Oregon Department of Human Services

27-29 ARB Budget Document

Section 2

2027-29 ODHS — Agency Request Budget Policy Packages (POPs)

POP #	LC#	All Program Areas	Official Title (45 Character Limit)	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
102	**n/a**	**APD**	APD. Corrective Action, Licensing Management & Survey (CALMS) System Improvements – CALMS 3.0	$ -	$ 1,136,500	$ 1,136,500	$ 2,273,000	-	-
103	**n/a**	**CW**	Placement Stability and Caregiver Supports	$ -	$ 1,743,486	$ -	$ 1,743,486	4	3.00
104	**n/a**	**CW**	Tribal Foster Care Payments	$ -	$ 1,120,156	$ -	$ 1,120,156	-	-
105	**n/a**	**IDD**	ODDS. Children's Residential	$ -	$ -	$ -	$ -	-	-
		TOTAL		**$ -**	**$ 4,000,142**	**$ 1,136,500**	**$ 5,136,642**	**4**	**3.00**

OREGON DEPARTMENT OF Human Services

ODHS Policy Option Package (POP) Form

2027-29 Agency Request Budget

Program(s) / Unit(s):	Office of Aging and People with Disabilities (APD), Safety, Oversight and Quality (SOQ), Adult Protective Services (APS) and APD Safety
POP title:	POP 102 Corrective Action, Licensing Management & Survey (CALMS) System Improvements – CALMS 3.0
Related legislation or 2027 legislative concept:	This POP does not relate to any currently proposed legislative concept.
Summary statement (5 to 7 sentences):	**Problem**: APD's statewide long-term care oversight infrastructure relies heavily on paper forms, email, individually maintained logs, and district-specific workarounds rather than a centralized statewide system. Because providers have no direct and centralized means of submitting, reviewing, or correcting information, APD staff spend significant time on back-and-forth communication and manual data entry and reconciliation—leaving less time and capacity for critical functions including licensing activities, regulatory response, and safety oversight. Without real-time visibility into providers' facility conditions, staffing concerns, and emergent matters, APD must rely on retrospective spreadsheet reporting and phone- and email-based coordination that limits situational awareness and timely response to issues that may impact consumers' health and safety. Third-party assessment and process mapping have confirmed these gaps and recommended centralized provider portal and communication tracking systems to improve statewide consistency, accountability, and oversight capacity. **Solution**: CALMS 3.0 will replace paper-based workflows, email-driven communication, and inconsistent district processes with a centralized Provider Portal and standardized Touchpoint Tracking system. These enhancements are projected to reduce administrative demands on staff, improve licensing timeliness,

	and strengthen APD's ability to identify and respond to safety concerns affecting older adults and people with physical disabilities in licensed care settings. This investment directly supports the Governor's Customer Service and Efficiency priority by modernizing service delivery, streamlining processes, and eliminating duplicative, low-value administrative activities.

PRICING SUMMARY

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	$0	$1,136,500	$1,136,500	$2,273,000	0	0.00
Partner agency pricing*	$0	$0	$0	$0	0	0.00
Total Enterprise POP pricing	$0	$1,136,500	$1,136,500	$2,273,000	0	0.00

*OHA, DELC or other state partner

Provider Portal Estimate*:

Total Price: $1,092,500 (3,380 hours)

- Phase 1: Design Joint Application Development (JAD): $175,000 (Fixed): Duration: 5 weeks
- Phase 2: Development (Build): $555,000 (Fixed); Duration: 12 weeks
- Phase 3: User Acceptance Testing (UAT) and Deployment Support: $362,500 (Fixed); Duration:14 weeks

Project Phase	Original Estimate	Firm Fixed Cost	Comments
Phase 1 – Design (Cost – Firm Fixed)	$200,000	**$175,000**	
Phase 2 – Development (Cost – Firm Fixed)	$210,000	**$555,000**	

Phase 3 – UAT and Development Support (Cost – Firm Fixed)	$266,000	**$362,500**	See breakout of Phase 3 below.
- UAT	$78,750	$125,000	
- Dev Support	$138,750	$173,750	
- Doc Updates	$48,500	$63,750	
Total	$676,000	**$1,092,500**	

Touchpoint Estimate

Total Price: $452,500 (2,090 hours)

- Phase 1: Design (JAD): $129,904 (Fixed); Duration: 5 weeks
- Phase 2: Development (Build): $179,701 (Fixed); Duration: 7 weeks
- Phase 3: UAT, Deployment, & Hypercare Support: $142,895 (Fixed); Duration: 7 weeks

Project Phase	Original Estimate	Firm Fixed Cost	Comments
Phase 1 – Design (Cost: Firm Fixed)	$129,904	**$129,904**	
Phase 2 – Development (Cost: Firm Fixed)	$179,701	**$179,701**	
Phase 3 – UAT and Hypercare Support (Cost: Firm Fixed)	$142,895	**$142,895**	See breakout of Phase 3 below.
• UAT	$71,447	$71,447	
• Hypercare Support	$43,301	$43,301	
• Document Library Updates	$28,146	$28,146	
Total	**$452,500**	**$452,500**	

OTHER COSTS:

JAD = $200,000 (additional due to new vendor selection process and assumption previous vendor pricing is outdated)

License Fees = $264,000 per year ($528,000 biennium) for 2,500 individual user licenses annually

SETTING THE STAGE

1. Describe the **problem/s or opportunity/ies** this proposal would address.

APD's current statewide long-term care oversight infrastructure relies heavily on fragmented, manual, and inconsistent processes that limit timely regulatory oversight, reduce operational efficiency, and increase administrative burden for both APD staff and licensed providers. Oversight activities are currently supported through paper forms, email communications, spreadsheets, manually maintained logs, and district-specific workarounds rather than through a centralized statewide system. These limitations create inconsistent documentation practices, delay licensing and regulatory response activities, and reduce APD's ability to maintain timely, consistent oversight of licensed care settings serving vulnerable Oregonians.

The lack of a centralized provider portal and standardized communication tracking system requires APD staff to manually track provider submissions, reconcile inconsistent information across multiple systems, and conduct repeated follow-up for missing documentation. These processes create operational inefficiencies, reduce continuity when staff are unavailable, and increase the risk of incomplete information, delayed regulatory action, inconsistent statewide practices, and inefficient communication between APD and providers. For providers, these limitations increase administrative burden, create confusion regarding reporting expectations, delay licensing-related activities, and reduce time available to focus on resident care and facility operations.

Current infrastructure also limits APD's ability to maintain real-time statewide visibility into facility conditions, staffing concerns, licensing activities, and broader oversight trends. These challenges further constrict APD's ability to identify emerging safety concerns, support staffing-related investigations, validate quality reporting data, and implement consistent accountability expectations for statewide initiatives such as the Quality Metrics Program (QMP) and future Acuity Based Staffing Tool (ABST) requirements. The absence of secure, centralized provider self-service capabilities creates barriers to reliable and timely data collection, standardized reporting, and coordinated statewide oversight activities.

This proposal creates the opportunity to modernize and standardize Oregon's long-term care oversight infrastructure through implementation of CALMS 3.0, including a centralized Provider Portal and standardized Touchpoint Tracking system. These enhancements will improve data integrity, streamline provider communications, strengthen cross program coordination, increase statewide operational visibility, reduce reliance on labor-intensive manual processes, and support more timely and consistent regulatory oversight activities. The proposal also creates opportunities to improve provider experience through secure self-service functionality, standardized reporting processes, and more efficient communication with APD.

By replacing fragmented and largely paper-based workflows with a centralized statewide system, CALMS 3.0 will strengthen APD's ability to provide timely, consistent, accountable, and data-informed oversight of licensed care settings serving vulnerable Oregonians while supporting future regulatory modernization and statewide operational readiness. This proposal also aligns with the Governor's "Customer Service & Efficiency" priority by streamlining service delivery, improving accountability, and reducing duplicative administrative activities.

2. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

Following a Governor-directed external assessment of SOQ operations, Alvarez and Marsal (A&M) identified both foundational and tactical strategies to improve APD operations. ODHS then engaged Human Services Group (HSG) to conduct detailed process mapping across SOQ programs to identify specific barriers and opportunities. Key findings include:

- APD's current statewide long-term care oversight infrastructure relies heavily on manual processes, email communication, spreadsheets, and decentralized tracking methods to support licensing, staffing oversight, emergency coordination, provider communication, and regulatory reporting activities.

- This infrastructure also creates limitations in regulatory accountability and timely data collection. APD currently relies on reporting systems that

providers cannot directly access or "self-serve" to report, review, validate, or manage their data in real time. This limits the APD's ability to implement consistent statewide reporting accountability expectations for programs such as the Quality Measure Program (QMP) and Acuity Based Staffing Tool requirements as staff members must outreach directly to individual facilities via email to validate and manually enter provider data updates into our system on their behalf. This often takes several outreach efforts and engagement of association staff to support.

Additional statewide staffing oversight activities demonstrate similar infrastructure limitations in our current system. Current staffing reporting processes are retrospective rather than real time. In many cases, staffing information is received more than a month after the close of a reporting period, limiting APD's ability to maintain timely operational visibility into staffing conditions, support staffing-related complaint investigations, monitor bariatric staffing requirements, and identify emerging staffing concerns earlier.

For each of the topics outlined above, the following data illustrates the benefits of CALMS 3.0 enhancements.

Data from APD time studies and the Human Services Group (HSG) process mapping confirms that current licensing and reporting workflows generate significant manual work, rework, and delays. These sources consistently show that paper-based submissions, email driven communication, and individually maintained logs contribute to inefficiencies across all regulated settings.

In reducing administrative burden and increasing compliance efficiency, providers and APD staff can spend more time focused on higher-level, core work activities related to health, safety, and quality of care rather than manual administrative processes. CALMS 3.0 enhancement would have the following impacts:

Initial License Applications:

- Community Based Care
    - Estimated 47 initial applications per year.
    - Current hands-on administrative tasks per initial license: 18 hours.

    - Estimated administrative time saved per initial application: 4 hours.
    - Total reduction of 188 hours per year that can be redirected to higher level, core work related to quality care.
- Adult Foster Homes (based on data from D15 and D16)
    - Estimated 86 initial applications per year.
    - Current hands-on administrative tasks per initial license 27.5 hours.
    - Estimated administrative time saved per initial application: 4 hours.
    - Total estimated reduction of 344 hours per year for D15 and D16 that can be redirected to higher level, core work related to quality care.

License Application Renewal:

- Nursing Facilities
    - Estimated 128 renewals per year.
    - Estimated hands-on administrative tasks per license renewal: 6 hours 15 minutes.
    - Estimated administrative time saved per renewal: 5 hours.
    - Total reduction of 640 hours that can be redirected to higher level, core work related to quality care.
- Community Based Care
    - Estimated 284 renewal applications per year.
    - Current hands-on administrative tasks per license renewal: 3.5 hours.
    - Estimated administrative time saved per renewal:1.25 hours.
    - Total reduction of 355 hours that can be redirected to higher level, core work related to quality care.
- Adult Foster Homes
    - Estimated 1,677 renewal applications per year.
    - Current hands-on administrative tasks per license renewal: 18.5 hours.
    - Estimated administrative time saved per renewal: 3.8 hours
    - Total reduction of 6,373 hours that can be redirected to higher level, core work related to quality care.

Investigations:

- Entering ABST data:
  - Currently: HSG mapping showed it takes approximately 15 minutes per incident for the Licensing Complaint Unit (LCU) to input APS ABST data that would be eliminated with system enhancements. This time could be redirected to higher value activities related to quality care.
- Notifications to providers:
  - Currently: in 2025, there were 12,361 notices mailed out, with each notice requiring approximately 15 minutes of staff time, for total of 3,090 staff hours, plus postage. This time and money would be eliminated with system enhancements. This time could be redirected to higher value activities related to quality care.

Surveys:

- Plan of Corrections:
  - Currently: HSG mapping indicates each Plan of Correction takes approximately one hour per survey for Survey staff to enter data that would be eliminated with system enhancements. This time could be redirected to higher value activities related to quality care.

Required reporting:

- Nursing Facility Staffing reports:
  - Each quarter, every nursing facility is required to submit an Excel spreadsheet that must be manually tracked, reconciled, analyzed, and processed by APD staff.
  - Total administrative reduction of 480 APD staff hours per year that can be redirected to higher level, core work related to quality care with system enhancements.
- Annual Quality Measurement Reports:
  - Currently, Qualtrics requires approximately 600 hours of APD staff time annually to manually validate submissions. The system does not allow providers to review or correct data, increasing administrative burden for both providers and APD staff. System enhancements

would allow APD staff to redirect that to higher level, core work related to quality care.

- Preliminary time studies indicate administrative total reduction of 225 APD staff hours and 850 to 1,700 hours saved across all providers statewide that can be redirected to higher level, core work related to quality care with system enhancements.

Payment of fines and licensing fees:

- Issuance of final orders
  - In 2025, 528 civil penalty final orders were issued. Each order takes approximately five minutes to process; 528 X 5 mins = 2,640 or about 44 hours of APD staff annually (Since staff typically check on payment multiple times, this is a very conservative estimate). This time would be eliminated with system enhancements to be redirected to quality care.
- Issuance of licensing fees:
  - Based on data from 2023 to 2025, an average of 2,017 licensing actions occur annually. Each action takes approximately five minutes of staff time, totaling about 168 APD staff hours per year. This time would be eliminated with system enhancements to be redirected to quality care.
- Issuance of fees for renewals and CHOWs
  - Based on Nursing Facility program data, APD staff spend an average of 15 hours annually sending these fees. This time would be eliminated with system enhancements to be redirected to quality care.

3. Is this POP, in whole or in part, a response to an **audit?** Explain.

While this POP is not a direct response to a formal audit, it addresses findings and recommendations from the 2025 Alvarez and Marsal (A&M) external assessment of APD's Safety, Oversight and Quality (SOQ) programs, directed by the Governor and commissioned by ODHS.

The assessment identified significant barriers to effective statewide long-term care oversight infrastructure, including reliance on manual processes, inconsistent documentation practices, fragmented communication systems, limited workload visibility, and outdated technology that reduce APD's ability to provide timely, consistent regulatory oversight across licensed care settings.

The assessment recommended modernizing regulatory systems, improving operational visibility, strengthening communication systems, and reducing reliance on manual tracking processes to improve statewide oversight capacity and responsiveness.

Following the assessment, Human Services Group (HSG) conducted process mapping across APD licensing and oversight programs and identified significant duplication, inconsistent local practices, fragmented tracking systems, and inefficient manual workflows. HSG specifically recommended development of a centralized Provider Portal, standardized communication tracking, online application capability, and additional CALMS system enhancements to improve statewide consistency, accountability, and operational coordination.

Senate Bill 739 (2025) further increased expectations for timely inspections, complaint response, and regulatory communication in long-term care settings. Together, these findings and statutory requirements demonstrate the need for modernized statewide long-term care oversight infrastructure capable of supporting timely oversight, emergency coordination, operational continuity, and consistent regulatory response across Oregon.

4. What has **already been done** to address or mitigate the problem/ opportunity?

APD has taken several interim steps to improve coordination, consistency, and oversight within existing system limitations.

In the absence of modern statewide long-term care oversight infrastructure, staff developed manual processes to track licensing activities, provider communications, emergency information, and regulatory follow-up activities. These interim measures include spreadsheets, shared drive documentation, email-

based tracking, and locally maintained records intended to support continuity of operations and statewide coordination.

APD also conducted reviews of current licensing and oversight processes to identify operational gaps, inconsistencies, and opportunities to improve statewide practices. Additional efforts included provider education and technical assistance to improve understanding of licensing and compliance requirements and promote more consistent communication across licensed long-term care settings.

To strengthen coordination related to resident safety and emergency response, APD established recurring cross-program safety meetings to improve information sharing, support timely follow-up on health and safety concerns, and increase coordination across oversight programs.

While these efforts improved coordination within existing constraints, they did not resolve the underlying limitations created by fragmented systems, manual processes, and the absence of a centralized statewide platform for provider communication, operational visibility, cross program coordination, and regulatory oversight.

5. What are the **risks** if the problem/opportunity is not addressed?

Without the CALMS system enhancements described in this proposal, APD will continue relying on fragmented, manual, and outdated processes that limit APD's ability to provide timely, consistent, and accountable oversight of licensed care settings serving vulnerable Oregonians. As a result, providers experience delays, unclear expectations, increased administrative burden and inconsistent communication from APD.

If this proposal is not implemented, the following risks will remain:

- **Timely identification of staffing related -safety concerns will remain limited**, as APD would continue relying on delayed, retrospective staffing reporting.

- **Emergency response coordination will remain constrained**, with fragmented communication and manual tracking limiting real-time visibility during critical events that is most critical to supporting facilities and ensuring continuity of quality care for impacted residents.

- **Staff capacity for core oversight and safety functions will remain challenged**, due to continued reliance on manual reconciliation and correction processes.

- **Reporting accountability for statewide staffing and quality programs will remain inconsistent**, without a provider accessible- statewide reporting platform.

- **Statewide operational awareness will remain insufficient**, as information would stay decentralized across disparate systems.

- **Provider experience will remain inconsistent and administratively burdensome**, due to continued fragmented communication and district specific- processes.

- **APD staff and provider efficiency will remain diminished**, with substantial time required for manual data entry, reconciliation, and follow up-.

- **Early detection of emerging safety risks will remain limited**, as retrospective reporting systems delay identification of concerning trends.

- **Regulatory decision making will remain less timely- and consistent**, given limited statewide visibility and fragmented communication channels.

- **Licensing and Oversight operations will remain vulnerable to disruption**, due to continued dependence on manual processes, inconsistent documentation, and staff -dependent workflows.

Without the modernization of CALMS, Oregon will continue relying on outdated statewide long-term care oversight infrastructure.

6. What **solution** are you proposing through this policy option package (POP)?

APD proposes implementing CALMS 3.0 to modernize its statewide licensing and oversight management system and replace outdated paper-based, manual, and fragmented processes with secure centralized tools for provider communication, licensing, cross-program coordination, staffing oversight, and regulatory tracking. The CALMS 3.0 proposal includes two major enhancements:

- Provider Portal
- Touchpoint Tracking

Together, these enhancements create a centralized statewide platform that improves efficiency, consistency, accountability, and real-time visibility into licensed long-term care settings serving vulnerable Oregonians. The solution reduces administrative burden for providers and APD staff while improving APD's ability to respond to serious events in facilities, monitor facility conditions, support staffing oversight activities, and identify emerging safety concerns earlier.

Enhancement 1: Provider Portal

The Provider Portal creates a secure online system where licensed care providers can electronically submit documentation, update facility information, report staffing and emergency conditions, and communicate directly with APD.
Key benefits include:

- Streamlined licensing and reporting processes
- Reduced reliance on paper forms, spreadsheets, and email
- Improved accuracy and timeliness of provider-submitted information
- Real-time updates regarding staffing, facility status, and emergency conditions when serious events occur
- More efficient communication between providers and APD
- Reduced administrative workload for providers and state staff

The portal also supports statewide staffing and quality oversight initiatives by improving consistency, accountability, and access to reliable data.

Enhancement 2: Touchpoint Tracking

Touchpoint Tracking creates a centralized statewide system for documenting provider communications, oversight activities, safety concerns, regulatory follow-up, and technical assistance activities across APD programs.

Key benefits include:

- Standardized statewide documentation practices
- Improved continuity when staff are unavailable
- Better coordination across APD programs and districts
- Improved tracking of safety concerns, emergency activities, and provider follow-up
- Enhanced reporting and management visibility into statewide oversight activities

Combined Impact:

These enhancements modernize Oregon's long-term care oversight infrastructure by improving emergency preparedness, strengthening statewide consistency and accountability, streamlining provider interactions, and reducing reliance on labor-intensive manual processes. The proposal creates scalable infrastructure capable of supporting future statewide oversight, staffing, and quality reporting needs while allowing providers and APD staff to spend more time focused on resident care, safety, and quality outcomes for vulnerable Oregonians.

7. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

Yes. Centralized provider-accessible portals and standardized communication tracking systems are widely used across public-sector regulatory, licensing, healthcare, and oversight environments to improve operational visibility, reporting accuracy, accountability, cross program coordination, and statewide consistency.

Across Oregon state government, agencies increasingly rely on centralized digital systems that allow regulated entities and the public to securely submit information, track status, update records, and communicate with agencies in real

time. For example, the Oregon Driver and Motor Vehicle Services Division's DMV2U platform modernized historically paper-based and in-person processes through a centralized statewide online system.

Similar modernization efforts have also occurred in long-term care and healthcare oversight environments in other states, including the use of online licensing portals, electronic reporting systems, centralized complaint tracking, and provider-accessible regulatory communication systems. These systems improve timeliness, reduce reliance on manual reconciliation and decentralized tracking methods, strengthen documentation consistency, and support more scalable statewide oversight operations.

The proposed CALMS 3.0 enhancements apply these established operational practices to Oregon's statewide long-term care oversight infrastructure. The proposed Provider Portal and Touchpoint Tracking enhancements are not experimental technologies. They represent modernization of existing regulatory and oversight activities that are currently managed through fragmented manual processes, spreadsheets, email communication, and district-specific workarounds.

APD believes these enhancements will achieve their intended outcomes because they directly address operational limitations already identified through:

- APD licensing and oversight workflow reviews
- Quality Metrics Program operational experience
- Nursing facility staffing reporting operations
- Cross program coordination activities
- Human Services Group process mapping activities
- The 2025 Alvarez and Marsal external assessment
- Senate Bill 739 implementation planning activities

By replacing fragmented manual processes with centralized statewide infrastructure, CALMS 3.0 improves real-time operational visibility, strengthens statewide consistency, supports timely oversight and cross program response

activities, and creates a more scalable and accountable long-term care oversight system for Oregon.

8. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

No. This POP does not require new statutory authority or changes to existing statute.

However, Senate Bill 739 (2025 Regular Session) expanded expectations related to long-term care oversight, including timeliness requirements for initial licensing inspections, complaint response activities, and communication regarding substantiated violations and enforcement actions.

These expanded oversight expectations increase the need for reliable statewide long-term care oversight infrastructure capable of supporting timely regulatory response, consistent statewide communication, real-time operational visibility, and improved coordination across licensing and oversight programs.

The CALMS 3.0 enhancements support implementation of these statutory expectations by modernizing APD's current manual and fragmented oversight processes through centralized Provider Portal and Touchpoint Tracking functionality.

TRIBAL CONSIDERATIONS

1. Will this POP have a direct impact on **programs, policies, or direct set-aside funding** to the Nine Federally Recognized Tribes in Oregon or with Treaty Reserved Rights in Oregon? If so, how?

