public Health Division (2018).

⁷ [KIDS COUNT DATA BOOK INTERACTIVE](#), Oregon (2021).

⁸ Areas of concentrated poverty are defined as census tracts where the overall poverty rate checks in at 30 percent or more.

in increased rates of child abuse reports and unnecessary foster care, group, and institutional placements.⁹ National data provide that Black, Indigenous and Latino/a/x children enter foster care at higher rates than their white peers. This disparity exists in Oregon and as of 2019, Oregon Child Welfare data reveal that the percent of Black children entering foster care statewide is 1.31 times higher than the percent of Black children in Oregon’s child population; and 2.78 times higher for American Indian/Alaska Native children than the percent of American Indian/Alaska Native in Oregon’s child population.¹⁰

When adults lose a job or experience crisis, they have limited access to cash assistance. To qualify for TANF, a family’s income must not exceed 34 percent of the Federal Poverty Limit (FPL) – which is well below the metric for deep poverty.

Monthly TANF Benefit Levels (Single Parent Family of Three) ¹¹							
	July 1996	July 2000	July 2005	July 2010	July 2019	July 2020	Change 1996-2020 (inflation adjusted dollars)
Oregon	\$460	\$460	\$460	\$485	\$506	\$506	-34%

The monthly TANF cash grant, designed to help meet a family's basic needs while they find or prepare for work, are drastically inadequate. The maximum cash benefit for a family of three is currently \$506. Overall, Oregon’s cash grant has increased just \$46, a mere 10 percent increase since TANF’s inception in 1996, and nowhere near enough to afford a one-bedroom apartment in any county in Oregon.¹² Accordingly, people of color

⁹ [Addressing the Underlying Issue of Poverty in Child-Neglect Cases](#), American Bar Association (2014).

¹⁰ Oregon Department of Human Services Child Welfare Dashboard (2019).

¹¹ [Cash Assistance Should Reach Millions More Families to Lessen Hardship](#), Center for Budget and Policy Priorities (2022).

¹² [Legislature Fails to Spare Children Facing Hardship](#), Oregon Center for Policy Priorities (2020).

disproportionally experience homelessness and housing instability, with Black Oregonians making up over 50 percent of the rent-burdened population.¹³

Limiting direct cash assistance and redirecting funds to services and workforce supports is a nationwide trend for TANF programs. Based as they are in harmful racial stereotypes, these policies presuppose that people experiencing poverty, particularly families of color, must be coerced into seeking work and generating income. Beyond reinforcing negative stereotypes, this policy approach is ineffective at ending the cycle of poverty. Most families return to low-wage jobs and unstable financial realities, often cycling on and off the TANF program for years.¹⁴ Conversely, a growing body of research demonstrates that providing adequate cash assistance for families to meet basic needs supports healthy brain development in infants and can improve long-term outcomes for children.¹⁵ By limiting cash assistance and engaging in wealth-stripping activities such as sanctions and assigning child support, Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) payment rights to the state, Oregon's TANF program contributes to the racial wealth gap and further destabilizes the economic futures of communities of color.¹⁶

Community Engagement

Since 2021, ODHS has been working side-by-side with community partners to develop, design and execute our TANF redesign work, with weekly meetings that include the TANF Equity Alliance, community-based organizations and Tribal TANF partners. Together, we developed a set of principles and goals for TANF redesign that have guided our work:

¹³ [Building on New Ground: Meeting Oregon's Housing Need, Oregon Housing and Community Services \(2021\).](#)

¹⁴ [TANF Policies Reflect Racist Legacy of Cash Assistance, Center for Budget and Policy Priorities \(2021\).](#)

¹⁵ [Cash Assistance Should Reach Millions More Families to Lessen Hardship, Center for Budget and Policy Priorities \(2022\).](#)

¹⁶ [Addressing the Racial Wealth Gap, Coalition of Communities of Color \(2022\).](#)

TANF Redesign Principles

- Ground solutions and change in the **lived experience** of TANF families
- Allow for **flexibility** to the extent possible so that our programs truly meet families' unique struggles and needs
- Seek to understand differences in culture to better design programs and policy in **culturally responsive** ways
- **Engage** individuals, families and communities in **systems change**, recognizing and supporting their **leadership**
- **Trust families** to make decisions for themselves
- **Create opportunity** for both stabilization and economic mobility
- Ensure social service supports **foster independence** through providing basic needs while families seek opportunities for meaningful work, educational attainment, and personal growth
- **Ensure transparency** in decision-making and **ongoing communication** with impacted families and communities
- **Utilize a trauma-informed lens** in decision-making and center **all dimensions of health** (physical, mental, emotional, intellectual, social, spiritual, generational, environmental and occupational)
- Consider the role TANF plays within the larger context of **whole wellbeing** for individuals, families, and communities

TANF Redesign Goals

1. Families have the resources and financial flexibility they need to be stable and the opportunity for personal and professional growth, enabling them to reach their full potential.
2. Services are offered respectfully, in ways that uphold people's dignity and reflect the diverse cultural needs and experiences of Oregon families, resulting in reduced racial and ethnic disparities and more equitable outcomes.
3. Families receiving TANF are empowered and trusted to make decisions on their own behalf, maintaining agency over their lives and future.
4. TANF Redesign demonstrates concrete changes in the lives of Oregon families through qualitative and quantitative data, and impacted communities have ongoing ways to continue improving the program.