Currently there will be limited impact to policies and practices, and funding for Tribes.

However, if Tribal governments or Tribal organizations choose to operate APD-licensed long-term care or community-based care settings, including adult foster homes, residential care facilities, assisted living facilities, or memory care communities, the proposed Provider Portal and Touchpoint Tracking enhancements would support more consistent statewide access to licensing, reporting, communication, and emergency coordination systems.

The centralized statewide infrastructure proposed through CALMS 3.0 would improve transparency, operational visibility, communication, and regulatory coordination for all participating licensed care settings, including any Tribal-operated facilities that choose to participate in APD licensure programs.

MEASURING PERFORMANCE

1. Which of your **key performance measures (KPMs)** is this POP connected to?

This POP is connected to the APD KPM related to safety in Oregon's long-term care facilities:

- KPM 27: Safety in Oregon's long-term care facilities: Percentage of licensed long-term care facilities without Level 3, Level 4, or Immediate Jeopardy licensing violations. Target: 90%.

This POP supports earlier, more efficient and clearer communication with providers, including auditable documentation, during licensing application, renewals or when there are licensing deficiencies identified. It also supports broader APD and Safety, Oversight and Quality operational performance goals related to timely oversight, complaint response, emergency coordination, and statewide consistency in regulatory activities.

2. If none, are you proposing a **new or modified KPM?**

APD is not proposing any new or modified KPM's. APD plans to track performance improvements and metrics internally related to timeliness of initial licensing, renewals and corrective action processing, and it will seek to add performance data as available through the CALMS enhancement to APD's Licensing and Regulatory Dashboard that will be public facing.

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

The proposed CALMS 3.0 enhancements strengthen Oregon's statewide long-term care oversight infrastructure by improving APD's ability to maintain timely, consistent, and operationally informed oversight of licensed care settings serving vulnerable Oregonians.

Current oversight activities rely heavily on fragmented manual processes, retrospective reporting systems, spreadsheets, decentralized communication methods, and district-specific tracking practices. These limitations reduce statewide operational visibility into staffing conditions, complaint activity, serious events, licensing concerns, and other indicators of emerging safety risks.

The Provider Portal and Touchpoint Tracking enhancements improve APD's ability to identify and respond to safety concerns earlier by centralizing provider communication, improving real-time operational visibility, strengthening documentation consistency, and improving access to timely statewide information related to staffing, quality reporting, serious events, licensing activities, and regulatory follow-up.

The proposed enhancements also improve APD's ability to support timely oversight activities by reducing labor-intensive manual reconciliation processes, fragmented communication tracking, and delayed reporting systems that currently limit operational responsiveness.

For example, statewide quality and staffing oversight activities currently rely on retrospective spreadsheet submission and manual reconciliation processes that delay APD's visibility into staffing conditions and reporting concerns affecting licensed care settings. The proposed Provider Portal improves timeliness,

reporting accuracy, provider accountability, and operational visibility by allowing providers to review, validate, and update information directly within a centralized statewide system.

Centralized Touchpoint Tracking also improves APD's ability to identify patterns, coordinate follow-up activities, maintain continuity across programs, and support more consistent statewide oversight practices during complaint response, cross program coordination, staffing oversight, and safety-related investigations.

While CALMS 3.0 is not expected to independently determine licensing outcomes, the enhancements strengthen the statewide oversight infrastructure necessary to allow more timely, accurate data to support earlier intervention, improved operational coordination, more timely regulatory response, and more consistent oversight practices that contribute to resident safety and support APD's long-term safety performance goals.

Together, these system modernizations will allow for increased, real-time cross department collaboration and information access that provide increased visibility to view patterns or emerging concerns and early intervention. This will result in the ability to be more upstream and proactive in the support of safety, resulting in a decrease in Level 3, Level 4, and Immediate Jeopardy violations.

In addition, providers and APD will have more time to focus on health, safety, and quality care rather than manual administrative processes. For APD staff that includes activities related to training, technical assistance, and quality care improvements based on data trends that further reduce the potential for higher level license violations.

4. What are the envisioned **outputs** of this POP?
   Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

The primary outputs of this POP are measurable, countable improvements in statewide long-term care oversight infrastructure resulting from modernization of CALMS. These outputs reflect increased operational visibility, real-time data

availability, centralized communication tracking, and reduced reliance on fragmented manual processes. Outputs will be collected across licensing, staffing oversight, emergency coordination, quality reporting, and safety related documentation.

Key measurable outputs include:

1. Increased use of centralized statewide systems

- Number and percentage of licensed care settings submitting licensing, staffing, ABST, and QMP reports via the Provider Portal (transitioning away from email, spreadsheets, and paper). Number of regulatory communications and safety related touchpoints documented through standardized Touchpoint Tracking.

2. Increased real-time visibility into staffing and facility conditions

- Number of real-time staffing, quality, and emergency status reports submitted electronically. Reduction in retrospective staffing reporting cycles (currently ~120 staff hours per quarter).
- Reduction in QMP manual reconciliation work (potentially 180–270 hours annually).

3. Reduced administrative workload and manual reconciliation requirements

- Number of manual correction cycles, spreadsheet reconciliations, and duplicative follow-up communications eliminated.
- Reduction in staff time spent on email-based tracking, personal inbox audits, and manual incident documentation.

4.Centralized statewide communication and oversight documentation

- Number of provider interactions, safety follow-ups, and communication touchpoints documented within the centralized system.
- Number of inter-program regulatory coordination activities supported by shared data.

5. Increased standardization and consistency in oversight

- Number of programs adopting standardized workflows and documentation practices.
- Degree of alignment among licensing processes across AFH, RCF/ALF, and NF programs.

Collectively, these outputs demonstrate a modernized statewide oversight infrastructure capable of supporting faster, more consistent, and more transparent safety oversight across all licensed long-term care settings.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?

Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.

The primary expected outcome of this POP is **improved resident safety** through earlier detection of risks, more consistent oversight, and more responsive regulatory action. By reducing staff and provider time spent on fragmented, manual processes, CALMS 3.0 enables APD to redirect capacity toward safety, compliance, culturally responsive support, and upstream problem solving.

Expected statewide outcomes include:

1. Reduction in high level safety violations and substantiated complaints
Earlier detection and coordinated follow up will help reduce:

- Level 3 violations
- Level 4 violations
- Immediate Jeopardy violations
- Serious substantiated licensing complaints

These reductions occur because APD gains real time visibility and the ability to intervene earlier—before issues escalate into harm.

Method: Comparing substantiated allegations of those levels before and after CALMS. Measuring and comparing substantiated complaints trends over time

2. Improved licensing processing timeliness and reduction of backlogs

Reducing administrative burden and increasing compliance efficiency will reduce:

- Processing time for new licenses
- Processing time for renewal
- Licensing backlog across all three license types (AFH, RCF/ALF, and NF).

These reductions occur as APD staff and provider time moves away from redundant administrative workarounds. Improving processing times for new licensees will also help support development of highly needed AFH's across Oregon.

Method: Tracking processing times for new and renewal licenses and comparing pre and post modernization data to confirm reductions in backlog and improved timeliness.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

Data on licensing, complaint response, staffing oversight, provider communication, safety documentation, and regulatory follow-up is already collected through existing APD systems such as CALMS and CAM, with some measures also reflected in the upcoming public facing Long-Term Care Licensing and Regulatory Dashboard. APD has conducted planning and workflow reviews for the proposed CALMS enhancements and does not anticipate needing major new data collection infrastructure because the underlying data already exists. The enhancements primarily strengthen APD's ability to, standardize, and use this statewide oversight data more effectively across licensing, staffing, quality, emergency response, and centralize regulatory activities.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

No additional case management system changes are anticipated beyond the CALMS 3.0 enhancements proposed in this POP.

Existing systems, including CALMS and the Centralized Abuse Management (CAM) system, already collect many of the core data elements used for licensing, complaint response, staffing oversight, cross program coordination, and regulatory activities. However, current processes rely heavily on fragmented manual workflows, retrospective reporting systems, spreadsheets, decentralized communication methods, and staff-dependent tracking practices that limit the timeliness, consistency, accessibility, and operational usefulness of the data.

IMPLEMENTATION

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

Funding provided through this POP would support implementation of the CALMS 3.0 enhancements needed to modernize Oregon's statewide long-term care oversight infrastructure.

Specifically, funds would be used for the one-time design, development, configuration, testing, implementation, and deployment costs associated with two major CALMS enhancements:

• Provider Portal
• Touchpoint Tracking

Funding would support:
• System design and workflow configuration
• Development of provider-facing reporting and communication functionality
• Integration with existing CALMS and oversight workflows
• Standardized Touchpoint Tracking functionality across APD programs
• User acceptance testing and implementation support
• System documentation and deployment activities
• Ongoing software licensing and operational support costs

The Provider Portal will replace fragmented paper-based, spreadsheet-based, and email-driven reporting processes with centralized statewide functionality that supports real-time reporting, provider data validation, operational visibility, cross program coordination, and regulatory communication activities.

The Touchpoint Tracking enhancement will establish centralized statewide documentation and communication tracking infrastructure that improves operational continuity, consistency, accountability, auditability, and coordination across APD oversight programs.

2. Will your solution require an **IT investment?** Explain.

Yes. This POP includes a significant information technology investment to modernize Oregon's statewide long-term care oversight infrastructure through CALMS 3.0 enhancements. It should be noted that the Office of Information Services (OIS) was engaged throughout the development of this POP and already actively supports operations and maintenance of CALMS.

The proposed solution includes one-time design, development, configuration, testing, implementation, and deployment costs associated with two major CALMS enhancements:

• Provider Portal
• Touchpoint Tracking

The POP also includes ongoing software licensing, maintenance, and operational support costs necessary to sustain the system over time.

The proposed IT investment supports:
• Centralized statewide provider communication and reporting
• Real-time operational visibility into staffing, facility status, and emergency conditions
• Standardized statewide documentation and oversight practices
• Licensing and regulatory workflow modernization

• Quality and staffing reporting activities
• Cross program coordination and operational continuity
• Centralized communication tracking and auditability

The investment modernizes existing statewide oversight operations rather than creating a separate standalone program.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

Implementation of this POP will involve collaboration across multiple APD programs, ODHS divisions, operational partners, and external partners that support and utilize the statewide long-term care oversight activities.

Within APD, implementation partners are expected to include:
• Safety, Oversight and Quality (SOQ)
• Adult Protective Services (APS)
• Specific Needs Contracts and Resources Development
• Case Management and related operational teams
• Business and administrative support functions
• Office of Safety, Oversight and Quality operational leadership
• Safety and Emergency Preparedness teams
• Technology and operational support staff involved in CALMS administration and workflow implementation

These programs will support implementation activities related to workflow design, operational integration, standardized documentation practices, emergency coordination processes, licensing modernization, reporting functionality, staff training, and ongoing operational adoption of the CALMS enhancements.

Additional ODHS and statewide consultation partners as part of implementation are expected to include:
• Office of Information Services (OIS)
• Office of Reporting, Research, Analytics and Implementation (ORRAI)
• Office of Resilience and Emergency Management (OREM)

These partners may support system development coordination, reporting functionality, operational planning, emergency coordination integration, data and performance considerations, implementation support, and statewide technology alignment activities through consultation with the implementation team.

Licensed long-term care providers and partner organizations and associations will also play an important role in the design and implementation through participation in training, operational transition activities, workflow adoption, user testing opportunities, and ongoing feedback regarding Provider Portal functionality and statewide communication processes.

Tribal governments or Tribal organizations choosing to operate APD-licensed care settings, would also be invited to participate in the design and implementation of CALMS 3.0, and have access to the Provider Portal and related statewide communication infrastructure associated with the proposed CALMS enhancements.

Implementation responsibilities across participating programs and partners will primarily focus on:
• Workflow integration and operational coordination
• System implementation and adoption activities
• Staff and provider training
• Standardization of statewide documentation and reporting practices
• Emergency coordination integration
• User testing and operational feedback
• Ongoing operational support and continuous improvement activities

Together, these partnerships support successful implementation of a centralized statewide long-term care oversight infrastructure capable of improving operational visibility, coordination, consistency, accountability, and cross program responsiveness across licensed care settings serving vulnerable Oregonians.

Their responsibilities will be to engage in training and learning opportunities in preparation for utilizing these improvements.

BUDGET REQUEST AND BUDGET OFFSET

1. Are there **prior investments** allocated for this policy package?

There are no prior investments dedicated to the proposed CALMS 3.0 Provider Portal and Touchpoint Tracking enhancements. This package represents a new investment to modernize Oregon's long-term care oversight system.

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

These pricing assumptions are based on the current CALMS vendor. There may be pricing impacts as part of a change in the vendor originally consulted. We have incorporated a presumed contingency in this request as part of this transition to a new vendor to support CALMS. However, we are unable to confirm updated pricing with a future incoming vendor at this time.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

No changes to caseload, cost per case, eligibility, or direct services are expected from this POP. The CALMS 3.0 improvements are expected to strengthen efficiency and consistency within existing structures without altering service levels or eligibility.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

Implementation of this POP will primarily rely on existing APD operational, program, and technology staff who already support CALMS-related licensing, oversight, reporting, and workflow activities, with staff dedicating additional time to collaborate with vendors, OIS, and partners during design, configuration, testing, and deployment.

Key responsibilities will include workflow design, Provider Portal and Touchpoint Tracking development, business process mapping, testing, reporting needs, training support, emergency workflow integration, and transition activities.

Program experts across licensing, staffing oversight, emergency preparedness, complaints, and quality reporting will help ensure alignment with statewide oversight needs. APD anticipates that existing staffing structures can support implementation, with only temporary workload increases and no major new staffing needs expected.

5. What are the **startup and one-time costs** associated with this POP?

The startup and one-time costs associated with this POP primarily include the design, development, configuration, testing, implementation, and deployment of the CALMS 3.0 Provider Portal and Touchpoint Tracking enhancements.

Provider Portal: $1,092,500
Touchpoint: $452,500
JAD: $200,000

Startup and implementation costs are expected to include:
• System design and workflow configuration
• Development of Provider Portal functionality
• Development of Touchpoint Tracking functionality
• Integration with existing CALMS workflows and oversight activities
• Reporting and operational visibility functionality
• User acceptance testing and quality assurance activities
• Implementation planning and deployment support
• Staff and provider training materials and transition support
• Operational transition and workflow standardization activities

The one-time investment is intended to create scalable statewide infrastructure capable of supporting licensing, staffing oversight, quality reporting, cross program coordination, provider communication, and regulatory oversight activities across licensed care settings serving vulnerable Oregonians.

These startup costs are separate from ongoing software licensing, maintenance, and operational support costs necessary to sustain the enhancements after implementation.

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

The primary ongoing costs associated with this POP are expected to include software licensing, system maintenance, operational support, and ongoing administration associated with the CALMS 3.0 Provider Portal and Touchpoint Tracking enhancements.

License Fees: $264,000 per year ($528,000 biennium)

Ongoing costs will support providers' continued access to the CALMS system.

7. What **reductions will you use to offset the cost** of this work and maintain budget neutrality?

APD is hoping to self-fund.

8. What are the **sources of funding (revenue)** and the funding split (GF/OF/FF) for each part of the investment as well as the offset/reduction?

This will be a 50% Federal Funds/ 50% Other Funds split. APD proposes funding this investment through the Quality Care Fund, if available.

9. What are potential **savings** (above the offset to pay for the investment)?

Potential savings associated with this POP are expected to result primarily from reduced reliance on fragmented manual processes, retrospective reporting systems, spreadsheet reconciliation activities, paper-based workflows, and decentralized communication methods currently used across statewide long-term care oversight activities.

The proposed CALMS 3.0 enhancements are expected to reduce staff and provider time spent on:
• Manual data entry and reconciliation
• Retrospective correction cycles
• Duplicative follow-up communications
• Spreadsheet tracking and aggregation activities
• Paper-based licensing and reporting processes
• Staff-dependent local tracking workarounds

These operational efficiencies are expected to allow licensed care settings staff and APD staff to dedicate more time to higher-value activities related to resident safety, customer service, compliance support, cross program coordination, technical assistance, and quality care improvement activities.

The proposal may also reduce administrative costs associated with paper-based processes, duplicate communications, and decentralized operational tracking systems while supporting broader sustainability goals through reduced paper use and increased electronic reporting functionality.

Over time, improved operational visibility, earlier identification of emerging concerns, more timely oversight activities, and improved statewide coordination may also support reductions in serious licensing violations, substantiated complaints, administrative review activities, and associated legal and enforcement workload. However, these downstream impacts are expected to occur gradually and are not the primary purpose of the investment.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services						
Services & supplies						
Capital outlay						
Special payments						

Other	$0	$1,136,500	$1,136,500	$2,273,000	0	0.00
Total	**$0**	**$1,136,500**	**$1,136,500**	**$2,273,000**	**0**	**0.00**

FISCAL IMPACT BY PROGRAM

	Program 1 (APD)	Program 2	Program 3	Program 4		**Total**
General Fund	$0					**$0**
Other Funds	$1,136,500					**$1,136,500**
Federal Funds	$1,136,500					**$1,136,500**
Total Funds	**$2,273,000**					**$2,273,000**
Positions	0					**0**
FTE	0.00					**0.00**

Racial Equity Impact Statement (REIS)

ODHS Policy Option Package:
Office of Aging and People with Disabilities CALM 3.0
2027–29 Agency Request Budget

Program Overview

1. Please describe the POP being proposed.
This Office of Aging and People with Disabilities (APD) POP modernizes APD's Corrective Action Licensing Management System (CALMS) by replacing outdated paper, email, and manually tracked licensing processes with a centralized statewide system.

The CALMS 3.0 enhancements create a secure statewide Provider Portal and centralized Touchpoint Tracking system that allow providers to submit information electronically, update critical operational information in real time, and improve communication with APD during licensing, compliance, and emergency events.

These improvements strengthen APD's ability to support implementation of the Nursing Facility CNA Staffing Program, Acuity Based Staffing Tool and Quality Metrics Program by improving timeliness, accuracy, and reliability of provider-submitted information.

2. **Why is the POP being proposed?**
Today, APD lacks a real-time system to consistently track provider communications, licensing activity, emergency conditions, staffing-related reporting, and safety information across licensed care settings. As a result, staff rely on fragmented manual processes that slow oversight, delay emergency coordination, and reduce the Department's ability to identify and respond to risks affecting older adults and people with disabilities.

By reducing reliance on paper-based and district-specific processes, CALMS 3.0 improves consistency, accountability, and regulatory oversight for licensed care settings serving vulnerable Oregonians.

Consultation

3. Who is completing this REIS?

- Dani Harris – SOQ Operations Project & Process Improvement Senior Mgr.
- Lynn Beaton – Operations & Policy Analyst/SOQ Rules Lead
- Cassie Studer – Operations & Policy Analyst/Project & Process Improvement
- Princess Neely – OEMS Service Equity Manager in support of APD

4. Who is responsible for tracking equity outcomes? What method(s) are they using to track outcomes?

Safety, Oversight & Quality (SOQ) staff focused on Quality Assurance/Improvement, along with data reporting staff and SOQ leadership, will monitor equity-related outcomes associated with this POP. This work will include analyzing trends in the proposed output and outcome measures across geographic regions and among facilities of varying size and operational capacity. SOQ staff will collaborate with their APD Equity Strategy Unit to support interpretation of these trends and ensure that equity considerations are incorporated into ongoing evaluation and decision-making.

5. **Does your agency have a DEIB practitioner (Yes or no)?** Yes

   a. **If yes, describe how you collaborated with them on this REIS.**

Collaboration on the REIS for this POP occurred through direct meetings between SOQ leadership and the OEMS/APD Service Equity Manager. Following review of the draft POP, the teams met to discuss REIS themes, identify equity considerations, and incorporate feedback to strengthen the proposal's alignment with ODHS equity priorities. Additionally, the APD Equity Strategy Unit & Oregon

Deaf and Hard of Hearing Services Manager reviewed the draft REIS form and provided feedback that was incorporated into this final draft.

6. **Did you collaborate with your agency's data analysts, community engagement managers, outreach managers, and/or others that regularly interact with underserved and marginalized communities on this REIS? (Yes, no, or not applicable)** No.
    a. **If they were not involved in the development of this REIS, please explain why. Describe what you did instead to incorporate equity expertise and community input (e.g. listening sessions, advisory review, analysis of existing community feedback, partnering with trusted community partners, etc.).**

Although the agency staff referenced in this question were not involved in drafting the REIS, operational staff across licensing, regulatory oversight, and safety programs contributed equity driven insights by identifying how inconsistent documentation practices, manual reconciliation processes, and limited statewide visibility hinder timely response and create disparities in oversight. These inconsistencies in oversight create disparities across regions and for rural or smaller facilities with less administrative resources, further impacting historically marginalized residents.

This feedback shaped a modernization approach focused on consistency, transparency, operational continuity, and timely communication—core equity priorities that ensure all licensed care settings, regardless of size or location, receive fair, consistent, and effective oversight in support of vulnerable people in Oregon.

Increased visibility and the ability to be more upstream, also allows for intentionality around understanding the specific needs and concerns of each license care facility and efforts can be directed in higher value quality care activities that are implemented equitably to address those needs.

Community Engagement and Data

7. **Identify the specific racial groups and communities that may be impacted by this POP, both directly and indirectly. In your answer, include responses to the following questions:**

    a. **How did you identify these impacted groups?**

Impacted groups were identified based on the populations served within APD licensed settings and existing knowledge that underserved populations can experience barriers to consistent access, communication, and equitable services within health and long-term care systems. The assessment is informed primarily by operational reviews, interested parties feedback, and process mapping related to APD licensing and oversight activities.

Given that APD serves older adults and people with disabilities, we are focused on identifying the impacts to these communities, in particular. As information specific to these communities is gathered, APD is adding that information to CALMS, when appropriately connected to an individual. Disparities are even greater for older adults and people with disabilities at the intersection of other minoritized racial groups and experiences. These insights would align with the ODHS equity priorities of recognizing and addressing disproportionate burdens faced by communities historically affected by systemic inequities.

    b. **What data are you using to validate your assessment? If possible, use outreach and engagement feedback to gather information and insight.**

APD used multiple data sources, including licensing activity data, complaint and safety records, staffing oversight information, Quality Metrics Program reporting workloads, and emergency coordination case patterns to develop this POP. Feedback from long-term care providers, associations, APD consumer-facing staff,

the 2025 Alvarez & Marsal external assessment of the Safety, Oversight and Quality (SOQ) unit, and Human Services Group process mapping of SOQ operations further validated that current decentralized systems create inconsistent oversight conditions that disproportionately affect providers serving marginalized communities.

The POP is the direct result of input from our community partners. APD incorporated equity expertise and community input by directly engaging providers, interested parties of long-term care, and APD staff whose lived experience with existing systems highlighted barriers affecting both service quality and equitable oversight.

Providers, industry associations, and facility representatives consistently identified challenges created by fragmented communication systems, district specific practices, manual reporting requirements, and the lack of a provider accessible statewide platform—issues that disproportionately impact smaller providers, rural communities, and facilities with limited administrative capacity. Their feedback emphasized the need for more transparent, timely, and accessible reporting and communication tools to ensure consistent expectations and fair oversight across all licensed care settings.

The proposal further reflects equity considerations surfaced through external and community informed processes, including the 2025 Alvarez & Marsal external assessment, Human Services Group process mapping sessions, SB 739 implementation planning, and APD's operational experience across diverse provider types and geographic regions.

c. **If possible, disaggregate the data by race, ethnicity, geography, income level, and other relevant characteristics. If disaggregated data is not available, please describe why.**

Moving forward, APD can disaggregate demographic data for long term care residents by race, ethnicity, age, and geography. However, at this time, APD does not have disaggregated statewide data directly connecting current licensing

system inefficiencies to specific racial or ethnic outcomes. Existing operational data is not consistently stratified by race, ethnicity, income, geography, language, disability status, or other demographic characteristics for purposes of this proposal. As a result, APD cannot quantify disproportionate impacts with precision.
These structural limitations directly conflict with the ODHS equity priorities around emphasis on data transparency and the ability to identify disparities. CALMS 3.0 is designed to improve these capabilities.

d. How are communities impacted by this POP? What are the disproportionate impacts? Please be specific.

The populations most directly impacted by this POP are individuals living in APD-licensed long-term care settings, including older adults, people with disabilities, and the providers and staff who support them. Because Oregon's long-term care population includes people from diverse racial, ethnic, geographic, language, disability, and income backgrounds, the impacts of inconsistent licensing and oversight systems likely affect historically underserved communities, including Black, Indigenous, Tribal, Latino/a/x, Asian, Pacific Islander, immigrant, refugee, rural, low-income, and LGBTQIA2S+ communities.

Communities of color, rural communities, low-income residents, and individuals with limited English proficiency are disproportionately affected by delays in oversight, inconsistent district practices, and reduced visibility during emergencies. Facilities serving these populations often have fewer administrative resources and therefore experience greater challenges navigating manual reporting requirements and fragmented communication systems.

The POP is intended to reduce inconsistencies in statewide licensing and oversight processes by creating standardized systems for provider communication, documentation, and reporting. These improvements may indirectly benefit underserved communities by improving timeliness, consistency, transparency, emergency response coordination, and access to reliable information across all licensed settings regardless of geographic location. However, APD cannot

currently verify the extent to which these benefits would disproportionately impact specific racial or ethnic communities.

By reducing the administrative burden associated with manual reporting, fragmented communication systems, and duplicative documentation tasks, CALMS 3.0 also expands APD's capacity to engage in higher value quality of care activities that support culturally specific communities. With improved access to real-time data and a centralized record of provider interactions, staff will have more time and better information to deliver targeted training, offer technical assistance, and implement quality improvement practices that account for cultural, linguistic, and community specific needs. This enhanced capacity strengthens APD's ability to partner with providers serving culturally diverse populations, ensure regulatory expectations are understood across languages and cultures, and support equitable, culturally responsive care in long-term care settings statewide.

8. **How did you ensure multiple perspectives were part of the decision-making process for this POP? In your answer, include responses to the following questions:**

    a. **Identify how you have or are planning to engage multiple perspectives and impacted groups to provide feedback on this POP (e.g. program design, budget, policy decisions, etc.). Please give specific examples.**

APD incorporated a wide range of perspectives through engagement with licensed care providers, provider associations, advocacy organizations, and APD staff across licensing, policy, survey and emergency response units. Community and operational feedback were also informed by the 2025 Alvarez & Marsal external assessment, Human Services Group process mapping, and Senate Bill 739 implementation planning. These engagement processes support the ODHS equity priorities of shared decision making with communities and partners most affected by inequitable systems.

As CALMS 3.0 continues through development and implementation, Employee Resource Group (ERG) Leadership will be invited to provide consultation and feedback on system design, user experience, and potential impacts to staff and service recipients from historically marginalized communities. Engaging ERG representatives throughout the project will help ensure that diverse perspectives inform decision making, identify unintended barriers early in the process, and strengthen the system's ability to equitably serve Oregon's increasingly diverse communities.

ODHHS will be invited to provide consultation during future phases of CALMS 3.0 development and implementation. Through its work in emergency preparedness and accessibility for DeafBlind, Deaf, and Hard of Hearing communities, ODHHS can offer expertise on the intersection of disability access, emergency response systems, and equity considerations.

To fund the onetime development and ongoing licensing costs of CALMS 3.0, APD is proposing the use of Quality Care Fund (QCF) dollars. Because QCF resources are of significant interest to external partners, APD will engage interested parties who may be particularly invested in how these funds are used. APD leadership will lead these outreach and communication efforts to ensure transparency, incorporate feedback, and uphold the ODHS equity values of shared decision making, accountability, and trust with communities and partners. This engagement will help ensure that the use of QCF dollars aligns with community expectations, supports equitable oversight outcomes, and reflects responsible stewardship of funds intended to protect the safety and wellbeing of residents in long-term care settings.

b. **If community engagement is not part of your approach, please explain why and what you did instead to incorporate community perspectives. In your response, describe the following: the decision-making process used to determine engagement was not feasible or appropriate, the specific barriers (beyond general time or capacity), and how you mitigated the risk of missing community input (e.g.**

using existing feedback, partnering with trusted organizations, review from advisory bodies, etc.).

APD recognizes that limited direct community engagement creates risk that some perspectives may not be fully represented. To help mitigate this limitation, the proposal relied on cross-program operational review, statewide process analysis, provider interaction feedback, and external assessment findings to identify broad system challenges affecting licensed care settings across Oregon. These steps support representation of impacted communities while adhering to ODHS equity values of ensuring respectful engagement with vulnerable populations.

Impacts and Accountability

9. If this POP is not funded, please describe the following:

   a. **Which racial or ethnic communities would be most impacted.**

If this POP is not funded, Black, Latino/a/x, Indigenous, immigrant, and rural communities—who are more likely to receive services in facilities with fewer administrative resources—would be most impacted. These communities are disproportionately affected when oversight is inconsistent, communication is delayed, or emergency visibility is limited. The risks are magnified when considering the intersectionality of race, age, disability, and Sexual Orientation, Gender Identity (SOGI) among residents in long-term care. Individuals who hold multiple marginalized identities often experience higher vulnerability to neglect, delayed intervention, and inconsistent regulatory protections. Without the CALMS 3.0 enhancements, APD would have limited ability to identify concerns early, ensure equitable oversight, and respond promptly to safety issues, resulting in continued or worsened disparities in care and outcomes for these populations.

   b. **How disparities would likely persist or worsen.**

Existing inequities in oversight timeliness, documentation quality, and access to responsive support would persist or deepen if the POP is not funded. Without the standardized statewide systems proposed in CALMS 3.0, APD would remain limited

in its ability to identify risks early, provide equitable oversight across regions, and uphold the Equity North Star commitment to eliminating racial and geographic disparities in safety and service outcomes.

10. Who will be monitoring racial equity outcomes over time for this POP?

a. How will progress be reported?

Progress and operational impacts would be reported through internal management review, program reporting, and existing oversight structures used to monitor CALMS implementation and licensing system performance. APD's Safety, Oversight and Quality programs, working with the Office of Equity and Multicultural Services (OEMS) and the Office of Reporting, Research, Analytics and Implementation (ORRAI), will monitor racial equity impacts using available data generated through CALMS 3.0. Progress will be reported through internal dashboards, program performance reviews, and implementation progress updates.

b. How will leadership be informed of equity impacts?

Leadership would be informed through regular operational updates, statewide reporting tools, and review of system performance data related to safety oversight, workload trends, and regulatory responsiveness. Leadership will receive routine operational summaries, equity impact assessments, and trend analyses supporting the Equity North Star's requirement for transparent monitoring, accountability, and leadership action to address disparities.

c. How will the community be involved in monitoring outcomes?

At this time, APD has not established a formal community-based process specifically for monitoring racial equity outcomes associated with this POP. Because this proposal primarily involves internal system modernization and workflow improvements, community involvement would most likely occur indirectly through ongoing provider interactions, interested party engagement

processes, external assessments, advisory groups, and future feedback related to licensing and oversight operations.

As CALMS 3.0 improves data consistency and transparency, APD will expand opportunities for community partners to review performance outcomes, guiding ongoing improvements consistent with the ODHS commitment to community centered accountability.

OREGON DEPARTMENT OF Human Services

ODHS Policy Option Package (POP) Form

2027-29 Agency Request Budget

Program(s) / Unit(s):	Child Welfare, Treatment Services & Post Permanency
POP title:	POP 103 Placement Stability & Caregiver Supports
Related legislation or 2027 legislative concept:	No
Summary statement (5 to 7 sentences):	**Problem:** Children with complex behavioral, developmental, and trauma-related needs who have experienced foster care face increased placement instability. Many caregivers lack access to timely crisis response, coaching, or stabilization support. This contributes to placement disruptions, foster care reentry, and the need to utilize temporary lodging or emergency or restrictive placements. **Solution:** Placement Stability & Caregiver Supports expands access to existing caregiver stabilization programs for children with complex needs who are at increased risk of instability. These programs provide rapid crisis response, in-home coaching, and stabilization support delivered by individuals with lived experience. The result is improved placement stability and reduced need for temporary lodging and other higher-cost interventions. The proposal expands services to 13 additional counties and adds staff needed for implementation and oversight.

PRICING SUMMARY

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$ -	$1,743,486	$ -	$1,743,486	4	3
Partner agency pricing*	0	0	0	0	0	0
Total Enterprise POP pricing	0	$1,743,486	0	$1,743,486	4	3

SETTING THE STAGE

1. Describe the **problem/s or opportunity/ies** this proposal would address.

Children with complex behavioral, developmental, and trauma-related needs who have experienced foster care face increased placement instability. Many caregivers (resource parents, relative caregivers, adoptive parents, biological parents and guardians) lack access to timely crisis response, coaching, or stabilization support. Limited availability of these services across Oregon contributes to Temporary Lodging, placement disruptions, foster care reentry, and higher use of emergency or restrictive placements.

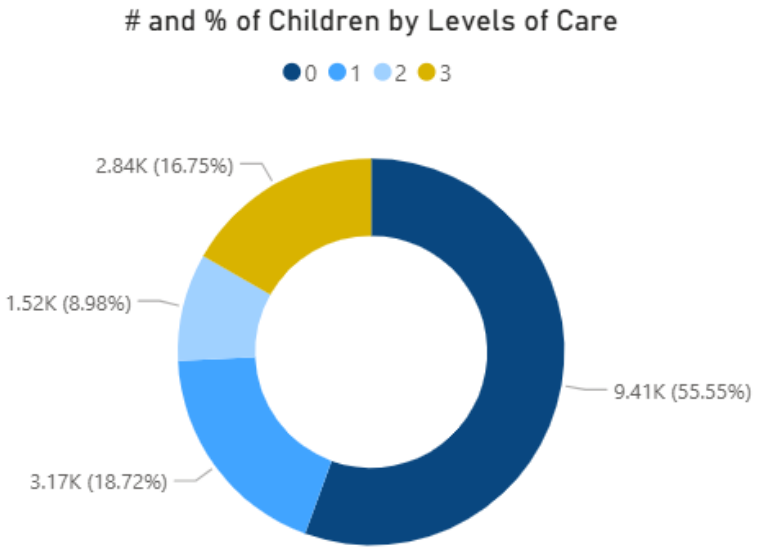
2. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

Placement Stability and Child Complexity

While ODHS has made recent progress on several federal child welfare performance indicators, Oregon consistently performs worse than the national average on placement stability. As of FFY 2025, Oregon's placement stability rate was 5.29 placement moves per 1,000 days in care, exceeding the national

performance of 4.48. Placement stability rates are shaped by multiple factors, with children's individual needs, caregivers' capacity to meet these needs, and available resources being critical components.

Assessment data further demonstrates the complexity of needs among children in foster care. Oregon utilizes the Child and Adolescent Needs and Strengths (CANS) assessment tool to evaluate children's functioning and support needs across multiple domains. CANS is recognized nationally as a best-practice assessment tool, even though cross-state CANS comparisons are not available. Higher CANS scores indicate that a child has more intensive behavioral, emotional, or developmental needs. When these needs are not matched with the right level of caregiver support, training, or service availability, placements are more likely to disrupt. The graph below shows CANS scores for children in foster care with nearly half (45%) requiring additional support.



CANS data by number and percentage for children and young adults in foster care 5/2021-5/2026

Caregiver Support Gaps and Resource Family Retention

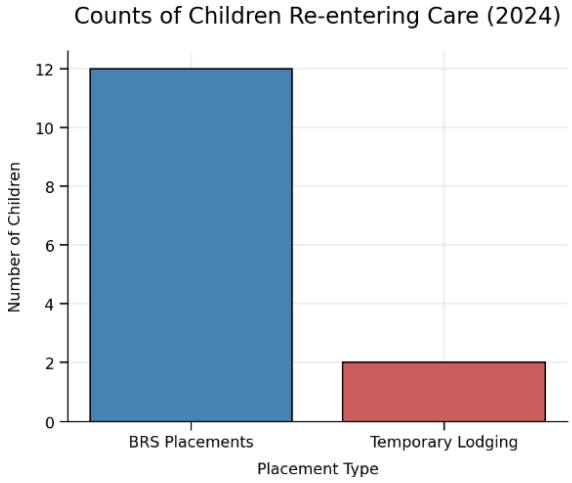
Children with complex needs who have experienced foster care often require caregivers to manage significant behavioral, emotional, and developmental challenges with limited in-home support. Resource Parents, relatives, adoptive parents, guardians, and biological parents may experience escalating stress and crisis situations when timely stabilization services, coaching, and coordinated supports are unavailable.

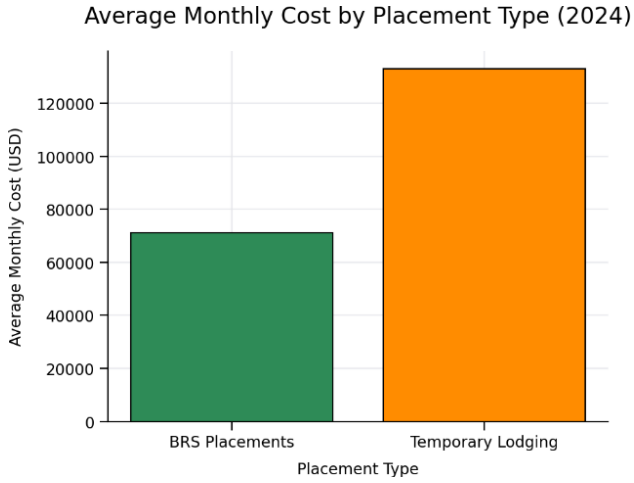
Oregon retains approximately 80% of its general certified resource homes; however, data indicates opportunities for further improvement. ODHS statewide retention data shows ODHS lost 17% of general Resource Families in 2025 and that lack of support and challenging behaviors were key contributing factors.

These findings point to a possible relationship between continued caregiving and access to responsive stabilization services and in-home supports are available to help safely manage crises and complex behaviors.

Children who re-enter care frequently access restrictive and costly placements, including specialized foster care, residential treatment, and Temporary Lodging. Of the children who re-entered foster care in 2024, 71% remained in care as of January 2026, indicating opportunities to strengthen early interventions and supports that could prevent re-entry and reduce reliance on higher-acuity placements.

The chart below shows children coming back into foster care to BRS or Temporary Lodging in 2024. The other chart shows the costs of these services for this number of children, on average.



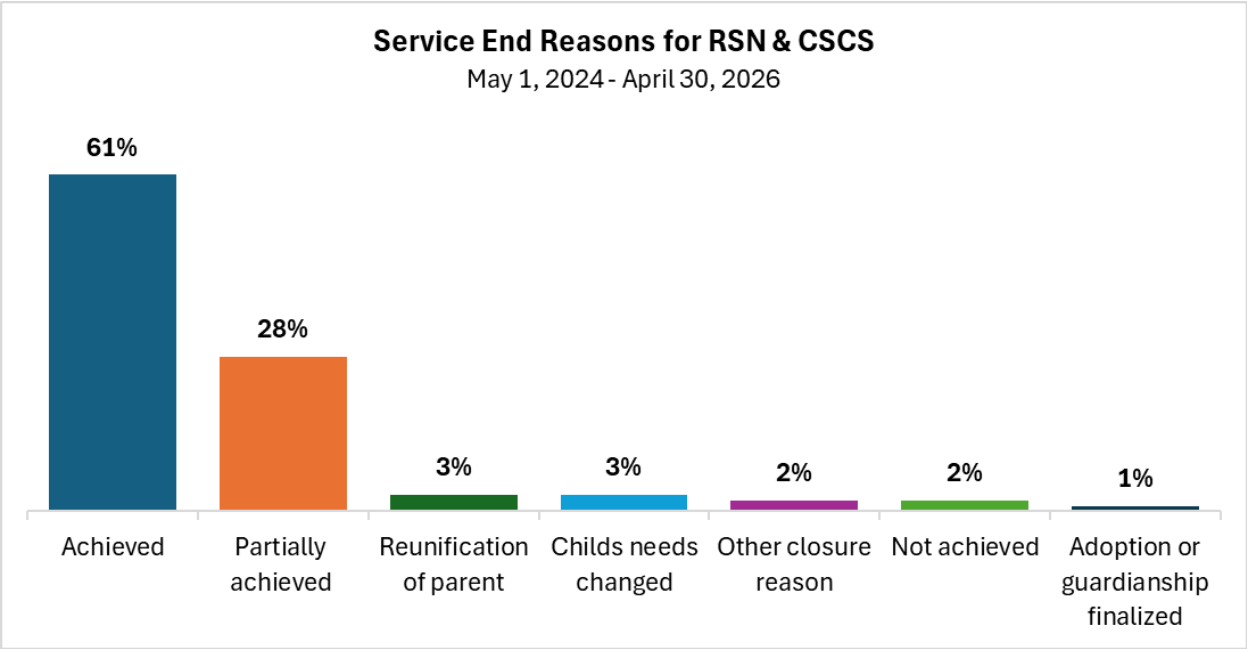


Community Connections

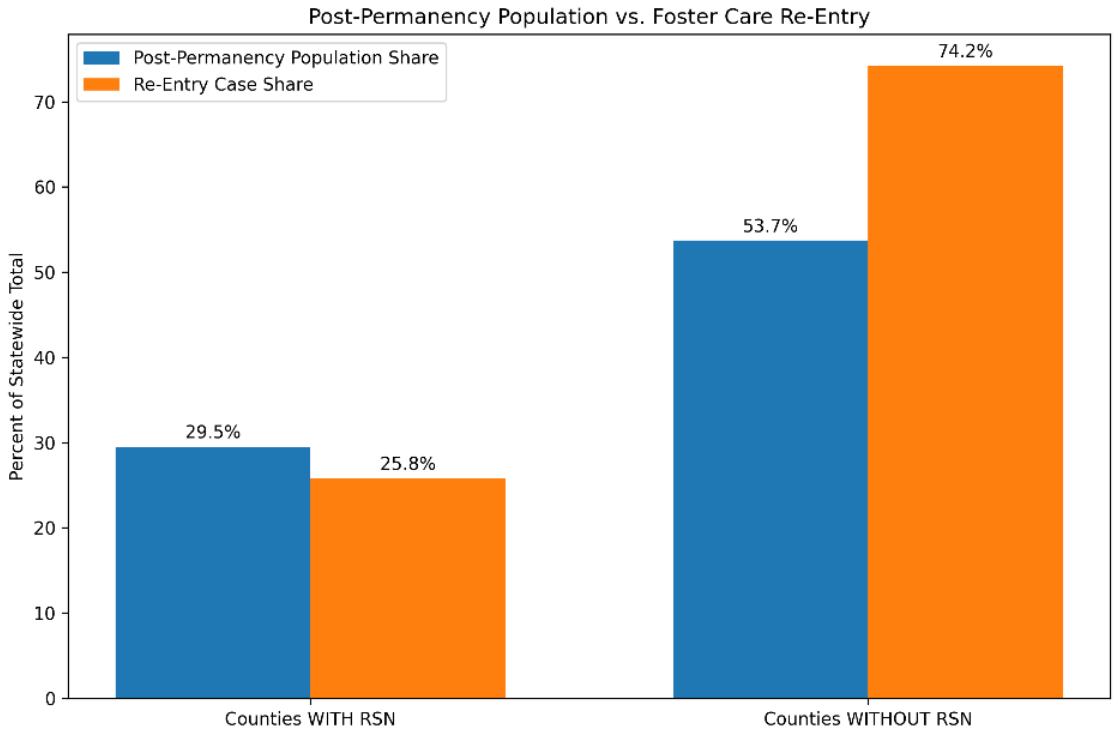
Since 2023, an average of 36% of children receiving higher levels of care were placed within their home or adjoining county, depending on placement type. Most have to leave their communities.

Early Learning

Early RSN/CSCS data shows 89% of services end with service goals met or partially met (as described in service documentation).



Preliminary data suggests that placement stability may be stronger in RSN counties, as those without RSN services have higher re-entry rates into foster care.



Summary of Findings

Collectively, these findings demonstrate a significant statewide need for caregiver stabilization and in-home support services for children with complex behavioral, developmental, and trauma-related needs. The data also suggests that early caregiver stabilization services may help strengthen placement stability, support safer caregiving environments, reduce reliance on restrictive settings, and improve long-term permanency outcomes for children and caregivers across Oregon.