Over the course of the redesign process, ODHS and partners grounded our work in the lived experiences of Oregon families experiencing poverty. This included input shared by the TANF Equity Alliance, which conducted virtual focus groups, surveys and engagement with TANF families in 2020 and 2021 from immigrant and refugee communities, urban Indigenous communities and communities of color. In the spring of 2022, ODHS also collaborated with community partners in several regions of Oregon to hold listening to sessions with families receiving TANF, including events in Klamath Falls and Newport and an online session with families in Multnomah and Washington Counties.

The TANF Redesign group went through a collective process over the past several months to identify the legislative priorities and program investments put forward for the 23-25 session. This started with a freeform collaborative brainstorm to share concrete change concepts including legislative, administrative rule and other

programmatic changes that are needed to make the TANF program more effective, equitable and culturally responsive.

The TANF Redesign partnership also collaborated with the Poverty Relief Task Force's Basic Income Subcommittee to align the TANF Redesign policy option package.

TANF Redesign Membership

- TANF Equity Alliance (El Programa Hispano, Native American Youth and Family Center, Oregon Food Bank, Oregon Center for Public Policy, Partners for a Hunger Free Oregon, Oregon Law Center, The Leadership Lab, Urban League of Portland),
- Confederated Tribes of Siletz Indians,
- Klamath Tribes,
- TANF Families, and
- Organizations outside of I-5 corridor

Poverty Relief Task Force Membership

- Assist,
- Confederated Tribes of Grand Ronde,
- Multnomah County Idea Lab,
- Neighborhood Partnerships,
- ODHS Self-Sufficiency Programs,
- ODHS Aging and People with Disabilities,
- Oregon Department of Revenue,
- Oregon Food Bank,
- Oregon Health Authority, and

- Oregon Housing and Community Services

TANF Redesign Policy Option Package

ODHS staff have met weekly with community partners over the past seven months to forge a partnership and shared vision for the future of the TANF program. A policy option package (POP) has been designed in support of our shared goals. The POP would increase cash assistance to families, reach more people in need, roll back punitive policies that harm families and increase financial stability for participating families. The package includes:

- **Raising the TANF monthly cash grant to 50 percent of the Federal Poverty Limit**

Family Size	Current Grant Amount	Monthly Income at 50% FPL	Change in Grant Amount
1	\$339	\$537	\$198
2	\$432	\$726	\$294
3	\$506	\$915	\$409
4	\$621	\$1,105	\$484
5	\$721	\$1,294	\$573
6	\$833	\$1,483	\$650
7	\$923	\$1,672	\$749
8	\$1,030	\$1,861	\$831
9	\$1,093	\$2,051	\$958
10	\$1,204	\$2,240	\$1,036

- **Expanding TANF program eligibility to include undocumented persons and all pregnant individuals**

Current TANF policy excludes certain populations from receiving TANF cash supports. This proposal seeks to expand TANF eligibility to undocumented parents/caretakers as well as individuals who are pregnant for less than eight months.

- **Eliminating the no-adult standard**

The no-adult standard is used to determine grant amounts for families where an adult in the household is ineligible to receive the TANF grant. The grant amount is determined by counting all individuals in the home – even those with no relation to the child – which often results in a smaller monthly cash grant for the family. This policy places undue burden on families that include an adult who is not receiving TANF benefits due to disability or citizenship status, and on families with limited housing options or that live in multigenerational households. The proposal seeks to eliminate the no-adult standard.

- **Ending time limits**

Oregon cannot provide cash assistance from federal TANF funds for longer than 60 months to a family that includes an adult recipient. When an adult is “timed off” the TANF program, the cash grant is reduced for the household. Program time limits restrict families’ access to much needed cash assistance, which can have detrimental impacts to children in that household.¹⁷ The proposal seeks to eliminate state time limits (as other states have done), so that families can maintain vital cash supports or access them when needed.

Next Steps

The data show that communities of color experience poverty at disproportionate levels in Oregon and are overrepresented on the TANF caseload, but these data alone don’t tell the bigger and more complex story about the

¹⁷ [A Roadmap to Reducing Child Poverty](#), National Academies of Sciences, Engineering and Medicine (2019).

systemic inequities driving such outcomes.¹⁸ To reveal that story and advance equity through the use of data, Self-Sufficiency Programs (SSP) must be a better partner in community-led data justice efforts, developing outcome measures that truly matter to and are determined by the most impacted communities. The TANF Redesign partnership has helped the agency identify the limits of our data and how we use it, and it has pointed to a need for continued trust-building, listening and power-sharing. Our ongoing work with community will entail developing a collaborative research agenda that helps SSP identify service gaps, unintended consequences, and policy solutions that are responsive to the diverse communities we serve.

¹⁸ [Understanding how data justice pertains to our work as a governmental institution](#), Oregon Health Authority (2022).