3. Is this POP, in whole or in part, a response to an **audit?** Explain.

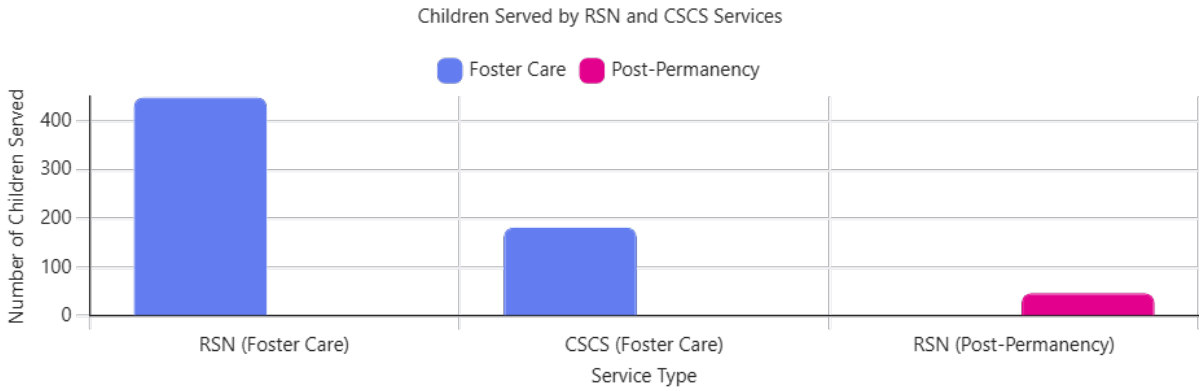
Yes. This proposal also aligns recommendations from multiple prior audits and system reviews, including the ODHS Children's In-home Services Audit (2020), Alvarez & Marsal Child Welfare Oversight Report (2019), Partner Feedback Report (2018), Children and Youth with Specialized Needs Workgroup (2018), and the Child

and Family Services Review: Oregon Final Report (2025). Across these reviews, recurring recommendations included expanding community-based supports, strengthening prevention-focused interventions, improving placement stability, and reducing reliance on higher-cost crisis responses.

In addition, while not a formal audit, this POP responds directly to recommendations and concerns identified through the Wyatt B. v. Kotek Collaborative Agreement, the Special Master's reports, multiple Child Welfare reviews, and statewide improvement efforts. These identified the need for earlier intervention, stronger caregiver supports, and reduced reliance on crisis and restrictive placements.

4. What has **already been done** to address or mitigate the problem/ opportunity?

Since 2021, RSN and CSCS have been piloted using existing FOCUS funds and Adoption Savings. RSN currently operates in three counties; CSCS in nine. Together they have served over 600 children in foster care and 47 post-permanency families. Early data shows improved stability and positive caregiver feedback.



Foster care means children currently in ODHS legal custody.
Post-Permanency means children who have exited foster care to a permanency outcome such as guardianship or adoption.

The contracts and implementation efforts supporting RSN and CSCS are currently managed by the Treatment Services FOCUS team, which is staffed at 2.0 FTE. Expansion to 13 new counties will result in an approximate 333% growth rate to current caseload. Additional FTE is critical to ensure responsive community engagement, provider readiness and development, ongoing contract administration, contract auditing, coordination with additional CCOs, ongoing assurance access criteria are met, and quality customer service is supported.

5. What are the **risks** if the problem/opportunity is not addressed?

Without expansion, many regions will continue to lack placement stabilization services.

Key risks include:

- Increased placement disruptions and foster care entries: Families may reach crisis points without the support needed to safely maintain children in their homes, resulting in avoidable foster care entries or placement moves.
- Lower retention of Resource Parents: Without timely stabilization services, caregivers may feel unprepared to meet children's needs, leading to loss of resource homes and reduced availability of experienced resource homes.
- Continued reliance on temporary lodging and higher-cost services: In the absence of early intervention, children may require higher-acuity placements, often far from home, disrupting school, community, and family connections while increasing system costs.
- Systemic and compliance risks: Failing to implement strategies identified through audits, court oversight, and the Wyatt B. v. Kotek Collaborative Agreement increases risk and liability. Oregon may continue to underperform on federal measures related to placement stability and well-being.
- Higher long-term costs: Insufficient early stabilization leads to greater use of costly placements, emergency responses, and intensive treatment services, many of which occur outside the child's home community.

7. What **solution** are you proposing through this policy option package (POP)?

Expand RSN and CSCS to 13 additional counties and add four positions (3 Program Analysts, 1 Administrative Specialist) to support procurement, implementation, provider development, contract management, and quality assurance. RSN provides short-term crisis response; CSCS provides longer-term coaching and stabilization. Both focus on supporting the caregiving environment to prevent escalation.

RSN is a short-term intensive stabilization service designed to respond quickly to caregiver crises and placement instability. Flexible services may include non-clinical crisis response, caregiver coaching, in-home support, resource navigation, and coordination with local behavioral health providers and Coordinated Care Organizations (CCOs) for the specific population of children within or who have experienced foster care and provided by staff with lived experience. In participating counties, Resource Parents can access support through a 24/7 warm line, and new relative placements are proactively referred.

CSCS provides longer-term caregiver coaching and individualized support designed to strengthen caregiver capacity and sustain stable placements over time. Flexible services may include training, behavior support strategies, caregiver coaching, resource coordination, and ongoing stabilization support tailored to the specific needs of the child and caregiver.

8. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

Yes. RSN and CSCS have demonstrated promising outcomes in the Oregon counties currently operating these services. Early implementation data indicates improved placement stability, reduced placement disruption, and improved permanency outcomes for children with complex needs and caregivers.

Please see responses in the “data”, “what has already been done” and Part 4, “outcomes” for more detail.

9. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?
   No.

-based providers.

TRIBAL CONSIDERATIONS

1. Will this POP have a direct impact on **programs, policies, or direct set-aside funding** to the Nine Federally Recognized Tribes in Oregon or with Treaty Reserved Rights in Oregon? If so, how?

RSN and CSCS are available to families of the Nine Federally Recognized Tribes without requiring an open case. Expansion improves geographic access and supports voluntary, culturally aligned pathways for Tribal families.

MEASURING PERFORMANCE

1. Which of your **key performance measures (KPMs)** is this POP connected to?

This POP directly supports updated ODHS KPM Timeliness to Permanency of children who enter foster care.

If none, are you proposing a **new or modified KPM?**
No.

How will the work you’re proposing help ODHS meet or exceed the **KPM targets?**

Services stabilize families, reduce unnecessary removals, and support faster, safe reunification.

2. What are the envisioned **outputs** of this POP?

Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.

The following service and operational measures will be tracked:

- Number of referrals received.
- Number of children, caregivers, and families served.
- Geographic regions and districts served.
- Types of services provided.
- Service duration and closure reasons.
- Child demographic information, including race and ethnicity.
- Number of caregiver supports delivered.
- Client satisfaction and qualitative feedback.
- Provider outcome reporting and quality assurance measures.

Data will primarily be collected and monitored through the existing ODHS FOCUS Dashboard, which incorporates information from OR-KIDS, contractor reporting, and program-level tracking. RSN also utilizes a dedicated dashboard that combines contractor-reported data with automated OR-KIDS data pulls to support ongoing performance monitoring and evaluation.

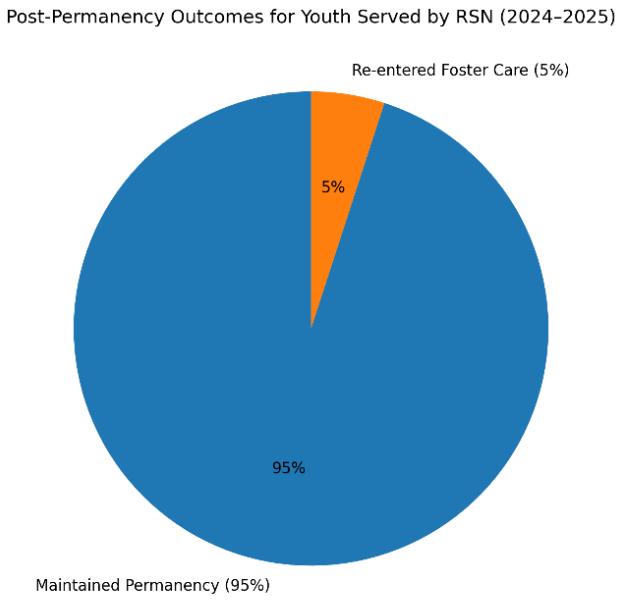
3. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?

   Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.
   Include demographics for those served, placements, rely on dashboard for outcome data.

Initial outcome data from RSN and CSCS for children in foster care demonstrates improved placement stability and reduced reliance on crisis placements for children with complex needs. Survey data suggests increased resource parent retention rates as well.

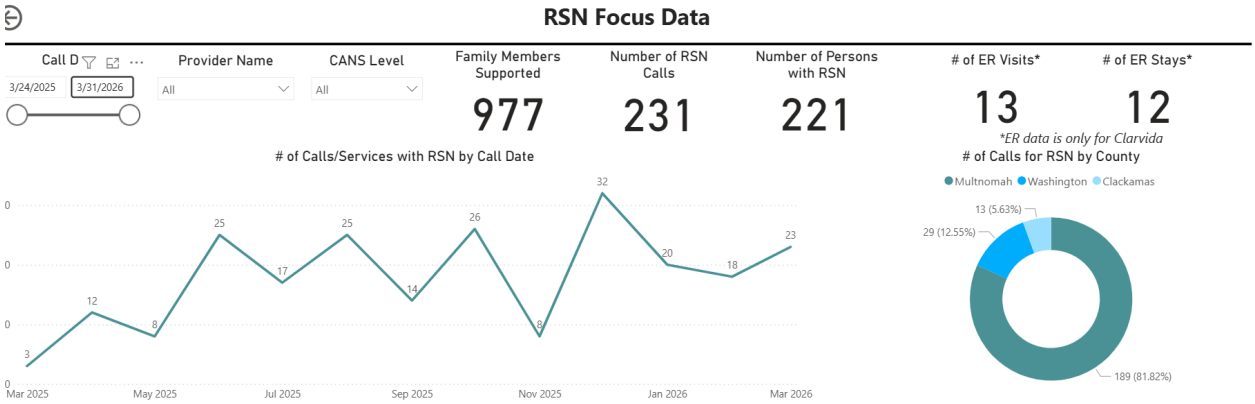
"I wish we would have found out about the program sooner. I struggled for so long before we found out about this program. I felt like if we knew about it from the beginning it would have been different." -Adoptive Parent

Preliminary outcome data from RSN demonstrates promising permanency stabilization outcomes for post-adoption and post-guardianship families. See graph below for details.



4. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?

Data is currently collected through the FOCUS dashboard (partial visual below), OR-KIDS, provider reporting, surveys, and program reviews.



To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

No changes to the current case management system are anticipated at this time.

IMPLEMENTATION

If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

This POP proposes the use of existing adoption savings funds (Other Funds) to expand RSN and CSCS to 13 counties. Four new staff are required to manage additional contracts and ensure quality ongoing Contract Administration. Once staff are hired and onboarded, additional community coordination and contract solicitation processes will begin. Expansion will occur in Douglas, Jackson, Josephine, and Klamath counties first, then nine more counties in the 29-31 biennium. The following are among the factors considered when determining the order of county implementation:

- Post-Adoptive and Post-Guardianship population.
- Current intensive service availability.
- History of provider utilization.
- Requests for these services.
- Geography.

As a second layer of prioritization, the likelihood of efficient engagement from local CCOs and community partners was considered as this model depends on strong cross-system working relationships. That readiness gives these counties a higher likelihood of successful, sustainable implementation.

Each new county requires provider development, CCO coordination, contract negotiation, service rollout, and ongoing oversight activities. The pilot phase was only possible through redirected workload and temporary support from other teams. Development of these services in 13 additional counties requires ongoing meaningful partnerships and a minimum of 26 new contracts, expanding workload by 333%. Therefore, increased staffing is required to implement and sustain the service array.

These positions will be responsible for:

- Coordinating service expansion across all regions.
- Conducting procurement and contract development activities.
- Monitoring contract compliance and program performance.
- Facilitating quality assurance reviews and program audits.
- Managing service authorizations and payments.
- Supporting community and provider engagement efforts.
- Coordinating with internal and external system partners.

Will your solution require an **IT investment?** Explain.
No additional IT investment is anticipated currently.

1. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

Implementation of this POP will require ongoing collaboration across multiple ODHS programs, public agencies, Tribal partners, providers, and individuals with lived experience.

Key partners include:

- Foster Care and Permanency programs.
- Tribal Affairs.
- Safety program.
- Prevention and Family First programs.
- Oregon Health Authority (OHA) Behavioral Health.
- OHA Medicaid.
- Coordinated Care Organizations (CCOs).
- Community-based providers.
- Individuals with lived experience, including caregivers and youth.
- System of Care Advisory Council.

BUDGET REQUEST AND BUDGET OFFSET

1. Are there **prior investments** allocated for this policy package?

No additional investments have previously been allocated specifically for this policy package.

Current Responsive Caregiver Supports, including early pilot efforts, have been funded by redirecting available resources within the existing Treatment Services

FOCUS budget and by using limited Adoption Savings Services funds. Additionally, spending was adjusted in other service contracts to support pilot development.

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

A key assumption within this proposal is ongoing participation from Coordinated Care Organizations (CCOs) in supporting behavioral health service components. Communication about the services has been shared with CCO leadership statewide and there is interest from CCOs in counties identified for expansion. RSN relies on partnerships with CCOs and local behavioral health providers to deliver expedited access to mental health assessment and treatment services. If CCO participation varies by region, RSN may be limited, although CSCS can operate independently as a non-clinical service.

The pricing model groups counties by size (small, medium, large) to reflect known cost variations. Implementation experience shows regional cost differences: initial implementation in Multnomah County was highest due to development work, while later phases were more efficient due to established processes, workflows, and partnerships. Rural and frontier counties may face additional costs related to provider availability, workforce shortages, and travel distance. These factors were incorporated into pricing assumptions.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

The proposal is not expected to directly change Child Welfare caseloads in the short term. It improves the support available to caseworkers and caregivers by expanding access to stabilization services.

Over time, increased support for post-adoption and post-guardianship families may reduce foster care entry and reentry. The POP will increase spending within

the FOCUS service array, but this is expected to be offset by decreased use of temporary lodging, residential treatment, emergency behavioral health services, and other high-cost interventions. Expenditures will be monitored- with the Child Welfare budget team through quarterly meetings to ensure General Fund cost per case remains stable.

The proposal may reduce district overtime by shifting some caregiver crisis response from caseworkers to RSN providers. ODHS is improving overtime tracking to better understand these impacts.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for moving the proposed work forward.

Four new positions, three Program Analyst 3 and one Administrative Specialist 2 positions are required to expand RSN and CSCS. Each new county requires provider development, contract setup and monitoring, service entry and payment processing, data tracking, and ongoing quality assurance. Current staff have been able to support the pilot only by stretching beyond capacity. Additional FTE are essential to expand these services to new regions while maintaining quality and compliance in a cost-neutral approach.

Program Analyst 3 (3 positions)
Responsible for program implementation, provider development, contract administration, and system coordination.

Responsibilities include:

- Conducting community and service gap assessments.
- Identifying and engaging potential providers.

- Building and maintaining partnerships with local CCOs and behavioral health providers.
- Facilitating procurements and negotiating contracts.
- Developing statements of work and contract deliverables.
- Monitoring contract compliance and performance outcomes.
- Conducting audits and quality assurance activities.
- Providing technical assistance and training to providers.
- Coordinating cross-system partnerships and resources including:
  - Collaborating with Post Permanency and other internal ODHS programs.
  - Supporting data tracking, dashboard oversight, and program evaluation.
  - Developing and delivering communication and outreach related to services.

Administrative Specialist 2 (1 position)
Provides operational support needed for timely and compliant service delivery. Duties include:

- Processing and tracking service authorizations and payments.
- Maintaining contract and provider documentation.
- Tracking timelines, deliverables, and reporting requirements.
- Coordinating scheduling and meeting logistics.
- Supporting procurement and onboarding activities.
- Assisting with data entry and reporting processes.
- Supporting customer service and provider communication.
- Maintaining records related to audits and compliance activities.
- Assisting with invoice processing and fiscal tracking.
- Supporting internal coordination.

This staffing structure will allow higher-level program and contract functions to remain appropriately focused on implementation, provider oversight, quality

assurance, and system coordination, while ensuring essential administrative functions are managed efficiently and consistently.

The FOCUS program currently supports approximately 400 children and 450–500 active service authorizations. With at least two contracts per new county, expansion adds 26 additional contracts and significantly increases workload. Additional staffing is required to ensure timely access, contract compliance, and safe, consistent service delivery.

5. What are the **startup and one-time costs** associated with this POP?

Although all costs in this POP are ongoing, initial expansion activities include:

- Procurement and contract development
- Community engagement and implementation planning
- Staff onboarding and training
- Initial provider development and technical assistance

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

Ongoing costs include both staff and funding for services. This POP requests four positions: three Program Analyst 3 positions and one Administrative Specialist 2 position. These positions are for 18 months of the 27-29 biennium. There will be a phase-in of 6 months of funding as part of Package 021 in the CSL budget build process for the 2029-31 biennium.

27-29	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$ -	$ 838,308	$ -	$ 838,308	4	3.00
Services & Supplies	$ -	$ 55,178	$ -	$ 55,178		

Service costs follow a staggered timeline. Staff must be hired first; service expansion follows.

- 2027–29: Twelve months of service delivery in four counties at an estimated cost of $850,000.
- 2029–31: Full 24-month implementation for all 13 counties at an estimated cost of $5.1 million, requiring a $4.25 million phase-in.

Biennium	Counties Implemented
27-29	4
29-31	9
	13

For the pricing, counties were grouped by county population into small, medium, and large counties. Each county size has a different estimated cost. The estimated cost for each county includes funding to serve the child welfare foster care and in home population, as well as the post-adoption and post-guardianship population.

County Size	Per Site Cost	# Counties	Total Annual Cost	Total Biennial Cost
Small	$ 75,000.00	2	$ 150,000.00	$ 300,000.00
Medium	$ 150,000.00	8	$ 1,200,000.00	$ 2,400,000.00
Large	$ 400,000.00	3	$ 1,200,000.00	$ 2,400,000.00
		13	**$ 2,550,000.00**	$ 5,100,000.00

Funding estimates account for both child welfare and post-permanency populations and are based on county population tiers.

Months	Biennium	GF	OF	FF	TF
12 Months	27-29	$ -	850,000	-	850,000
24 Months	29-31	$ -	5,100,000	-	5,100,000
	Biennium	**GF**	**OF**	**FF**	**TF**
	29-31 Phase In	0	$ 4,250,000	$ -	$ 4,250,000.00

Based on community engagement the plan for implementation of services in 27-29 will be in Douglas, Jackson, Josephine, and Klamath Counties. In 29-31 these nine

counties will have this program implemented: Lake, Lane, Umatilla, Morrow, Linn, Benton, Marion, Polk, Yamhill Counties.

After these 13 counties are added, 19 counties will still lack RSN/CSCS services; an additional POP will be needed for full statewide coverage.

County Size	County Name	CCO	Implementation Date	27-29 Biennium	29-31 Biennium
Medium	Douglas	Umpqua	July 2028, 27-29	$ 150,000	$ 300,000
Large	Jackson	Jack Care ConnectAll Care	July 2028, 27-29	$ 400,000	$ 800,000
Medium	Josephine	All Care	July 2028, 27-29	$ 150,000	$ 300,000
Medium	Klamath	Pac CentralCHA	July 2028, 27-29	$ 150,000	$ 300,000
Small	Lake	EOCCO	July 2029, 29-31	$ -	$ 150,000
Large	Lane (RSN)	Trillium	July 2029, 29-31	$ -	$ 800,000
Medium	Umatilla	EOCCO	July 2029, 29-31	$ -	$ 300,000
Small	Morrow	EOCCO	July 2029, 29-31	$ -	$ 150,000
Medium	Linn*	IHM	July 2029, 29-31	$ -	$ 300,000
Medium	Benton*	IHM	July 2029, 29-31	$ -	$ 300,000
Large	Marion*	Pac Marion	July 2029, 29-31	$ -	$ 800,000
Medium	Polk*	Pac Marion	July 2029, 29-31	$ -	$ 300,000
Medium	Yamhill*	YCC	July 2029, 29-31	$ -	$ 300,000
*GF funded counties currently served				**$ 850,000**	**$ 5,100,000**

7. What **reductions will you will use to offset the cost** of this work and maintain budget neutrality?

This POP is General Fund neutral.

All costs will be covered with Adoption Savings (Other Funds). Adoption Savings are generated through increased federal Title IV-E eligibility for children entering adoption or guardianship, which reduces state adoption assistance expenditures. These savings must be used for post-permanency services and other allowable Title IV-B family support activities.

This POP aligns with federal requirements and uses the funding to supplement, not replace, existing services. No reductions are proposed to offset costs.

8. What are the **sources of funding (revenue)** and the funding split (GF/OF/FF) for each part of the investment as well as the offset/reduction?

Funding is 100% Adoption Savings Other Funds.

Federal guidelines require:
• At least 30% of funds to support post permanency services.
• Remaining funds used for allowable Title IV-B family support, reunification, preservation, and adoption services.
• Funds supplement, not supplant, existing state spending.

This approach leverages existing infrastructure and provider partnerships to expand services while remaining GF neutral.

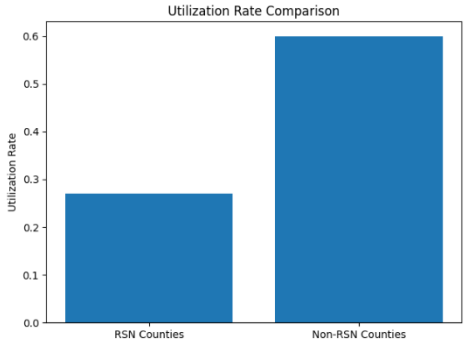
Additional detail regarding federal guidelines governing these savings:

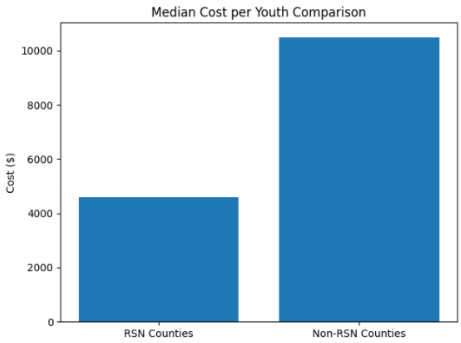
- Adoption Savings is generated through an existing federal policy framework and must be actively managed in accordance with federal requirements.
- At least 30% of savings must be directed toward post-permanency services for adoptive and guardianship families.
- The remaining 70% is restricted to services and activities explicitly defined under Title IV-B, Subpart 2 (the Promoting Safe and Stable Families Program), which includes family preservation, family support, family reunification, and adoption promotion and support services.
- These funds cannot supplant existing state spending. They can only be used to supplement services already being funded, not replace or reduce them.
- Spending must be documented and reported to demonstrate compliance with both the allocation requirements and the allowable service definitions under federal law.

9. What are potential **savings** (above the offset to pay for the investment)?

Preliminary data indicates that counties with RSN have lower Temporary Lodging Prevention (TLP) utilization and lower median TLP costs than counties without RSN. For example:

- RSN counties represent 29.5% of the post permanency population but only eight youth used TLP, with a median cost of $4,590.
- Non RSN counties represent 45.2% of the population but 27 youth used TLP, with a median cost of $10,500.

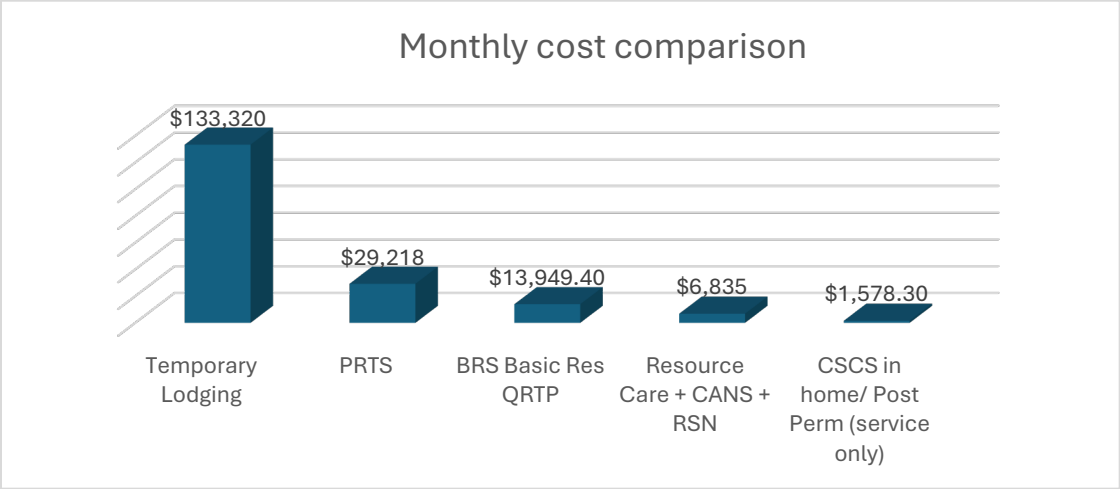




Additional cost avoidance is expected from:

- Reduced temporary lodging use.
- Fewer emergency department visits.
- Lower psychiatric hospitalization rates.
- Reduced reliance on BRS and residential placements.
- Fewer placement disruptions.
- Increased placement stability and permanency preservation.
- Reduced reentry into foster care.

Early cost comparisons show RSN and CSCS services are substantially less expensive than higher acuity interventions. Cost comparison:



TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services	-	838,308	-	838,308	4	3.00
Services & supplies	-	55,178	-	55,178		
Capital outlay	-	-	-	-		
Special payments	-	850,000	-	850,000		

Other	-	-	-	-		
Total	**-**	**1,743,486**	**-**	**1,743,486**	4	3.00

FISCAL IMPACT BY PROGRAM

	CW Design	CW Program	Program 3	Program 4	**Total**
General Fund					**-**
Other Funds	893,486	850,000			**1,743,486**
Federal Funds					**-**
Total Funds	893,486	850,000			**1,743,486**
Positions	4		-	-	**4**
FTE	3.00		-	-	**3.00**

RACIAL EQUITY IMPACT STATEMENT (REIS) WORKSHEET: POLICY OPTION PACKAGE (POP) QUESTIONS

Program managers responsible for the POP: Please answer the questions below for every POP being proposed in your agency request budget. To fill out this worksheet, download a copy of this worksheet and type your answers below each question.

Program Overview

1. Please describe the POP being proposed.

   This proposal seeks to utilize existing Adoption Savings to expand Responsive Caregiver Services into additional counties and increase Treatment Services staffing to support implementation. These services are designed to stabilize placements for children and families with complex needs through in-home, community-based supports that strengthen caregiver capacity and reduce reliance on higher levels of care.

   By expanding access to these proven interventions, this POP aims to reduce placement disruptions and temporary lodging, improve permanency outcomes, and strengthen stability for both Child Welfare-involved and post-permanency families across Oregon. The proposal is budget-neutral and supported by demonstrated positive outcomes from existing service implementation.

2. Why is the POP being proposed?

   Children and families with complex behavioral, developmental, and trauma-related needs are disproportionately impacted by placement instability and limited access to appropriate community-based supports. In many cases, children are placed outside of their home communities or in higher levels of care primarily to access services that are not otherwise available locally.

   When families and caregivers, including relatives, resource parents, adoptive parents, and guardians, do not have timely access to intensive supports, placements are more likely to experience disruption, including temporary lodging episodes and breakdowns in permanency. These disruptions can further disconnect children from their communities, cultural identity, and supportive relationships.

   This POP is intended to strengthen equity in access to care by expanding a service model that supports caregivers directly, reduces placement instability, and increases the likelihood that children can safely remain in their home communities.

It advances more equitable outcomes by improving access to supports in areas where service scarcity has historically contributed to disproportionate placement challenges, particularly in rural and underserved regions, allowing them to remain in their own communities.

Consultation

3. Who is completing this REIS?

   This Racial Equity Impact Statement is being developed by the ODHS FOCUS Team, led by Treatment Services Program Manager Sara Fox.

4. Who is responsible for tracking equity outcomes? What method(s) are they using to track outcomes?

   The ODHS FOCUS Team is responsible for tracking equity outcomes associated with this POP.

   Equity and performance outcomes will be monitored using multiple data sources and feedback loops, including:
   - Monthly contract compliance meetings with providers
   - Routine surveys of children, resource parents, and caseworkers, with findings compiled, analyzed, and used to inform ongoing service and contract improvements
   - The FOCUS Program Dashboard, which tracks service utilization, demographic data of children and families served, placement stability indicators, and additional performance metrics relevant to equity and access

   These tools will be used collectively to identify disparities in access, service delivery, and outcomes, and to inform continuous quality improvement.

5. Does your agency have a DEIB practitioner (Yes or no)? YES

   a. If yes, describe how you collaborated with them on this REIS.

   ODHS Child Welfare has a Service Equity Manager, Ashley Wortman, with the Office of Equity and Multicultural Services (OEMS) team. Engagement on this POP included consultation on how expanded Responsive Caregiver Services may improve equitable access to supports across geographic regions, with particular

attention to rural communities and areas with historically limited service availability.

Discussions also focused on the importance of using demographic and outcomes data to inform decision-making and implementation, including identifying and addressing potential disproportionality in service access and placement stability outcomes. This collaboration helped ensure the POP reflects equity considerations in both design and anticipated implementation.

b. If they were not involved in the development of this REIS, please explain why. Describe what you did instead to incorporate equity expertise and community input (e.g. listening sessions, advisory review, analysis of existing community feedback, partnering with trusted community partners, etc.).

6. Did you collaborate with your agency's data analysts, community engagement managers, outreach managers, and/or others that regularly interact with underserved and marginalized communities on this REIS? (Yes, no, or not applicable) YES

a. If yes, describe how you collaborated with them on this REIS.

The ODHS FOCUS Team collaborated closely with internal data partners to inform the development of this REIS and the associated POP proposal. This included regular use of both the FOCUS Service Dashboard and the broader Treatment Services Dashboard, which provide demographic, geographic, utilization, and outcome data related to children and families served.

These data sources helped identify service gaps, regional disparities, and areas where children and caregivers experience barriers to accessing timely and appropriate supports. The information was used to inform implementation planning, identify priority regions for phased expansion, and better understand where additional culturally responsive and community-based services may be needed.

The team also engaged regularly with Residential Resource Consultants, caseworkers, supervisors, and other staff who work directly with children and families across Oregon. Their feedback regarding placement challenges, service accessibility, caregiver needs, and regional resource limitations helped shape the proposal and ensure it reflects the experiences of underserved and marginalized communities, particularly in rural areas and communities with limited service infrastructure.

b. If they were not involved in the development of this REIS, please explain why. Describe what you did instead to incorporate equity expertise and community input (e.g. listening sessions, advisory review, analysis of existing community feedback, partnering with trusted community partners, etc.).

Community Engagement and Data

7. Identify the specific racial groups and communities that may be impacted by this POP, both directly and indirectly. In your answer, include responses to the following questions:

   This POP is expected to directly impact children, youth, caregivers, and families involved with Oregon Child Welfare who are experiencing placement instability or barriers to accessing intensive community-based supports. This includes resource parents, relative caregivers, adoptive families, guardianship families, and post-permanency families caring for children with complex behavioral, developmental, and trauma-related needs.

   Communities most likely to be impacted include children and families from communities that have historically experienced disproportionality within child welfare systems, including Native American, Alaska Native, Black, African American, Latino, and multiracial children and families. Rural communities and geographically underserved regions are also expected to be significantly impacted due to longstanding shortages in behavioral health, developmental disability, and intensive in-home support services.

   a. How did you identify these impacted groups?

   The impacted groups were identified through ongoing review of Child Welfare and Treatment Services data, analysis of placement instability trends, review of service utilization patterns, and direct feedback from providers, caseworkers, Residential Resource Consultants, caregivers, and community partners involved in the development and implementation of these services.

   The ODHS FOCUS Team also reviewed geographic service gaps and referral trends to identify communities where children with complex needs are more likely to experience temporary lodging, placement disruption, or out-of-community placements due to lack of available supports.

   b. What data are you using to validate your assessment? If possible, use outreach and engagement feedback to gather information and insight.

The assessment was informed by multiple quantitative and qualitative data sources, including:

- FOCUS Service Dashboard data.
- Treatment Services Dashboard data.
- Placement stability and temporary lodging data.
- Service utilization and referral data.
- Geographic analysis of service availability and access.
- Feedback from providers, caregivers, case workers, supervisors, and regional staff.
- Ongoing provider compliance meetings and caregiver surveys.

In addition, feedback from pilot implementation efforts and existing provider partnerships helped identify barriers families experience in accessing intensive supports and maintaining stable placements within their communities.

To strengthen equity accountability for this POP, the following measures will also be monitored:

- Increased access to Native American, Alaska Native, Black, African American, and Latino families by 10-15% through expansion of services to identified counties.
- Expanded services to at least four additional rural or frontier counties with documented service scarcity.

c. If possible, disaggregate the data by race, ethnicity, geography, income level, and other relevant characteristics. If disaggregated data is not available, please describe why.

Available program and service data can be disaggregated by race, ethnicity, and geography, and these data points are regularly reviewed through the FOCUS and Treatment Services Dashboards. Geographic disparities have been particularly important in identifying regions with limited access to intensive supports and higher rates of placement instability.

Some limitations exist related to the availability and consistency of income-level data and certain demographic variables across systems. However, the team will continue working to improve data quality and use available demographic and geographic information to monitor equitable access and outcomes over time.

d. How are communities impacted by this POP? What are the disproportionate impacts? Please be specific.

Communities impacted by service shortages and placement instability often experience disruptions that separate children from their families, schools, cultural connections, and communities. These impacts can be particularly significant for children from historically marginalized communities who are already disproportionately represented in child welfare systems.

Without adequate intensive supports, children with complex needs are more likely to experience:

- Placement disruptions and temporary lodging.
- Placement outside of their home communities.
- Separation from siblings, schools, cultural supports, and trusted relationships.
- Escalation to higher levels of care.
- Increased caregiver stress and permanency disruption.

For example, despite comprising 4.4% of Oregon's population per the 2020 census, American Indian and Alaskan Native children make up an average of 10% of the children in care in Oregon since 2024. This POP seeks to reduce this disparity by providing community-based caregiver supports that are tailored to the communities they are serving. These services can help children and families get the intensive services they need without having to leave their homes or communities.

Expansion of Responsive Caregiver Services is expected to reduce placement disruptions among Native American, Alaskan Native, Black, African American, Latino, and multiracial children by increasing access to culturally responsive supports and reducing out-of-community placements. These services help stabilize placements and keep families connected. The hands-on providers are often people with lived experience from their same communities and can assist caregivers with providing resources and support in a way that is holistic and genuine.

8. How did you ensure multiple perspectives were part of the decision-making process for this POP? In your answer, include responses to the following questions:

Development of this POP was informed by ongoing collaboration with a broad range of internal and external partners involved in serving children with complex needs, including recipients of the services through survey processes. These partnerships helped shape service design, identify implementation priorities, and inform decisions regarding regional expansion and staffing needs.

a. Identify how you have or are planning to engage multiple perspectives and impacted groups to provide feedback on this POP (e.g. program design, budget, policy decisions, etc.). Please give specific examples.

   The ODHS FOCUS Team has collaborated with:
   - Service providers participating in pilot implementation efforts.
   - Resource parents, adoptive parents, guardians, and relative caregivers.
   - Caseworkers and Child Welfare supervisors.
   - Residential Resource Consultants and regional staff.
   - Treatment providers and community partners.
   - Office of Performance. Policy and Research (OPPR) and internal data and equity partners.
   - OEMS and Child Welfare Service Equity leadership.
   - CCO's and OHA.

   Feedback has been gathered through regular operational meetings, provider compliance reviews, surveys, implementation planning discussions, and ongoing review of program outcomes and service gaps.

   The team also plans to continue gathering feedback during phased implementation through caregiver surveys, provider engagement, contract monitoring, and ongoing analysis of demographic and service outcome data to ensure services remain responsive to community needs.

b. If community engagement is not part of your approach, please explain why and what you did instead to incorporate community perspectives. In your response, describe the following: the decision-making process used to determine engagement was not feasible or appropriate, the specific barriers (beyond general time or capacity), and how you mitigated the risk of missing community input (e.g. using existing feedback, partnering with trusted organizations, review from advisory bodies, etc.).

Community engagement has been incorporated into the development and implementation of this proposal through ongoing collaboration with caregivers, providers, regional staff, and community-based partners who directly support impacted children and families. Existing pilot programs and provider partnerships created opportunities to gather practical feedback regarding barriers to care, placement stability needs, and service accessibility across communities and geographic regions.

Impacts and Accountability

9. If this POP is not funded, please describe the following:

    a. Which racial or ethnic communities would be most impacted.

    Children and families from communities already disproportionately represented in Child Welfare systems, including Native American, Alaska Native, Black, African American, Latino, and multiracial communities, would likely continue to experience the greatest impacts from service shortages and placement instability.

    Rural and geographically underserved communities would also continue to experience inequitable access to intensive community-based supports.

    b. How disparities would likely persist or worsen.

    Without expansion of these services, disparities in access to timely and appropriate supports are likely to continue or worsen. Children with complex needs may continue to experience:

    - Higher rates of placement disruption and temporary lodging.
    - Increased placement outside of their home communities.
    - Reduced access to culturally responsive and community-based supports.
    - Greater reliance on higher-cost and more restrictive levels of care.
    - Increased strain on relative caregivers, resource parents, and adoptive families.

    These impacts may further reduce placement stability and permanency outcomes for historically underserved populations.

10. Who will be monitoring racial equity outcomes over time for this POP?

The ODHS FOCUS Team, in partnership with Treatment Services leadership and internal data and equity partners, will monitor racial equity outcomes associated with this POP.

a. How will progress be reported?

   Progress will be monitored through ongoing review of dashboard data, service utilization trends, placement stability outcomes, demographic data, caregiver feedback, and contract compliance processes. Findings will be reviewed regularly to identify disparities and inform continuous quality improvement efforts.

b. How will leadership be informed of equity impacts?

   Leadership will be informed through regular reporting processes, dashboard reviews, implementation updates, and operational discussions regarding service access, utilization, placement outcomes, and demographic trends.

c. How will the community be involved in monitoring outcomes?

   Community and provider feedback will continue to inform implementation and monitoring efforts through caregiver surveys, provider engagement, ongoing operational discussions, and partnership with organizations serving impacted children and families. Feedback gathered through these processes will help identify barriers, improve service delivery, and support ongoing evaluation of equitable access and outcomes.

OREGON DEPARTMENT OF Human Services

ODHS Policy Option Package (POP) Form

2027-29 Agency Request Budget

Program(s) / Unit(s):	ODHS Child Welfare – Federal Policy and Resources
POP title:	POP104 ODHS authority to pay for foster care for Indian Child in the custody of a federally recognized tribe in Oregon
Related legislation or 2027 legislative concept:	None
Summary statement (5 to 7 sentences):	**Problem:** ODHS can reimburse Tribes for the cost of foster care only when a child in Tribal custody meets strict Title IV-E eligibility rules, and even then, IV-E rates do not cover the full cost of care. For children in Tribal custody who do not meet IV-E rules, ODHS provides no reimbursement at all, unlike ODHS's own foster care caseload, where the state covers the full cost of care for every child regardless of IV-E status. Title IV-E eligibility is based on 1990s-era federal income limits and is declining nationwide, so a growing share of Tribal foster children fall outside eligibility for ODHS support. As a result, only one of the Nine Federally Recognized Tribes in Oregon can pay foster families at ODHS' rate; two Tribes decline to take non-IV-E-eligible children into custody at all because they cannot afford it, and others cap payments as low as $350 to $400 a month, in some cases for only six months. Left unaddressed, this gap risks pushing more Tribal children into ODHS custody instead of Tribal care, deepening the disproportionate presence of Tribal children in the state's child welfare system. **Solution:** This POP authorizes ODHS to reimburse the nine Federally Recognized Tribes in Oregon for the full cost of foster care for all children in Tribal custody under existing Tribal-State Agreements, regardless of IV-E eligibility, using the same rates ODHS already pays under OAR 413-090-0010. The proposed action is funded through ODHS' Adoption Savings Other Funds with no General Fund request, no new staff or IT investment, and no change to current statute.

PRICING SUMMARY

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	$ -	$1,120,156	$ -	$ 1,120,156	0	0.00
Partner agency pricing*	$0	$0	$0	$0	0	0.00
Total Enterprise POP pricing	$ -	$ 1,120,156	$ -	$1,120,156	0	0.00

*OHA, DELC or other state partner

SETTING THE STAGE

1. Describe the **problem/s or opportunity/ies** this proposal would address.

   ODHS can currently reimburse Tribes only if they have a Title IV-E Tribal–State Agreement and only for children who meet strict IV-E eligibility rules. These rules are often hard to meet. ODHS is proposing a change so we can pay foster care costs for all children in Tribal custody. This would ensure that all Nine Federally Recognized Tribes of Oregon with Tribal–State Agreements receive fair and consistent reimbursement for the cost of foster care of their children.

2. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

   Child Welfare has had Title IV-E Tribal-State Agreements with five Federally

Recognized Tribes in Oregon since 2006, three of these Tribes have Tribal foster care and utilize these agreements. Child Welfare staff determine Title IV-E eligibility for all children in Tribal custody. If a child is eligible, Child Welfare pays the foster care costs. The IV-E eligible cases and payments are recorded in the Child Welfare database. We track both eligible and non-eligible children for each Tribe.

Data shows that Title IV-E eligibility rates are declining for many Tribes. This means Child Welfare provides less financial support. This drop in eligibility is happening nationwide because Title IV-E still uses the strict financial need rules from the 1996 Aid to Families with Dependent Children (AFDC) program. Eligibility is based on the family's income at the time the child is removed from the home. With minimum wage increases over time, it takes very little for a family to be considered over-income. If the family is over-income, the child is ineligible for Title IV-E for the entire time they are in foster care.

Tribes also face budget challenges, and their Tribal governments must make difficult decisions about how to fund all Tribal operations. As a result, Tribes cannot reimburse foster parents at the same level as ODHS, which creates a financial disparity for Tribal caregivers providing foster care for children in Tribal custody.

3. Is this POP, in whole or in part, a response to an **audit?** Explain.

   No

4. What has **already been done** to address or mitigate the problem/ opportunity?

   This is the first attempt to mitigate this problem.

5. What are the **risks** if the problem/opportunity is not addressed?

   Federally Recognized Tribes in Oregon are currently unable to sustain foster

care payment rates at the level provided by ODHS Child Welfare. This gap creates inequities for Tribal children served in Tribal custody. Without adequate funding, Tribes may be forced to reduce or discontinue bringing children into Tribal custody, resulting in more Tribal children entering ODHS custody instead.

Such a shift would likely increase the disproportionate number of Tribal children in the state's child welfare system and could lead to additional trauma for children, families, and Tribal communities. For many Tribal families, state involvement carries deep historical and intergenerational impacts, and maintaining Tribal authority and care whenever possible is essential to supporting cultural preservation and community wellbeing.

6. What **solution** are you proposing through this policy option package (POP)?

   ODHS covers the cost of foster care for all children in the custody of the Nine Federally Recognized Tribes in Oregon with Tribal-State Agreements, not just for children who meet IV-E eligibility criteria. Child Welfare budget tracks and calculates the average cost of foster care for the IV-E eligible children in Tribal custody just like children in ODHS custody. The average cost of care uses the payment structure defined in OAR 413-090-001 Authorized Payments. The average cost per case for FFY 2024 was $1,138.37. This average cost per case would change only if ODHS receives Legislative approval to either increase or decrease the Authorized Payment amounts.

   Only one Tribe is able to match the foster care rate that ODHS Child Welfare pays for foster care. Two of the Tribes with Title IV-E agreements do not take children into the Tribes' care and custody because they cannot pay for foster care for the children who do not meet the Title IV-E eligibility criteria. One Tribe can only pay $400 a month for a non-IV-E eligible child. One Tribe can only pay foster parents $350 a month for a non-IV-E eligible child and only for six months.

7. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe

this concept will achieve its aims here in Oregon.

Yes, the state of Washington has included in the Revised Code of Washington the following:

RCW 74.13.031(18)
The department shall have authority within funds appropriated for foster care services to purchase care for Indian children who are in the custody of a federally recognized Indian tribe or tribally licensed child-placing agency pursuant to parental consent, tribal court order, or state juvenile court order. The purchase of such care is exempt from the requirements of chapter 74.13B RCW and may be purchased from the federally recognized Indian tribe or tribally licensed child-placing agency, and shall be subject to the same eligibility standards and rates of support applicable to other children for whom the department purchases care.

8. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?

   No, this POP does not require new statute or changes to existing statute to implement. However, codifying the policy of paying foster care costs for all children in Tribal custody, regardless of a child's Title IV-E eligibility, would provide Tribe's confidence that ODHS will continue to support all Tribal families, independent of the availability of Adoption Savings Other Funds in future biennia.

TRIBAL CONSIDERATIONS

1. Will this POP have a direct impact on **programs, policies, or direct set-aside funding** to the Nine Federally Recognized Tribes in Oregon or with Treaty Reserved Rights in Oregon? If so, how?

This proposal will have a profound and positive impact on the Child and Family Services programs of the Nine Federally Recognized Tribes in Oregon. By strengthening Tribal capacity and infrastructure, it will support the development and expansion of Tribal foster care programs and ensure that each Tribe can pay foster families at the same rate as the State. Aligning these rates will improve the overall effectiveness of Tribal foster care services and enhance the wellbeing of the children and families served.

This investment will also improve State outcomes. With adequate financial resources, Tribes will be better positioned to maintain custody of their children, resulting in fewer Tribal children entering ODHS custody under ICWA. Tribal citizens are dual citizens of their sovereign Tribal Nation and the State in which they reside. States have a responsibility to provide public health and child welfare services to all residents. Denying funding for a Tribal child in Tribal custody infringes on that child's rights as a State citizen and financially penalizes Tribes for exercising their sovereignty in caring for their children.

Maintaining the current approach also creates an incentive for Tribal children to be removed from their communities and placed in State custody, despite extensive research showing that Tribal children experience stronger long-term outcomes when cared for within their own communities and kin networks. This proposal helps correct that inequity and supports practices that honor Tribal sovereignty, strengthen families, and improve outcomes for children.

MEASURING PERFORMANCE

1. Which of your **key performance measures (KPMs)** is this POP connected to?

   Not applicable

2. If none, are you proposing a **new or modified KPM?**

   No

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**

   Not applicable

4. What are the envisioned **outputs** of this POP?
   - *Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.*

     The outputs of this POP will be ODHS supporting Tribes self-governance by providing funding to allow Tribes to equitably pay all foster care payments at the same rate as ODHS regardless of the child's Title IV-E eligibility status.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   - *Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.*

     Tribal/foster families will receive equitable foster care payment for children in Tribal custody. This could encourage more Tribal families to step forward to care for Tribal children.

6. How will you **collect the data** you need to measure the success of this solution?

   Through a Tribal State Governmental Agreement, the reporting and

reimbursement process will be created during the implementation phase.

Is this data currently being collected?

Child Welfare currently has other Tribal State Governmental Agreements where reporting is monitored and captured as part of the contractual language. This data would be included in this reporting process.

Have you engaged ORRAI to discuss elements needed to plan for data gathering?

Not applicable because this data will not be captured in Child Welfare or state system.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.

   No system changes needed.

IMPLEMENTATION

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**

   Tribal-State Agreements would be created or amended to allow for ODHS to pay the cost of foster care for children in Tribal custody. Each agreement would require an initial allotment of funds for the Tribe to use to pay the cost of foster care. We would develop an invoice process where the Tribe submits actual foster care costs to ODHS for continuous reimbursement of funding. The negotiation of the Tribal-State agreement would be based on actual population of children in Tribal custody, the age of the children and ODHS foster care rates.

2. Will your solution require an **IT investment?** Explain.

   No, this solution can be supported with current system operations.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?

   This solution is specifically to support the Nine Federally Recognized Tribes in Oregon. Each Tribal-State agreement would be negotiated to meet the infrastructure for each Tribe. ODHS will strive to keep the administrative burden low for the Tribe to receive these funds, as required by the OHA/ODHS Tribal Consultation and Urban Indian Health Program Confer Policy.

BUDGET REQUEST AND BUDGET OFFSET

1. Are there **prior investments** allocated for this policy package?

   No

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

   The pricing assumes the current non-IV-E eligible caseload for the tribes remains steady. If additional funding is needed, then a Rebalance/Reshoot technical adjustment request would be made requesting more Other Fund Adoption Savings for the Tribal budget.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.

   This POP will provide a baseline to cover the new caseload of children added based on this change. Since these non-IV-E eligible children are served via the Tribes and are not managed by Child Welfare there is no need to record child-specific foster care services. From the Oregon Child Welfare perspective, these are not counted as caseload. Therefore, there is no caseload impact.

   Cost per case of the IV-E eligible population does change over time, and the same cost per case was used to calculate the costs for this new population. However, this new population would not be included in any cost per case calculations. If additional funding is needed, then a Rebalance/Reshoot request would be made to increase the Other Fund Adoption Savings to the Tribal budget.

   In summary, the costs of the currently served IV-E eligible population will inform the costs for the non-IV-E eligible population. There is no impact to caseload or cost per case.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to note what each position type will be responsible for to move the proposed work forward.

   This POP can be done using existing staff and positions and we are not asking for additional positions/FTE

5. What are the **startup and one-time costs** associate with this POP?

   There are not any startup or one-time costs for this POP.

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

The ongoing costs of the POP will be the cost of foster care for the children currently being paid for by the Tribes. This will be an ongoing cost for ODHS. The ongoing costs are the current cost per case for the Tribal IV-E population for an average of 41 additional children in Tribal care and custody (based on FFY2024 data). This cost is priced for a full 24 months for the 27-29 biennium. The average cost per case is based on the Authorized Payments defined in OAR 413-090-0010. This average cost per case would change only if ODHS receives Legislative approval to either increase or decrease the Authorized Payment amounts.

Tribe IVE Monthly Cost Per Case	$	1,138.37
Average # Children		41
24 Month Cost	**$**	**1,120,156**

Child Welfare is proposing to use Other Fund Adoption Savings to fund the cost of this Polic Option Package.

	GF	OF	FF	TF
Tribal	$ -	$ 1,120,156	$ -	$ 1,120,156
Total	**$ -**	**$ 1,120,156**	**$ -**	**$ 1,120,156**

7. What **reductions will you will use to offset the cost** of this work and maintain budget neutrality?

ODHS has Adoption Savings Other Fund revenue that is eligible to pay for this cost, with no General Fund investment needed.

8. What are the **sources of funding (revenue)** and the funding split (GF/OF/FF) for each part of the investment as well as the offset/reduction?

The additional cost caused by this POP would be 100% Other Fund Adoption Savings.

Federal law changed to increase the number of IV-E eligible children for Adoptions Assistance payments known as the "applicable child" eligibility

criteria. This resulted in additional federal reimbursement for adoption assistance that would have been funded by general funds prior to change. This created general fund savings that can be saved in the Other Fund-Adoptions Savings budget (created in 2017-SB102) and can be used to reinvest in services and programs allowable under Title IV-B and Title IV-E.

Federal rules govern how these dollars may be used. The funds must supplement, not supplant, existing state expenditures. At least 30% must support post-permanency services for adoptive and guardianship families. The remaining 70% may only be spent on allowable Title IV-B or IV-E child welfare services, such as family preservation, family support, family reunification, and adoption promotion and support. This POP request would be reported in the 70% allowable expenditures.

All expenditures must be documented and reported to demonstrate on-going compliance with federal requirements.

9. What are potential **savings** (above the offset to pay for the investment)?

   This would not create any savings.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services						
Services & supplies						
Capital outlay						
Special payments		$1,120,156		$1,120,156		

Other						
Total		**$1,120,156**	**$0**	**$1,120,156**	**0**	**0.00**

FISCAL IMPACT BY PROGRAM

	CW Program	Program 2	Program 3	Program 4	**Total**
General Fund					
Other Funds	$1,120,156				**$1,120,156**
Federal Funds					**$0**
Total Funds	$1,120,156				**$1,120,156**
Positions					**0**
FTE					**0.00**

RACIAL EQUITY IMPACT STATEMENT (REIS) WORKSHEET: POLICY OPTION PACKAGE (POP) QUESTIONS

Program managers responsible for the POP: Please answer the questions below for every POP being proposed in your agency request budget. To fill out this worksheet, download a copy of this worksheet and type your answers below each question.

Program Overview

1. Please describe the POP being proposed.

   This POP grants authority to ODHS to pay for foster care for all Indian children in the custody of a federally recognized Tribe in Oregon.

   ODHS Child Welfare funds the cost of care for children entering foster care using federal and state resources, including Title IV-E and State General Funds. ODHS has Tribal-State Agreements with the Nine Federally Recognized Tribes in Oregon that outline foster care reimbursement for children in Tribal custody. Currently, ODHS can only reimburse five Tribes that have Title IV-E agreements, and only for children who meet strict and often difficult-to-meet IV-E eligibility requirements. Only three of these five Tribes have Tribal foster care and utilize these agreements. In federal fiscal year 2024, the IV-E eligibility rate averaged 54% for these Tribes, compared to about 49% for ODHS' statewide foster care population.

   While ODHS covers foster care costs for Tribal children in State custody who are not IV-E eligible, Tribes do not have comparable funding mechanisms or infrastructure to support Tribal children in Tribal custody who are not IV-E eligible. This contributes to ongoing inequities for Tribal children in Tribal custody. To address these impacts, ODHS proposes to cover foster care costs for all Tribal children in the custody of the Nine Federally Recognized Tribes in Oregon who are not IV-E eligible.

2. Why is the POP being proposed?

   It will create equitable foster care payments for Tribal families regardless of whether the child is in custody of ODHS or a Federally Recognized Tribe in Oregon.

Consultation

3. Who is completing this REIS?

   Child Welfare, Federal Policy and Resources Program – Sherril Kuhns.

4. Who is responsible for tracking equity outcomes?

   Policy analysts within the ODHS Child Welfare Federal Policy and Resources (FPR) Program.

   What method(s) are they using to track outcomes?

   Tracking of outcomes will be based on reports from Tribal Child and Family Services programs that will be developed in partnership with each participating Tribe in Oregon. Reporting requirements will be outlined in the Tribal-State agreement.

5. Does your agency have a DEIB practitioner (Yes or no)? Yes

   a. If yes, describe how you collaborated with them on this REIS.

   b. If they were not involved in the development of this REIS, please explain why. Describe what you did instead to incorporate equity expertise and community input (e.g. listening sessions, advisory review, analysis of existing community feedback, partnering with trusted community partners, etc.).

      This POP was developed in direct response to requests from the five Federally Recognized Tribes that have Title-IV-E Tribal-State agreements. The Federal Policy and Resources team meet regularly with Tribes Social Services Director's or Tribal Child and Family Services managers and staff to provide technical assistance and training. During these meetings, in other collaborative spaces, the Tribes have consistently expressed the need addressed in this POP.

      The issue has become increasingly urgent because one Tribe has experienced a continual decline in the number of children eligible for Title IV-E. This decline is tied to families no longer meeting the strict federal financial need requirements, which limits access to Title IV-E resources and supports. The POP aims to address these concerns and uphold our shared commitment to supporting Tribal children and families.

6. Did you collaborate with your agency's data analysts, community engagement managers, outreach managers, and/or others that regularly interact with underserved and marginalized communities on this REIS? (Yes, no, or not applicable)

    a. If yes, describe how you collaborated with them on this REIS.

    b. If they were not involved in the development of this REIS, please explain why. Describe what you did instead to incorporate equity expertise and community input (e.g. listening sessions, advisory review, analysis of existing community feedback, partnering with trusted community partners, etc.).

    Yes, the collaboration was with Tribal partners during regular meetings with Child Welfare and Federal Policy and Resources staff heard the concerns of the Tribes Social Services Directors or Child and Family Services managers.

Community Engagement and Data

7. Identify the specific racial groups and communities that may be impacted by this POP, both directly and indirectly. In your answer, include responses to the following questions:

    a. How did you identify these impacted groups?

    This proposal is a direct result of ongoing collaboration with Tribal partners. It is intended to address the unique needs of Tribal children who are in the custody of a Federally Recognized Tribe in Oregon, but who do not meet federal Title IV-E eligibility requirements. The change ensures that these children receive equitable support, honors Tribal sovereignty, and strengthens our shared commitment to culturally appropriate care and placement stability.

    b. What data are you using to validate your assessment? If possible, use outreach and engagement feedback to gather information and insight.

    The current Title IV-E Tribal–State agreements establish a collaborative partnership between the participating Tribes and Federal Policy and Resources (FPR) team. Under these agreements, FPR conducts all Title IV-E eligibility determinations for children who enter Tribal custody. The results of

these determinations are recorded in a case log, which is used each quarter to calculate additional federal reimbursement. This information is also the primary tool FPR and the Tribes use to monitor IV-E eligibility rates for children in Tribal custody.

c. If possible, disaggregate the data by race, ethnicity, geography, income level, and other relevant characteristics. If disaggregated data is not available, please describe why.

   This is not applicable to this POP.

d. How are communities impacted by this POP? What are the disproportionate impacts? Please be specific.

   This proposal will have a profound and positive impact on the Child and Family Services programs of the Nine Federally Recognized Tribes in Oregon. By strengthening Tribal capacity and infrastructure, it will support the development and expansion of Tribal foster care programs and ensure that each Tribe can pay foster families at the same rate as the State. Aligning these rates will improve the overall effectiveness of Tribal foster care services and enhance the wellbeing of the children and families served.

   This investment will also support improved State outcomes. With adequate financial resources, Tribes will be better positioned to maintain custody of their children, resulting in fewer Tribal children entering ODHS custody under ICWA. Tribal citizens are dual citizens of their sovereign Tribal Nation and the State in which they reside. States have a responsibility to provide public health and child welfare services to all residents. Denying funding for a Tribal child in Tribal custody infringes on that child's rights as a State citizen and financially penalizes Tribes for exercising their sovereignty in caring for their children.

   Maintaining the current approach also creates an incentive for Tribal children to be removed from their communities and placed in State custody, despite extensive research showing that Tribal children experience stronger long-term outcomes when cared for within their own communities and kin networks. This proposal helps correct that inequity and supports practices

that honor Tribal sovereignty, strengthen families, and improve outcomes for children.

8. How did you ensure multiple perspectives were part of the decision-making process for this POP? In your answer, include responses to the following questions:

    a. Identify how you have or are planning to engage multiple perspectives and impacted groups to provide feedback on this POP (e.g. program design, budget, policy decisions, etc.). Please give specific examples.

    This POP is the result of many years of collaboration with the five Federally Recognized Tribes with Title IV-E Tribal-State Agreements. Throughout the development of this POP, FPR worked closely with Child Welfare Executive Leadership and Budget staff to identify a cost-neutral approach. Once the budget strategy was finalized, leadership approved advancing the POP to address longstanding inequities and to support practices that uphold and honor Tribal sovereignty.

    b. If community engagement is not part of your approach, please explain why and what you did instead to incorporate community perspectives. In your response, describe the following: the decision-making process used to determine engagement was not feasible or appropriate, the specific barriers (beyond general time or capacity), and how you mitigated the risk of missing community input (e.g. using existing feedback, partnering with trusted organizations, review from advisory bodies, etc.).

Impacts and Accountability

9. If this POP is not funded, please describe the following:

    a. Which racial or ethnic communities would be most impacted.

    Tribal citizenship is not a race or ethnicity however the communities of the Federally Recognized Tribes in Oregon would continue to be adversely impacted

    b. How disparities would likely persist or worsen.

    Federally Recognized Tribes in Oregon are currently unable to sustain foster care payment rates at the level provided by ODHS Child Welfare. This

funding gap results in inequitable support for Tribal children who are served in Tribal custody. Without adequate resources, Tribes may be forced to reduce or discontinue bringing children into Tribal custody, which would shift more Tribal children into ODHS custody instead.

Such a shift would likely increase the already disproportionate number of Tribal children in the state's child welfare system and may contribute to further trauma for children, families, and Tribal communities. For many Tribal families, state involvement is intertwined with deep historical and intergenerational harms. Ensuring that Tribes are able to maintain authority and provide care for their children whenever possible is essential to supporting cultural preservation, community wellbeing, and the sovereignty of Tribal Nations.

10. Who will be monitoring racial equity outcomes over time for this POP? ODHS Child Welfare, Federal Policy and Resources team.

    a. How will progress be reported?

       This will be developed in collaboration with the Nine Federally Recognized Tribes to ensure honoring Tribal data sovereignty.

    b. How will leadership be informed of equity impacts?

       Once the reporting process is developed, FPR will identify effective methodology for providing updates.

    c. How will the community be involved in monitoring outcomes?

       This is not applicable to this POP.

OREGON DEPARTMENT OF Human Services

ODHS Policy Option Package (POP) Form

2027-29 Agency Request Budget

Program(s) / Unit(s):	Oregon Department of Human Services / Office of Developmental Disabilities Services
POP title:	POP 105 Children's Residential Services
Related legislation or 2027 legislative concept:	NA
Summary statement (5 to 7 sentences):	**The problem:** Oregon children with intellectual and developmental disabilities are increasingly placed in costly, higher-restriction 24-hour residential group homes instead of family foster homes. Rates, not clinical need, are driving this trend: foster care rates have not kept pace with the cost of care, so providers have little incentive to remain in or enter foster care when residential care pays substantially more for a comparable population. As a result, over the past five years, children's residential group home capacity has more than doubled while foster care capacity has declined. This trend has negative impacts on children, as research and practice both point to family home environments as better for their healthy development. The cost gap compounds the problem: Oregon pays roughly $30,000 a month for 24-hour residential care versus roughly $6,000 for foster care, five times more for a placement that's potentially worse for kids. **The solution:** This POP raises children's foster care rates to 90% of the rate recommended by the 2024 independent Rate and Wage Study. This amounts to a 31% increase and can be funded entirely by savings from reduced 24-hour residential caseloads, making the package budget neutral. By closing the rate gap, ODDS expects to divert placements from shift-staffed group homes into family home settings, reserving residential care for the rare cases where it's genuinely necessary. The result: more

	children supported in family environments, and a lower average cost per case across the system.

PRICING SUMMARY

This POP will be budget neutral due to the reduction in children enrolled in 24-hour residential services.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing	$0	$0	$0	$0	0	0.00
Partner agency pricing*	$0	$0	$0	$0	0	0.00
Total Enterprise POP pricing	$0	$0	$0	$0	0	0.00

*OHA, DELC or other state partner

SETTING THE STAGE

1. Describe the **problem/s or opportunity/ies** this proposal would address.

   Children's foster care capacity has decreased over the past 5 years while residential children's group homes have more than doubled in the same amount of time. The cost-per-case average for children's foster care is around $6,000 per month while the cost-per-case average of children's group homes is around $30,000 each month. Referrals to Children's Residential Group homes have become the default placement for children due to capacity and ease for placement. Increasing foster care rates and focusing on increasing capacity in local communities will decrease the need for children's group home placements. The increased capacity will support children remaining in their communities while also decreasing the overall cost per case of children living in a residential home (group home and foster care).

2. What **data** tells you that this problem/opportunity exists? Please be specific and provide data sources.

This data shows the current cost per case (per month) for each program and the current forecasts for 2025-2027 and 2027-2029 if services continue without this POP.

	Cost per Case	2025-2027 Forecasted Number of Cases (Spring 2026)	2027-2029 Forecasted Number of Cases (Spring 2026)
Children Residential	$27,242	278	314
Child Foster Care	$5,547	233	214

Data reflecting growth in children's 24-hour residential capacity:

Child Residential Beds

	Providers	Licensed Beds	Filled Beds	Vacancies
2021	75	271	198	73
2022	94	322	196	126
2023	111	362	226	136
2024	156	500	287	213
2025	123	395	330	65
2026	127	401	311	90

Data reflecting a decline in children's foster care capacity:

Child Foster Care Beds

	Providers	Licensed Beds	Filled Beds	Vacancies
2021	209	559	313	246
2022	204	559	270	289
2023	195	494	246	248
2025	168	423	231	192
2024	177	445	229	216
2026	154	383	202	181

Additionally, data found in the Bucharest Early Intervention Project (BEIP), demonstrates children placed in foster care, compared to those placed in 24-hour residential have better cognitive outcomes, better physical growth, and better neural development.

3. Is this POP, in whole or in part, a response to an **audit?** Explain.
   No.

4. What has **already been done** to address or mitigate the problem/ opportunity?
   ODDS is making administrative rule changes aimed at diverting children from 24-hour residential and increasing demand for children's foster care by limiting access to 24-hour residential services to children over the age of 10, and requiring a new license application for providers converting from adult 24-hour licenses to children's.

5. What are the **risks** if the problem/opportunity is not addressed?
   - Rising cost-per-case for children living in 24-hour residential that is unsustainable.
   - Fewer children's foster home providers, leading to unnecessary, expensive, and more restrictive placements for children.
   - Fewer children living in home-like environments.

6. What **solution** are you proposing through this policy option package (POP)?
   Increase children's foster care rates with the intent of decreasing capacity in children's residential group homes and lowering the average cost-per-case for children's out-of-home placements.

7. Has the proposed solution been successful in **other contexts or jurisdictions?** Alternatively, if there is no precedent, explain why you believe this concept will achieve its aims here in Oregon.

ODDS has not identified a directly comparable jurisdiction with published outcomes to cite as precedent. However, Oregon has relevant in-state evidence: children's foster care received COLA-aligned rate increases of 5% (7/1/2025) and 6% (7/1/2026) that mirrored increases provided to adult foster care providers. [ODDS to confirm: capacity/enrollment impact observed in adult foster care as a result of comparable rate increases??]. More broadly, this proposal is grounded in basic market dynamics: children's foster care rates have fallen below the actual cost of providing care, which has driven capacity out of the market and toward the higher-paying 24-hour residential model. Bringing rates closer to the cost of care, as informed by the independently conducted 2024 Rate and Wage Study, is expected to reverse that dynamic and stabilize the foster provider pool.

8. Does this POP require a **new statute or changes to existing statute(s)?** If so, have you completed the Legislative Concept request form for statutory changes?
   No.

TRIBAL CONSIDERATIONS

1. Will this POP have a direct impact on **programs, policies, or direct set-aside funding** to the Nine Federally Recognized Tribes in Oregon or with Treaty Reserved Rights in Oregon? If so, how?
   This POP may increase capacity to serve Tribal members in their communities.

   Regarding Tribal impacts, while this POP does not explicitly create direct set-aside funding or policies specific to the nine federally recognized Tribes in Oregon, any implementation should be coordinated with Tribal governments to ensure compliance with Indian Child Welfare Act (ICWA) and Oregon ICWA principles and to support culturally responsive placements,

including prioritizing Tribal foster homes and services where appropriate.

MEASURING PERFORMANCE

1. Which of your **key performance measures (KPMs)** is this POP connected to?
   None.

2. If none, are you proposing a **new or modified KPM?**
   ODDS will propose a new KPM or a new QTR. Existing QTR includes timeliness of offering a child a group home option. This has been met over several quarters at 100%. Shift would be increasing Child Foster Home capacity and decreasing the number of children living in a 24- hour licensed group home

3. How will the work you're proposing help ODHS meet or exceed the **KPM targets?**
   NA.

4. What are the envisioned **outputs** of this POP?
   - *Consider activities you will be able to count in actual numbers: partners engaged, clients served, regions served, applications processed, staff trainings conducted, referrals made, transitions completed, families participating, etc.*

   ODDS will have increased child foster care capacity with increased provider numbers. The number of children living in 24-hour residential group homes will decrease over time.

5. **Outcomes** show how people are better off because of the outputs you listed above. What are your expected outcomes?
   - *Consider measurable effects like improved service navigability, reduced racial disparities within programs, expanded access to needed services among key populations, improved transition rates, etc.*

ODDS will increase child foster care capacity, and the number of children living in 24-hour residential homes will decrease over time. This will result in lower cost per case for children living outside of the family home. Other potential outcomes may include:

- Children in Child Welfare may be more likely to be successful in the reunification process because it is easier to transition from a family-like setting.
- Children may be more likely to return to their family home.

6. How will you **collect the data** you need to measure the success of this solution? Is this data currently being collected? Have you engaged ORRAI to discuss elements needed to plan for data gathering?
Capacity growth of foster homes vs. decreased capacity in 24-hour group homes. ODDS already has and manages this data.

7. To achieve optimal data collection, would you need to make **changes to your case management system?** Describe.
No.

IMPLEMENTATION

1. If the legislature allocates funds for the proposed POP, how specifically would we **use the money to implement it?**
ODDS will transition child foster care rates into a new rate model using the Oregon Needs Assessment, an effort directed by the Legislature without reducing rates for existing providers. The rate increase will constitute 90% of the recommended children's foster care rates determined by the 2024 Rate and Wage Study. ODDS is opting for 90% of the recommendation as this is an amount that can be offset by other savings, making this POP budget-neutral.

2. Will your solution require an **IT investment?** Explain.
This will require minimal IT changes within ODDS's payment and billing system. This can be absorbed with existing resources.

3. What other **ODHS units, public agencies, Tribes, communities or other partners** will be involved in the implementation of this POP? What will their responsibilities be?
   The rule changes related to children's residential eligibility that will complement the rate investment of this POP will come with public engagement to include a Rules Advisory Committee, rule public comment period, and a rule hearing.

BUDGET REQUEST AND BUDGET OFFSET

1. Are there **prior investments** allocated for this policy package?
   Children's foster care received a 5% rate increase on 7/1/2025 and a 6% rate increase on 7/1/2026 as part of a cost of living that adult foster care providers received.

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

   - That children's residential group home caseloads will decrease.
   - Children's foster care outreach, recruitment and retention will increase
   - That children's foster care caseloads will increase.
   - That the overall cost-per-case for children's out-of-home placements (combining 24-hour residential and foster care) will decrease.

3. Will there be **changes to caseload, cost per case or services provided** to specific populations? Explain.
   The children's residential group home services caseload will decrease. The caseload for children's foster care will increase. The cost-per-case of children in foster care will increase due to a new rate structure.

4. Describe the **staff and positions** needed to implement this policy package, and whether existing positions can be modified to meet the need. Be sure to

note what each position type will be responsible for to move the proposed work forward.
Workload will be absorbed with existing staff.

5. What are the **startup and one-time costs** associate with this POP?

   Start up costs associated with this POP are neutralized by the move of children from 24 residential care to child foster care.

6. What are the **ongoing costs?**
   Ongoing costs would be for funding the rate and wage recommended rates at 90% to stabilize child foster home rates. However, this would be offset by the ongoing reduction in costs due to less children in 24 hour residential services.

7. What **reductions will you will use to offset the cost** of this work and maintain budget neutrality?
   Reducing the number of people served by children's 24 hour group homes will result in approximately $23M TF savings. This savings would be used to provide the rate increase to child foster homes. That savings will cover the cost of the new rate model, which allows for a 31% rate increase for foster home providers and exceptions.

8. What are the **sources of funding (revenue)** and the funding split (GF/OF/FF) for each part of the investment as well as the offset/reduction?
   Medicaid match (K Plan, ACA, CHIP):
   Approximately $8.1M GF / $14.9 FF

9. What are potential **savings** (above the offset to pay for the investment)?
   All savings will be used to fund child foster care rate structure at 90% of proposed rate model.

TOTAL FOR THIS POLICY PACKAGE

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
Personal services						
Services & supplies						
Capital outlay						
Special payments						
Other						
Total	**$0**	**$0**	**$0**	**$0**	**0**	**0.00**

FISCAL IMPACT BY PROGRAM

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

In order to maintain budget neutrality, this POP uses 74% of the wage and rate study recommended rates, as shown in the chart below. Using a higher percent does not maintain budget neutrality.

Estimated CFH Rate Changes Using ONA Service Group Category Rate Model (Burns & Associates CFH Rate Model Study)

% of Wage & Rate Study Rate	ONA SG 1	ONA SG 2	ONA SG 3	ONA SG 4	ONA SG 5	Hold Harmless Funding
74%	$1,928.78	$3,156.67	$4,384.56	$5,612.45	$7,374.04	$2,705,680.00

80%	$2,085.17	$3,412.62	$4,740.06	$6,067.51	$7,971.94	$1,988,839.00
90%	$2,345.81	$3,839.19	$5,332.57	$6,825.95	$8,968.43	$1,048,482.00
100%	$2,606.46	$4,265.77	$5,925.08	$7,584.39	$9,964.92	$576,383.00

Racial Equity Impact Statement

ODHS Policy Option Package: Children's Residential Services
2027–29 Agency Request Budget

Program Overview

1. Please describe the POP being proposed.

   ODDS prioritizes children remaining in their own, family home whenever possible. However, when this is not possible, ODDS/ODHS values children remaining in a family-like setting. This POP is a focused investment in children's developmental disabilities foster care that will lead to stronger and better developmental outcomes for children and ultimately, an overall reduction in costs borne by ODDS.

   Currently, the average cost per month for children's foster care is roughly $6,000 while the cost per month for children's 24-hour residential is $30,000 per month. Growth within the children's residential provider pool compared to children's foster care indicates that children's foster care rates are too low to compete, even given the differences between service models.

2. Why is the POP being proposed?

   According to the Bucharest Early Intervention Project (BEIP), children placed in foster care, compared to those placed in 24-hour residential have better cognitive outcomes, better physical growth, and better neural development. Despite best intentions, shift-staffing and 24-hour residential environments are often unable to provide the stability and support children's developmental, physical, and emotional growth needs. Family home environments can provide more stability and are ideal for children's healthy development and growth. ODDS believes an investment in children's foster care rates, along with key policy changes, will divert children from shift-staffing to family home environments. No child should be placed in a 24-hour residential program solely due to lack of capacity in foster care.

Consultation

3. Who is completing this REIS?

   ODDS executive leadership team, including our Services Equity and Inclusion manager and OEMS Service Equity manager.

4. Who is responsible for tracking equity outcomes? What method(s) are they using to track outcomes?

   a. Cost savings tracking and how reinvestment into more culturally specific homes has increased (i.e. provider recruitment events in partnerships with Tribes or Child Welfare).

   b. More accessible information and materials for families navigating I/DD systems, so they can make informed decisions for their children including options for in-home supports to care for children and reunification.

   c. Placement options in least restrictive settings and their utilization, this could include an equity impact analysis to be completed prior to placement and short-term, treatment-focused stays with clear transition plans.

   d. Timeliness of placements due to reduction of assessment completion.

Note: All data would be tracked by our Operations team, which includes a team of data analysts.

5. Does your agency have a DEIB practitioner (Yes or no)?

   a. If yes, describe how you collaborated with them on this REIS.

      Yes – ODDS has a Service Equity and Inclusion Manager, Person-Centered Practices and Service Equity Coordinator, Family Engagement Strategist and support from OEMS and their designated

Service Equity Manager. They supported with review and development of this REIS.

6. Did you collaborate with your agency's data analysts, community engagement managers, outreach managers, and/or others that regularly interact with underserved and marginalized communities on this REIS? (Yes, no, or not applicable)

    a. If yes, describe how you collaborated with them on this REIS.

    ODDS has a Partnership and Accessibility Resource Unit that has positions such as Service Equity and Person-Centered Practices Coordinator and Family Engagement Strategist. We partnered with them in addition to ODDS data analysts.

Community Engagement and Data

7. Identify the specific racial groups and communities that may be impacted by this POP, both directly and indirectly. In your answer, include responses to the following questions:

    The population of children in residential services is small, making it difficult to ascertain if there are specific racial groups or communities that may be impacted by this POP. Please see below for details.

    a. How did you identify these impacted groups?

    ODDS pulled information regarding race, ethnicity and age for service utilization within ODDS licensed children's 24-hour and foster care settings.

    b. What data are you using to validate your assessment? If possible, use outreach and engagement feedback to gather information and insight.

    Service utilization rates from FY 2022 – FY 2026.

c. If possible, disaggregate the data by race, ethnicity, geography, income level, and other relevant characteristics. If disaggregated data is not available, please describe why.

   Disaggregated data is available for service utilization on ODDS licensed children's 24-hour and foster care settings.

d. How are communities impacted by this POP? What are the disproportionate impacts? Please be specific.

   Data based on ODDS licensed children's 24-hour and foster care settings is currently limited, as it is a relatively small population. To better understand disproportionate impacts, improved data collection for children utilizing these services would need to take place. We also know that folks impacted by this pop are sometimes children and youth who have interacted with child welfare which data shows is disproportionally children and youth who identify as Black African American, Native American or Alaksa Native.

Note: all data can be found on this public facing, Children's System of Care Dashboard.

8. How did you ensure multiple perspectives were part of the decision-making process for this POP? In your answer, include responses to the following questions:

   a. Identify how you have or are planning to engage multiple perspectives and impacted groups to provide feedback on this POP (e.g. program design, budget, policy decisions, etc.). Please give specific examples.

      1. Office of Developmental Disabilities Services (ODDS) hosted 18 public discussions in April and May. We met people across Oregon and online. We heard from self-advocates, family

members, support workers, partners and staff. We had conversations about what our budget priorities should be.

2. Some main themes that stood out across the state:
    - "Nothing about us without us." Include self-advocates and families in decisions about their services. Their voices guide the system.
    - Invest in what works and helps most. Good support is better than a lot of service options. Money should go to things that truly make people's lives better.
    - Build stronger community supports. When people have friends and belong somewhere, they are less alone, more supported and have fewer crises.
    - Community Inclusion
    - Treat people with dignity. The system must respect people. Let people make their own choices. Honor cultures and identities.
    - Support people in ways that are fair and focused on their needs. Keep these strong: residential services, jobs in the community, transportation, and the number of hours people have for support at home. Have less paperwork. Give more support to workers. Improve teamwork between programs.

3. By increasing investment in I/DD licensed children's foster home settings, ODDS can engage foster families and self-advocates in shaping what improved foster care support should look like. This meets the theme of "Nothing about us without us," because the people directly affected will guide how the new resources are used.

Strengthening foster care reduces reliance on high-cost 24-hour residential placements. This prioritizes what works, children can stay in family-based environments that support belonging, stability, and culturally informed care, reflecting the theme treat people with dignity and supporting their identity and choices. This overall can support reunification of families with a continued focus on community integration.

4. The POP acknowledges that current foster care rates are too low to compete with residential placements. Increasing rates ensures that support is fair, needs-focused, and sustainable, reinforcing the theme of supporting people in ways that are fair and focused on their needs.

Impacts and Accountability

9. If this POP is not funded, please describe the following:
    a. Which racial or ethnic communities would be most impacted
        1. Our data is disaggregated enough to truly see the current impact; additionally, due to smaller populations of children in residential it is difficult to determine who might be impacted. High numbers of "null and undeclared/unknown" in comparison to known race/ethnicity make it unclear on current disproportionate impact.
        2. Family-based placements—when adequately supported—are more likely to provide culturally responsive, identity-affirming care that aligns with equity goals:
            a. Children with IDD who are also: Black, Native American or Alaska Native, LGBTQ+, from immigrant or multilingual

families, experiencing poverty are disproportionately represented in both foster care and residential placements.

3. Residential settings often compound inequities through:
   a. Cultural mismatch
   b. Limited access trauma-informed supports or training opportunities for providers in trauma-informed supports.

b. How disparities would likely persist or worsen.

Children with IDD are disproportionately harmed because they are: less likely to be believed, more dependent on adults, less able to report mistreatment, expected to achieve less in their life thus are often deprived of opportunities to learn and accomplish more.

Family-based settings disrupt these inequities by embedding children in typical community environments, where they can participate in daily routines, build relationships, and develop self-advocacy skills. Family-based settings offer stable, continuous relationships that support long-term developmental growth.

Children in home-like settings experience more consistent medical follow-through, better developmental outcomes and monitoring, more ability to form stable attachments, improved psychosocial development, stronger advocacy from caregivers, greater access to community-based therapies. These supports reduce preventable health disparities and promote long-term well-being.

Children with IDD are more likely to be placed in residential settings due to: lack of trained foster families, misinterpretation

of disability-related behaviors, medical or educational professionals lack of understanding of I/DD or disability-related support options, limited or inaccessible information available to families around navigating the I/DD system (especially when language, communication, or cultural barriers exist), limited respite and wraparound services, patterns reflective of systemic underinvestment in family-based supports—not the needs of the child and resource inequity.

The overarching intention with this POP is to ensure that least restrictive setting options are more reasonably available to families who need to access that level of care. This would support clearer transitions back to family homes to keep families together. Without adequate funding to support our foster care infrastructure, children often move to residential care—even when it is not the least restrictive, or most developmentally appropriate or equitable option.

10. Who will be monitoring racial equity outcomes over time for this POP?

    a. How will progress be reported?

    Progress reports on disproportionate racial impact, updates to "null and undeclared/unknown" data points can be reported and updated through the new ODDS case management system. For licensing trends on numbers of I/DD licensed children's foster or 24-hour residential settings can be captured through licensing applications or certifications.

    b. How will leadership be informed of equity impacts?

    Leadership will need to evaluate the data of children within these services and collaborate with child welfare to try and gather reunification data based on specific demographics.

Leadership will also have to track the diversification and availability of foster care homes and 24-hour settings to monitor movement to less restrictive housing opportunities in current and future data.

c. How will the community be involved in monitoring outcomes?

1. Ensure people with IDD who have lived experience being placed outside of their family home are part of decisions about their lives.
2. Utilize the many ODDS children's advisory groups that includes families from various backgrounds.
3. Engage in continuous feedback with ODDS Self Advocacy Listening Sessions, ODDS Children's Services Advisory Group (CSAG), Spanish- speaking Families Collaboration.

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 2025 - 2027 biennium and identifies ODHS' goals and strategies for 2027 – 2029.

July 1, 2025, to June 30, 2027

Accomplishments toward Affirmative Action Goals

Due to organizational change and evolving workforce capacity ODHS did not finalize the 2025 - 2027 Affirmative Action Plan. ODHS has focused on and accomplished the following:

- Efforts to improve retention of employees by developing an inclusive workforce culture by utilizing Equity North Star, RiSE and Trauma Aware initiatives. ODHS implemented a contract in 2024 with Gallup to collect and respond to workforce perspectives of engagement and belonging in the workplace.
- Sustaining a multi-year progress within key employee performance indicators (equitable hiring, promotion, retention) and increasing representation of people of color in multiple classifications.
- ODHS has made significant changes reflecting new leadership and strategic direction for ODHS that integrates ODHS strategic and Diversity, Equity and Inclusion plans as well as affirmative action goals.
- ODHS has worked on revising and updating training for all staff to ensure discussions or focused training is provided to all staff regarding affirmative action, including discussions and workforce strategies, mentorship and providing accessible discrimination resources that include the Equity North Star, Tribal Affairs, RiSE and Trauma Aware accountability measures within the workplace.

ODHS Workforce Demographic Summaries

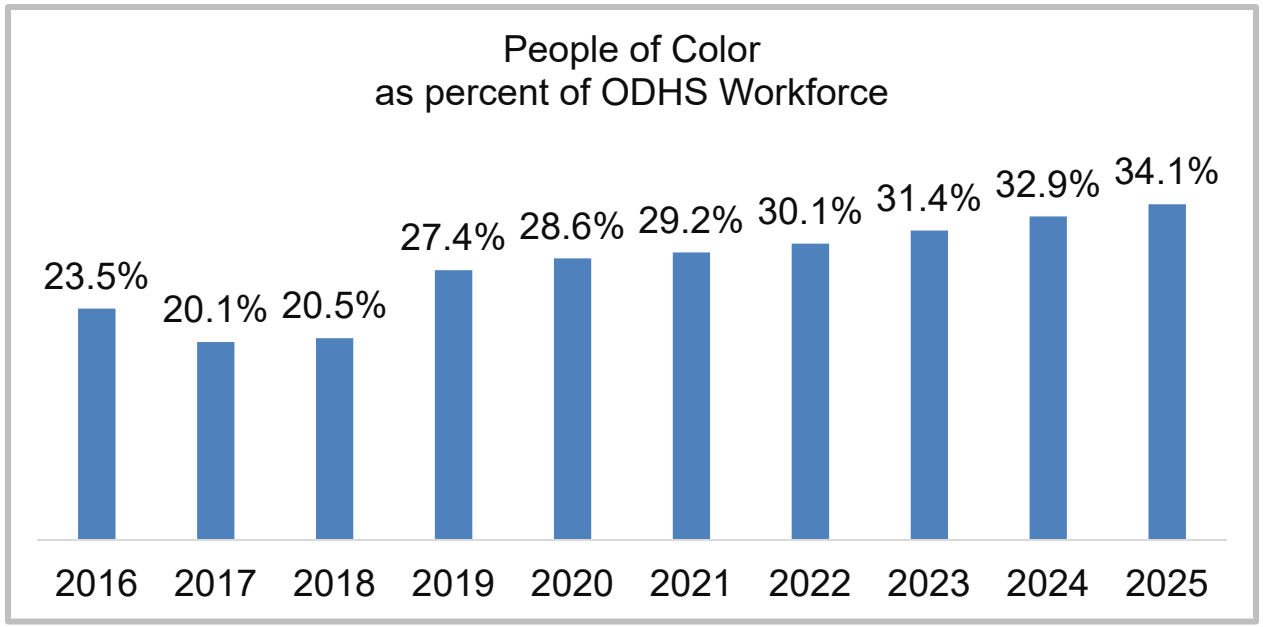
The following charts reflect the actual ODHS FTE on June 30 of each year 2016 through 2025 as a comparison. These numbers show the percentages of People of Color, People with Disabilities, Veterans and Women within the ODHS workforce.

People of Color

Between June 2016 and June 2025, the ODHS workforce representation of people of color increased from 23.5 to 34.10 percent. Between 2023 and 2025, workforce representation increased from 31.4% to 34.1%.

ODHS continues to conduct tailored recruiting efforts, facilitate expanded training opportunities to promote and empower workforce increasing healthy and accountable organizational work culture. The agency's goal is to continue to move toward diversifying our workforce to be a representation of Oregon population.

ODHS will continue informed efforts to promote increasing and retaining the representation of people of color within all classifications.

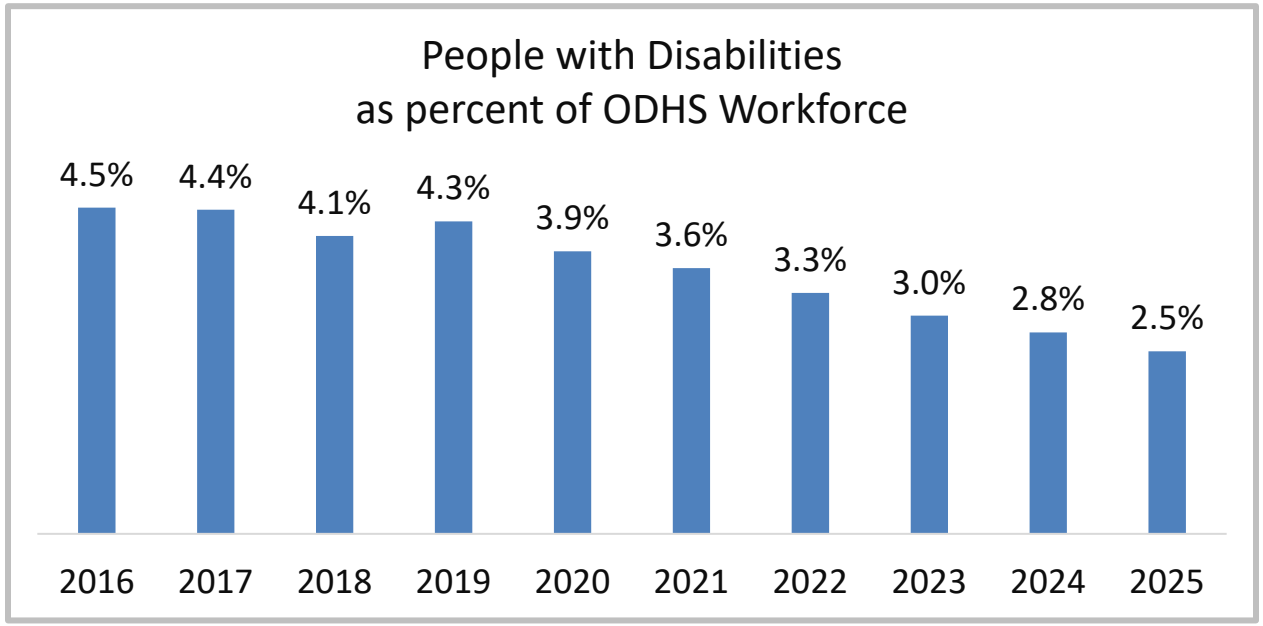


*2019 through present data based on information available on Workday

People with Disabilities

Disclosure of disabilities is voluntary for employees, and we suspect the data is underreported. Employees report confusion with Workday terminology and hesitate to identify as "Disabled" instead of identifying as 'having a disability". Some employees have shared that if they are not requesting an accommodation, they do not identify as "Disabled". Additionally, employees' disability status changes throughout their career and are not aware of how to update their status within Workday.

The reported percentage has decreased from 4.5% to 2.5% from June 2016 through June 2025. The agency will continue to strengthen its outreach and education efforts to promote more employees disclosing disability status so that this population is more accurately reported at ODHS.

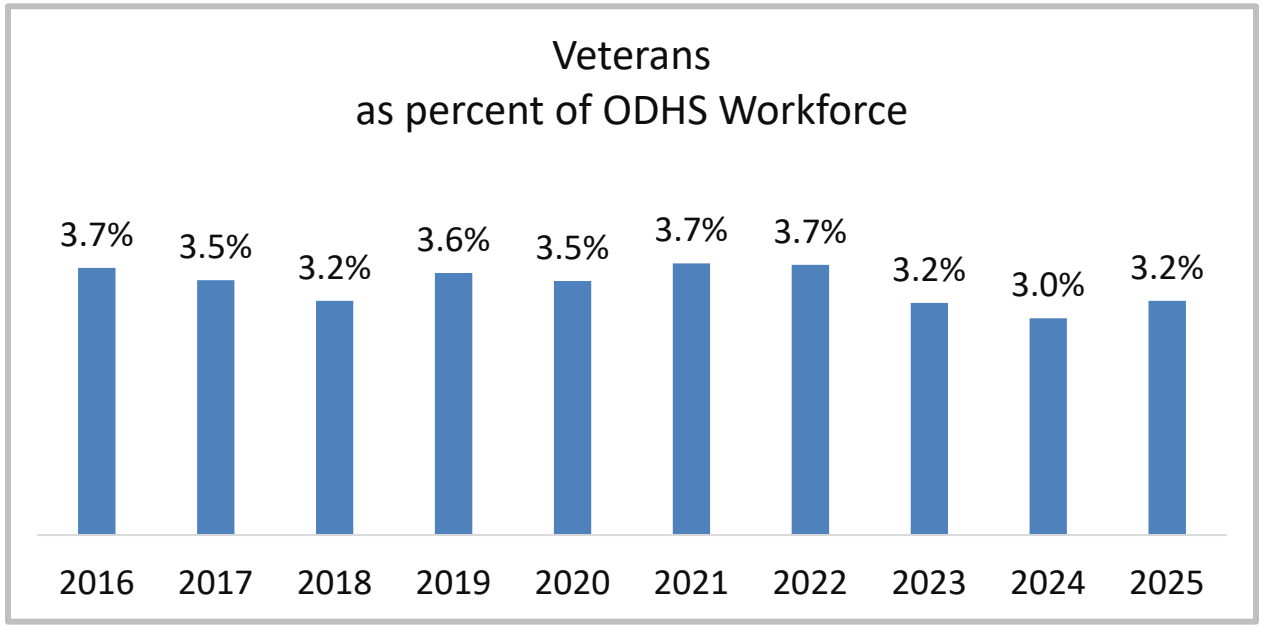


*2019 through present data based on information available on Workday

Veterans

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. Some employees have reported that they associate identifying as a veteran as requesting veteran's preference, which some may not qualify for or want.

The reported percentage decreased from 3.7% to 3.2% from June 2016 through June 2025. The agency will continue to strengthen its outreach and education efforts to promote more employees disclosing veterans' status to report so that this this population is more accurately reported at ODHS.

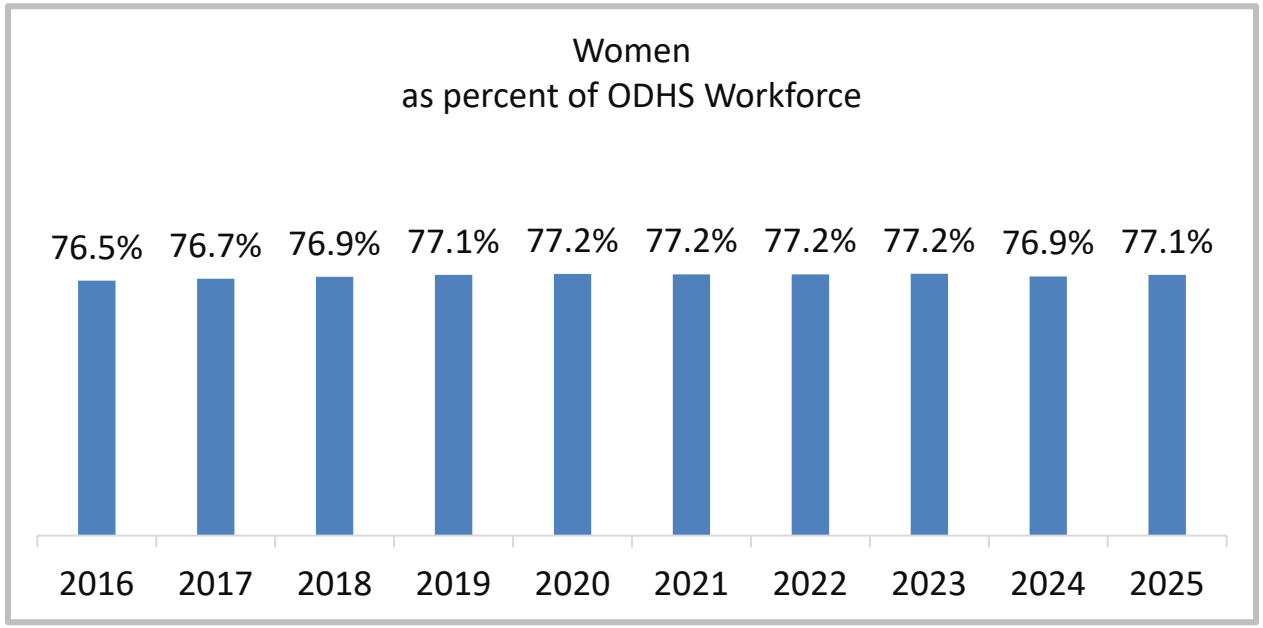


*2019 through present data based on information available on Workday

Women

ODHS has historically had representation of women in most job categories above 70 percent and higher than Oregon overall population, which is closer to 50/50 male/female. While the table does not indicate large shifts in representation, it is important to note that we are seeing a shift in the distribution of our workforce. In the details, we can see that there is a higher percentage of male employees in vocational/technical positions providing direct services and a higher percentage of female employees in executive level positions.

The reported percentage has increased from the initial tracking of this data from 76.5% to 77.1% from June 2016 through June 2025. The agency will continue to strengthen its outreach to support greater gender distribution through senior professional and executive level positions.



*2019 through present data based on information available on Workday

Progress made or lost since the previous biennium

The primary goals for ODHS during the 2025 - 2027 biennium were continued from the 2023 -2025 biennium. ODHS has made progress in each of the 3 affirmative action goals as defined in its 2024 May update to DAS:

1. **ODHS has worked towards incorporating the Equity North Star, RiSE and Trauma Aware practices into its daily operations to move the agency towards becoming an anti-racist agency.**

   ODHS has worked to further this goal through continuous training, messaging, focused sessions and discussions for all classifications and staff. ODHS workforce data reflects that ODHS' workforce has experienced a significant reduction in staff turnover, particularly for staff that identify as people of color. Overall, ODHS experienced a 32 percent reduction in turnover between 2023 -2025.

2. **ODHS has continued to focus on creating a workplace that is safe, equitable, diverse, inclusive, and honors and values all to foster well-being and belonging to encourage collaboration and creativity to enable employees in successfully providing services to Oregonians.**

   Employing the use of a contract with Gallup in 2024, ODHS's progress towards fostering an inclusive and respectful culture is highlighted in ODHS' 2025 Gallup poll of its workforce. The survey has been utilized not just as a window to employee's sense of these areas of the workplace, but also to propel conversations and actions to improve these areas of engagement. Results from the poll show an increase in the areas of employee Safety, Wellbeing, and Belonging and an increase in the Honoring and Valuing Each Other.

3. **ODHS has continued working on strong and creative recruitment outreach processes to ensure diverse populations hear about our job openings and can participate in application/interview preparation and assistance.**

   The result of ODHS' focus on equitable hiring, promotion and retention has increased representation of people of color at multiple classifications. In addition, this progress is highlighted by a 6% increase in Executive level representation.

July 1, 2027, to June 30, 2029
Goals and strategies for ODHS Affirmative Action Plan

New goals and strategies are being developed for the 2027 - 2029 Affirmative Action Plan. Below are some of the ways ODHS will continue their efforts to further affirmative action in the agency and related initiatives:

1. ODHS will continue to advance efforts to cultivate a diverse workforce by expanding community liaison partnerships, increasing accessible recruitment access points, broadening hiring panel participation, and employing bias-reducing tools throughout all phases of the hiring lifecycle, from position design to final selection.

2. opportunities through recruitment efforts that incorporate strategies to reach out to diverse communities and facilitate equitable opportunities for those communities to participate.

3. ODHS will continue to provide training to staff, new and existing, that emphasizes the agency's affirmative action goals and related resources.

4. ODHS will continue to ensure current organizational change incorporates both structures and expectations for staff that align with agency affirmative action goals. OHDS is currently in the process of working toward synchronizing its strategic and diversity, equity and inclusion plans with the affirmative action plan.

5. ODHS has further committed to working to ensure it includes discussion and tracks efforts in all employee performance accountability feedback plans of the agency affirmative action goals.

ODHS is on track to develop a 2027 -2029 plan that will make an even more dynamic collaboration of our programs, impacts on organization structure, workplace and importance of its affirmative action plan in each detail of work, ultimately impacting the communities we serve.

2027-2029 Goals and Strategies will include:

Strengthening Accountability Through Measurable Outcomes

In addition to continuing affirmative action efforts, ODHS will establish measurable workforce equity indicators to monitor progress and inform decision-making throughout the 2027–2029 biennium. These indicators may include representation, hiring, promotion, retention and employee engagement. Reviews of these measures will be conducted to identify areas of success, address any known disparities, and ensure accountability toward building and sustaining a workforce that reflects the diversity of Oregon and the communities ODHS serves.

Workforce Representation and Advancement Across Organizational Levels

ODHS recognizes that workforce diversity must be reflected at all levels of the organization. During the 2027–2029 biennium, ODHS will monitor and evaluate workforce outcomes across executive, management, supervisory, and frontline classifications, including representation, hiring, promotion, and retention trends. This analysis will help identify opportunities to strengthen equitable career pathways, leadership development, succession planning, and retention strategies to ensure all employees have meaningful opportunities to contribute, advance, and thrive within the agency.

Oregon Department of Human Services

SECRETARY OF STATE (SoS) CURRENT AUDITS

1. Financial Audit: An audit of the State of Oregon's financial statements and related note disclosures included in the Annual Comprehensive Financial Report (ACFR) as of June 30, 2026. SoS will audit select financial accounts determined to be material to the State of Oregon's financial statements. Audit will be conducted in accordance with *Generally Accepted Auditing Standards* (GAAS) and *Government Auditing Standards* (GAS).

2. APD Performance Audit: This audit is in the planning phase where SoS is developing the scope and objectives.

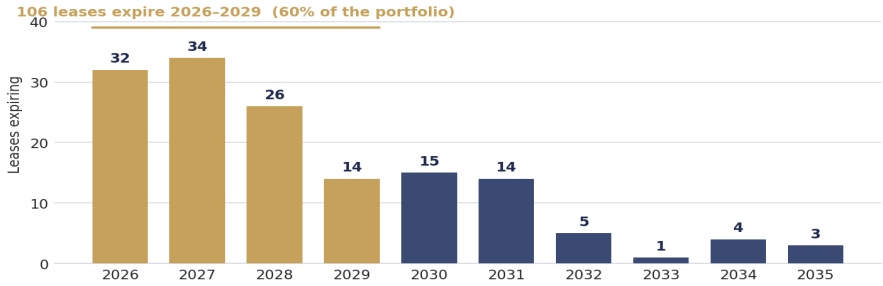
OFFICE OF FACILITIES MANAGEMENT · ODHS / OHA

Facilities Maintenance Narrative

~168	~3.2M	~$76M	~158
leased buildings statewide	rentable square feet	annual base rent	community-facing offices

Drivers of facility need and how demand is measured. The agency's facilities exist to deliver services directly to Oregonians. Of roughly 168 leased buildings statewide — about 3.2 million square feet at approximately $76 million in annual base rent ($152 million a biennium) — 158 are community-facing offices where residents access benefits, child welfare, vocational rehabilitation, and eligibility services. Demand is therefore driven by **where and how Oregonians reach us**, not by staff headcount. ODHS/OHA measures space and facility demand through three lenses: program service model and community-facing designation (which sites must remain local and accessible), actual utilization drawn from badge-access data, and role-based workflow mapping that replaces the legacy one-cube-per-position standard. Where utilization studies have been conducted, they consistently show that a large share of administrative seating goes unused in a typical week — confirming that meaningful, recurring savings are available from space the agency already does not use.

Key challenges and maintenance needs over the next ten years. The central challenge is a fixed lease portfolio built on pre-2020 assumptions while service delivery has shifted to hybrid and field-based work. Because most facilities are leased rather than owned, condition, maintenance response, and janitorial, utility, and security costs are largely landlord-controlled and rise regardless of attendance; recent flooding underscores the agency's exposure to unbudgeted casualty and repair events. The defining feature of the coming decade is lease turnover: **106 leases — roughly 60% of the portfolio — expire between 2026 and 2029**, with a steady reduction through 2035. Each expiration is the agency's clearest opportunity to correct footprint, condition, and location before renewal locks in another multi-year commitment.



Leased-facility expirations by year — the near-term wave is the agency's primary 10-year planning lever.

Approaches and strategies to meet these needs. ODHS/OHA is meeting these needs through a coordinated modernization strategy that times footprint decisions to lease expirations rather than reacting to them. The approach right-sizes buildings to measured use — relocating regularly present staff into retained, consolidated, and community-embedded space and returning the floors that measurement shows are not needed — while adopting workflow-based space standards agency-wide. To date the agency has already closed roughly **412,000 square feet of administrative space, a 42% reduction**, and holds a contingency reserve within the facilities budget for unexpected maintenance and casualty costs. Over the biennium, portfolio review in partnership with DAS, a rolling five-year lease plan, and shared regional planning will convert the 2026–2029 expiration wave into durable savings and better-matched, accessible facilities for the Oregonians the agency serves.

Program & community-facing designation	Badge-access utilization	Role-based workflow mapping
Which locations must stay local and accessible.	Actual weekly use — a conservative floor on presence.	Space planned to the work, not one cube per position.

ODHS–OHA
EITGC Project Prioritization | 2027–29

			DEBB-PEBB BMS (Benefits Management System) Replacement (OHA)	MMIS Infrastructure Replacement (OHA)	MMIS Program Integrity (OHA)	CM - MOTS Replacement (OHA)	TWIST to Web (OHA)	BPICT Resource Parent Inquiry, Certification, Training (ODHS)	Provider Time Capture (PTC) (ODHS)	HIV-E (OHA)	OVERS ICR (OHA)	Provider Enrollment and Maintenance System (ODHS)	Case Management System (ODHS)	All Hazards Pandemic System (OHA-PH)	Data Governance (OHA)	REALD/SOGI System (OHA - OEI)	State Based Marketplace (OHA-HPA)	1115 Waiver (OHA-HPA)	Mainframe Migration Provider Client Payments - (ODHS-Enterprise)	Medicaid Enterprise System (Enterprise)
		TOTAL PROJECT SCORE (0-100)	88	88	79	97	79	97	91	91	77	90	87	79	90	93	94	73	90	90
CRITERIA	WEIGHT	SCORING GUIDE																		
Technology and Strategic Alignment	35%	WEIGHTED SUBTOTAL	35	35	23	35	23	35	35	29	23	35	35	29	35	35	35	23	35	35
Alignment to Strategic Plans • Does this investment adhere to the Governor's Strategic Plan (Action Plan: User Friendly, Reliable and Secure: Modernizing State Information Technology Systems and Oversight) • Does this investment align with and support the vision, goals, and guiding principles outlined in the EIS Strategic Framework, Cloud Forward: A Framework for Embracing the Cloud in Oregon, Oregon's Data Strategy: Unlocking Oregon's Potential, and the Modernization Playbook? • Does this investment align with and support the State of Oregon, Diversity, Equity, and Inclusion (DEI) Action Plan: A Roadmap to Racial Equity and Belonging, the sponsor's agency-specific Racial Equity Plan, and ethical use of data—investing in data justice and representation, visibility, and ethics to serve all Oregonians? • Does this investment optimize service delivery to the public and/or internally by modernizing agency-specific and cross-agency systems? • Does this investment align with and support the agency's IT and business strategic plans, including strategies for modernizing legacy systems? • Does this investment fulfill a legislative mandate, enable compliance with current State or Federal law, or address specific audit findings?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	3	3	2	3	2	3	3	2	2	3	3	3	3	3	3	2	3	3
Technology Best Practices and Priorities • Does this investment align with and support the following enterprise information technology priorities? - ***Information Security*** **.** Improving the security and resilience of the state's systems - ***Modernization*** . Optimizing service delivery through resilient, adaptive, secure, and customer-centered digital transformation - ***A Better Oregon Through Better Data*** **.** Leveraging data as a strategic asset—improving data analysis, data quality, information-sharing, decision-making, and ethical use. - ***Cloud Forward*** . Enabling Oregon to conduct 75% of its business via cloud-based services and infrastructure • Does this investment align with IT best practices (e.g., cloud-first, modular implementation, agile practices, configuration over customization, open systems, transparency and privacy by design, security principles, and other modern hosting technologies)? • For system modernizations that include data or data systems, has the agency evaluated the current data being collected, its overall quality, and a migration approach if relevant? • Has there been evaluation of the data contained within the system to see if changes need to be made to the data collection itself?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	3	3	2	3	2	3	3	3	2	3	3	2	3	3	3	2	3	3
Business and People-Centered Approach	25%	WEIGHTED SUBTOTAL	17	17	19	22	19	22	19	22	17	22	22	19	22	25	22	19	22	25
People-Centered Approach • Does this investment put people first—the people who rely on essential services and those working to provide those services? • Does this investment help to eradicate racial and other forms of disparities in state government? • Does this investment improve equitable access to services, programs, and resources, or make the agency's overall service portfolio more accessible or usable for diverse populations? • Does the agency intend to strengthen public involvement through transformational community engagement, access to information, and decision-making opportunities? • Does this investment reduce or eliminate administrative burdens* that have created barriers to access or reinforced existing inequalities for historically underserved and underrepresented communities? • Has the agency utilized the Racial Equity Toolkit within the DEI Action Plan in assessing and planning the project? • If the investment is for agency use, does it improve the agency users' experience?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	2	2	1	2	2	3	2	2	2	3	3	3	3	3	3	2	3
Business Process Transformation • Does this investment contribute to business process improvement/transformation? • Does this investment improve service delivery to customers, partners, or other stakeholders? • Has the agency done public engagement, outreach, or an internal evaluation to identify which populations are most highly impacted (positively and negatively) by these business process changes (e.g., considering populations without home internet in creating a digital application process)? • Have measurable business outcomes and benefits been established, including the return on investment if applicable?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	2	1	3	3	2	2	3	3	2	3	3	2	2	3	3	2	3	3
Investment Risk • Would inaction impact systems or solutions that support critical business functions? • Would inaction increase risk to continuity of services to customers, particularly vulnerable or underserved populations? • Are there community impacts of not undertaking this project? • Has the agency identified an inequity or imbalance in service provision that this initiative would resolve? • Is there increased risk if investment is not addressed during this budget cycle (e.g., security, safety, legal, funding source, or any other related risk)? • Does the investment address non-compliance of federal or state requirement, audit finding, or mandate? • Does this investment address an identified and documented highly probable agency risk?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	2	3	3	3	3	3	2	3	2	3	2	2	3	3	2	2	3	3
Agency Readiness and Solution Appropriateness	40%	WEIGHTED SUBTOTAL	37	37	37	40	37	40	37	40	37	33	30	30	33	33	37	30	33	30
Organizational Change Management (OCM) • Does the investment significantly impact operations throughout the organization? • Does the agency have, or intend to acquire, OCM resources with the skillsets and experience for the size and complexity of the project? • Does the agency plan to address and mitigate impact or adoption risks through a change management plan or intend to follow a formal OCM methodology? • Has the agency identified community engagement or community involvement as a component of the change management process? • Is external outreach or training planned to implement this change with constituents?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	3	2	2	3	3	3	3	3	3	3	2	2	3	**3**	3	**2**	**3**	2
Solution Scale and Approach • Has the agency engaged customers, partners, and communities to understand and structure the business problem, benefits, and outcomes? • Does the investment fully address the agency's business problem, benefits and outcomes? • Is the solution of the appropriate size and scale? • Does this investment adhere to principles in *EIS Cloud Forward* (p.4) or *Modernization Playbook* (p.6), etc.? • Will the agency continue to engage customers and communities to inform design, approach, and usability of the solution?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	2	3	3	3	2	3	3	2	2	2	2	2	2	3	2	2	2
Capacity • Has the agency considered skillsets and capacity requirements needed to effectively resource this initiative? • Does the agency have resources with the necessary skillsets and knowledge, or can the agency acquire the resources? • Will this investment impact the agency's ability to deliver on its core business functions? • Has the agency considered capacity for various non-technical resources, including organizational change management, project management, business analysis, testing, communication and community engagement activities? • Does the agency or project environment foster an inclusive workplace culture and promote equitable hiring, retention, and promotion practices?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	3	3	3	3	3	3	2	3	3	2	2	2	2	2	2	2	2	2
Governance and Project Management Processes • Does the agency have formal IT governance in place that will oversee this investment? • Does the investment have executive sponsorship and steering committee in place? • Does the agency employ adequate project governance structure and practices to oversee vendor/contract management, change control, quality control and quality assurance, and data management and usage? • For projects that impact data or data systems, is there a data governance body or other body responsible for data management that is engaged in the process? Is there an agency data lead who is engaged as part of the project? • Are agency DEI staff involved in the IT Governance and prioritization process? • Does the agency intend to involve customer or partner representation on project forums (i.e. steering committees, advisory boards, etc.)? • Has the agency established processes for community outreach, feedback, engagement, or advice in accordance with the Racial Equity Framework and DEI Action Plan? • Does the agency have, or intend to acquire, project management resources with the skillsets and experience for the size and complexity of the project? • Does the agency use mature project management practices (PMBOK)?		**3 - Fully Aligned** (all applicable criteria addressed) **2 - Mostly Aligned** (most applicable criteria addressed) **1 - Partially Aligned** (some applicable criteria addressed) **0 - Not Aligned** (no or very few applicable criteria addressed)	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

*Administrative burdens include learning costs, such as finding out whether one is eligible for a program; compliance costs, such as burdensome paperwork and documentation; and psychological costs, such as the stress and stigma that people feel when interacting with government programs. Health Affairs, Herd, P., Moynihan, D. (2020, October 2). *How Administrative Burdens Can Harm Health* . www.Healthaffairs.Org. Retrieved February 9, 2022, from https://www.healthaffairs.org/do/10.1377/hpb20200904.405159/full/#:~:text=Administrative%20burdens%20include%20learning%20costs,when%20interacting%20with%20government%20programs.

Scores
3
2
1
0